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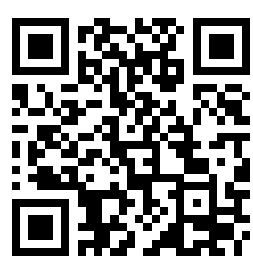

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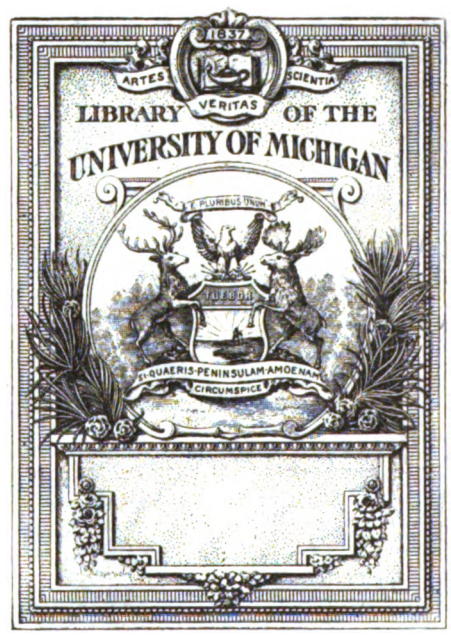
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Original Communications.

ON SOME PSYCHOLOGICAL CONSEQUENCES OF SUPPRESSED MENSTRUATION. (a)

By FANCOURT BARNES, M.D., F.R.S.E.,

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IT is a matter of common experience that the suppression of the catamenia is likely to evoke various symptoms indicating disturbance of the patient's general health. Suppression of the catamenia may be premature, or occur at the natural epoch of the change of life. In either case the results may be harmless or the reverse. In either case the mind may be affected. It is a curious clinical fact that the mental disturbances should be much more frequent at the natural period of the climacteric, than when the menstrual function is suddenly inhibited by accidental causes. Normal menstruation may be described as the monthly discharge of a moderate quantity of sanguineous fluid without pain, in physiological response to the periodical ovarian nisus associated with the maturation and escape of an ovum or ova.

The fluid consists mainly of blood; it contains also more or less mucus, and epithelial scales cast from the decidua menstrualis. One characteristic of the blood is that it does not readily coagulate. The menstrual nisus may be regarded as analogous to gestation. It is clear that such a process cannot be inhibited without distress and danger in various directions. One of these is tidal wave of high and low tension in the pulse. The high tension preceding, the low tension succeeding, the menstrual wave. In a paper on the "Indications afforded by the Sphygmograph in the Puerperal State," which I read at the Obstetrical Society of London in 1874, I showed the analogy between menstruation and gestation, with regard to vascular tension, by tracings of high tension during the days preceding menstruation and preceding delivery, and tracings of low tension succeeding menstruation and parturition.

In a paper in the *American Journal of Obstetrics*, January, 1882, I further demonstrated the rise and fall of vascular tension in menstruation. In a case of hernia of the ovary, I found that the sphygmographic tracings coincided with the vascular congestion preceding, and the low tension following menstruation. I refer to the vascular tension in connection with menstruation, because it undoubtedly plays an important part in the case I shall relate. My chief object in this sketch is to draw attention to the psychological changes which may arise, in some cases, from the suppression of menstruation by causes other than gestation. The case in hand is a striking one, and exemplifies the serious danger of disturbed menstruation.

Miss S., æt. 27, consulted me in May, 1895. She had first menstruated at the age of sixteen and had continued to do so punctually and naturally until a year before she saw me. Her sister who accompanied her stated that she received a great shock from the death of her father, whereupon menstruation ceased. Two successive attacks of influenza assisted the depression from the original shock. From the time that the menstrual functions ceased she gradually became more and more weak-minded, until her condition was not much above that of an imbecile. Her everlasting ejaculation and plaint was: "Oh, my head!" Her physical condition was also distressing. Her legs were swelled, and the abdomen was also distended by flatus. The eyes were distended and prominent as in exophthalmos. Her sister stated that during the fifteen months or so that she did not menstruate, she had seen several medical men and had undergone the routine medical treatment in such cases with no relief. As she was virginal I advised an examination under chloroform so that surgical treatment might follow upon the track of diagnosis if necessary. As the os uteri, without being unduly contracted, was by no means well developed, I thought it best to divide it bilaterally. This I did in the triple hope of physically exciting the uterus, of relieving the intense state of congestion, and of securing a more spacious entrance for subsequent intra-uterine treatment. Having divided the cervix I made an intra-uterine application of tincture of iodine. After this I applied tincture of iodine to the endometrium twice a week for three weeks. At the end of one month from the day of the operation the menstrual function was re-established. The menstruation was painless and there was a free flow of blood.

From that day forth the patient's mental and physical symptoms began steadily to disappear. She came to me to report herself some months after as being perfectly well. A case like this shows the importance of surgical treatment in obstinate conditions of the uterus. The uterus usually yields to local treatment. Here drugs had failed. This patient was drifting into an asylum for the insane, where she would most probably have remained for life, had not her friends consented to the surgical treatment I have described.

(a) Paper read before the British Gynæcological Society, June 11th, 1896.

Paris Clinical Lectures.

AN OBSCURE CASE OF ABDOMINAL TUMOUR. (a)

By Professor ADOLPHE PINARD.

[FROM OUR FRENCH CORRESPONDENT.]

THE patient, whom I introduce to your notice, presents symptoms which taken together constitute a very interesting case from a diagnostic point of view, as well as from the point of view of the treatment best calculated to relieve her. Her history is briefly as follows:—She is 41 years of age, and she first menstruated at the age of 15 or 16. From that time she menstruated regularly until at 38 years of age she married. The function continued as regular as before until September 22nd last, when she experienced the usual flow for

(a) Delivered at the Clinique Baudeloque, Paris, April, 1896.

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the last time. In October the period did not come off and again in November she saw nothing, but, in view of her age, she attributed this irregularity to the advent of the change of life, and paid no attention to it. In the third month of amenorrhœa, however, that is to say, in January, she began to complain of a feeling of discomfort in the abdomen which culminated in ill-defined pains, severe enough to induce her to call in a doctor. She was ordered poultices and was given medicine of some kind, but menstruation did not return, and the pains persisted to such an extent, indeed, that she was obliged to keep her bed, more or less. A month later the doctor made a vaginal examination. The abdomen at that time was somewhat swollen, and the doctor expressed the opinion that she was pregnant. Matters remained in much the same state, the pains continuing, until March 23rd when she came here for advice. When my attention was first called to her I was struck by her peculiar facies which is typical, in fact, it is what we may call a gynæcological facies, and there were signs suggesitng an abnormal pregnancy. The first step was to establish the diagnosis, and, naturally, the first question arose whether the tumour was innocent or not, whether, in fact, she had in her abdomen some kind of growth. If pregnancy, is it abnormal? If you will examine the uncovered abdomen, you will see at once that there is something abnormal. Let us suppose for a moment that the diagnosis of pregnancy is the correct one. She would now be in the sixth month, but it will occur to you forthwith that at the sixth month of a normal pregnancy the tumour would not reach as high as this one does, viz., nearly to the xiphoid cartilage. This tumour, whatever it is, reaches 34 centimetres above the symphysis pubis, whereas at six months the gravid uterus does not reach higher than 5 or 6 centimetres above the umbilicus, certainly never 34 centimetres above the symphysis, for this is the limit of the gravid uterus at term. What, then, might it be? Well, this is how we proceeded to make our diagnosis. Having made this first summary examination, I proceeded to palpate the abdomen in order to make out the consistence of the contents and of the container, whether there were one or several tumours, and so on.

The morning after her admission I was struck by the irregularity of the tumour considered as a whole. You can now easily make out a lower part separated by a furrow or crease from the larger tumour above. Our first idea was that the bladder was distended with urine. I was, however, informed that she had passed water regularly. To make sure, I introduced a catheter, but nothing came away, so that we knew for certain that it was not the bladder. The belly wall is not very thick, but one feels that the tumour is very tense, and, moreover, its consistence is not the same everywhere. In one spot it is very elastic but tense, corresponding to the lower tumour, and above that I can detect a mass with quite a different feel. The sensation, indeed, varies, for in some spots it is quite hard. We are confronted, then, with a tumour which is tense, of unequal resistance, and the skin over it is marked by dilated veins. While palpating with the object of obtaining further information as to the contents, I thought I detected the sensation of *ballottement*, that is tosay, the sensation of a solid movable body floating in liquid. However suggestive it may be, this sign was too uncertain to enable us to make a formal diagnosis. Ballottement moreover, is a certain sign of pregnancy only when the sensation is obtained from a body floating in liquid *contained in the uterus*. Now I do not at present know what the lower tumour consists of. Auscultation, on several occasions, though practised with the greatest care, never gave any result, I could hear nothing there, no pulsation of the fœtal heart or maternal souffle.

Per vaginam.—I found the cervix was large, soft, rather high up, but I could make out nothing whatever within the pelvis and I failed to obtain the sensation of ballottement *per vaginam*. Before making up my mind I instituted a further examination of the patient, abstaining meanwhile from expressing any decided opinion as to the nature of the case. When you are in a similar position I hope you will display a like prudence. Since my first examination things have altogether changed, and I am now in a position to formulate a certain diagnosis. On this last occasion, while endeavouring once again to elicit the sensation of ballottement, I suddenly felt the tumour contract under my hand, and this fact peremptorily established the identity of the organ which could not be anything but the uterus. A few days later the fœtal heart beat became audible just above the symphysis, in itself sufficient proof that we have to do with a breech presentation. You are usually told in text-books that the heart beat in breech presentations is higher up than in head presentations and this is true up to a certain point. Doubtless if this tumour were not here, the apex beat would be audible elsewhere but, on the other hand, if the head were below we should not have the heart beat so near the symphysis.

Well then what is the case after all? Is it a tumour pushed up by the uterus or one developing *pari passu* with that organ? You must bear in mind that the patient has never complained of symptoms referable to the pressure of a tumour of any kind on the bowel. The tumour has moreover a mobility which I do not reconcile with the idea of a secondary tumour; and when I tried to displace one tumour on the other it seemed to me that the contraction which I felt extended to the upper as well as the lower tumour.

I have another reason for refusing th is diagnosis. We had some time since an instance of a pregnant woman with an ovarian tumour. In examining that case (she had a large umbilical hernia, and was altogether in a very serious plight), we found that she had a tumour in the belly close to the pregnant uterus. This was due to hydramnios, and the pressure had determined ascites, so that when she was operated upon two or three days later by M. Segond, several litres of ascitic fluid came away. We removed a living child and we cured her of her hernia, together with the removal of the ovary, which on microscopical examination was said to be the site of a malignant growth, a diagnosis which is contradicted by the fact that the woman has since remained in the best of health.

Well, what may it be? I only see one alternative, viz., hypertrophy of the uterine tissue, in other words, a fibroid of the uterus. At the spot where the uterus still appears to be healthy I can make out a little nodule, and near it I can feel another. These are certainly myomata, and we are, therefore, justified in supposing that the mass, as a whole, is a myoma. But what as to the resistance, how can we explain this? Now, when one is called upon to attend a primipara over 35. nothing is commoner than to find a fibroma. It is a fact very useful to bear in mind that in elderly primipara you are very likely to meet with fibroids of the uterus. When the uterus becomes pregnant various things may happen to the tumour, and it may undergo all sorts and kinds of transformations. It may remain identical in size and consistence with what it was before, it may develop and go on to hypertrophy of the organ, and undergo changes not only in size, but in consistence. There is one variety of transformation which was described thirty years ago by my revered master, Professor Tarnier, what is called *ramollisement*, or softening, and under these circumstances a fibroid will often give the sensation of a liquid-containing tumour. Remember then that such a growth may undergo considerable hypertrophy, followed by softening, a condition of things which is well calculated to mislead one into the belief that the tumour is of the nature of a cyst. It is an interstitial hypertrophy which gives rise to this curious phenomenon. Sometimes the growth

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becomes flattened out, and then it may be difficult to differentiate it from the rest of the uterine wall. It was with these facts in my mind that I arrived at the conclusion that we have here to do with an enormous fibroma of the anterior wall of the uterus which has undergone the softening to which I have just alluded.

Even yesterday, when I examined this patient *per vaginam*—and this shows how necessary it is to go slowly in the matter of diagnosis—and for the last fortnight the cervix was large and soft, in fact, it was the cervix of a gravid uterus, the inferior segment of the uterus being notably thickened, there was no *ballottement*. Of course, it might have occurred to me that the presence of a fibroma in that situation would prevent my eliciting that sensation and, moreover, in pregnancy complicated by the presence of uterine myoma one is very likely to find the placenta inserted low down, indeed, that was the conclusion I came to, and, as I have already pointed out, breech presentations are much more frequent under such circumstances. This morning for the first time I felt ballottement *per vaginam*. It was very delicate, very slight, but I satisfied myself of its existence. It follows from what I have said that this patient is at the sixth month of an intra-uterine pregnancy, her pregnancy being complicated by the presence of a fibroid which is developing *pari passu* with the uterus, giving rise to pressure symptoms, which deprive her of rest and comfort.

Now as to the treatment. I do not find mentioned in the report of this case anything about respiratory embarrassement or pain. In my experience it is the first time I have seen a fibroma in a woman causing so little interference with function and entailing so little discomfort. Supposing our diagnosis to be correct, as to which there cannot now be any reasonable doubt, what ought we to do in order to afford her the much-desired relief? If we decide to intervene, what form shall our intervention take? Shall we bring her pregnancy to a premature conclusion? In such a case as this the stage of expulsion is certain to be long, tedious, and fraught with grave possibilities. Abortion in a fibroid uterus is always attended by considerable risk. There is a risk of necrosis of the tumour. If I adopted this course I should leave the woman with her tumour without being able to ensure the birth of a living child. What I propose to do is to keep the patient under observation. If life becomes intolerable, if her vitality is seriously affected, there is in reality only one course open to us, viz., to perform an exploratory laparotomy, and if our diagnosis is confirmed to remove the uterus as a whole along with the tumour and the fœtus by Porro's operation. Such an operation, however, if carried out now would only be a half success, for the fœtus could not possibly survive. We shall, therefore, keep her under close observation and endeavour to gain a month or two in order to give the fœtus a better chance without entailing any additional risk for the mother's life. If any alarming symptoms present themselves, such as dyspnœa, physiological failure, &c., then we shall have to sacrifice the child in the best interests of the mother.

A Shrewsbury telegram states that in consequence of the close proximity to the districts infected with small-pox, the War Office authorities have countermanded the annual encampment of the Volunteer battalions attached to the 53rd Regimental District, which includes the counties of Hereford and Shropshire.

The Senate of Dublin University met on the 26th ult. at Trinity College and conferred three honorary degrees, viz., that of Dr. of Medicine on Sir Willoughby F. Wade, that of Dr. of Science on Mr. John Batty Tuke, and that of Dr. of Literature upon Professor Giacomo Lumbroso, of Turin.

MAUNSELL'S METHOD

OF

INTESTINAL ANASTOMOSIS,

WITH A

SUMMARY OF THE CASES OF OPERATION.

By FREDERICK HOLME WIGGIN, M.D,

Surgeon to the New York City Hospital, Blackwell's Island, Gynæcological Division; Fellow of the American Medical Association, and of the New York Academy of Medicine; Honorary Member of the German Surgical Association, Berlin, &c.

(*Concluded from page* 650.)

Treatment of Irreducible Intussusception.

An irreducible intussusception is treated in the manner shown in Fig. 16. A slit is made in the intussuscipiens, and gentle traction made on the intussusceptum until its neck appears outside the opening in the intussuscipiens. The base is then transfixed with two fine straight needles armed with horsehair, and the intussusceptum is amputated a quarter of an inch above the needles, leaving a fair stump beyond them. The sutures are now passed through the invaginated bowel, caught up in the interior of the bowel, divided, and tied. The ends of these sutures are left long and used as retractors, while the other sutures are being placed and tied. This having been done, they are cut off short, the invagination is reduced, and the longitudinal slit is closed. The object of transfixing the neck of the intussusceptum previous to its amputation is to prevent it from retracting, and it also insures the maintenance of the proper relative positions of the different layers.

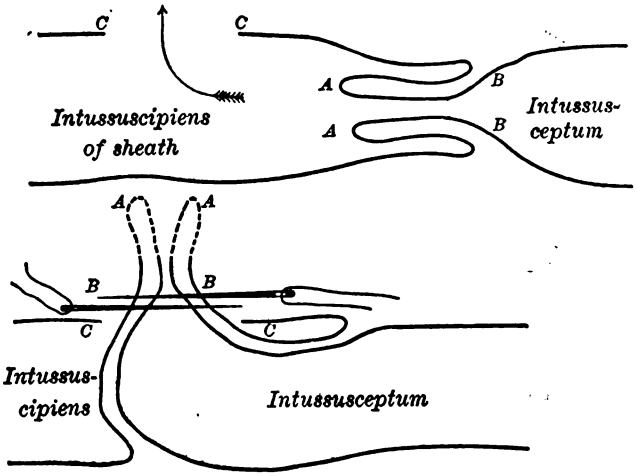

Fig 16.—Diagram of longitudinal sections of intestine, showing an acute irreducible intussusception, and the method of its treatment. C C, longitudinal opening made in the superior border of the intussuscipiens; A A, tip of the intussusceptum; B B, neck of intussusceptum.

Gastro-Enterostomy.

Prior to the performance of operations on the stomach, the patient is deprived of food for two days, and the stomach is cleansed by several irrigations with an antiseptic solution during this interval. The patient having been anæsthetised, and the abdomen opened by means of either a transverse or a longitudinal incision, a portion of the jejunum, as close to the duodenum as possible, is drawn out of the abdominal cavity, emptied of its contents, and clamped. A portion of the greater curvature of the stomach is also drawn into the wound, and the jejunum is brought into contact with, and united to it, by several Halsted sutures in such a way that there will be as little strain

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as possible on the usual permanent sutures after they are placed and tied. A longitudinal opening, an inch and a half long, is then made in the superior border of the gut. The corresponding opening in the stomach should be an inch above the greater curvature and parallel to it. The extreme ends of these wounds are now united by sutures which are passed through all the coats of the stomach and intestine and tied, the ends being left long. An opening is now made near the centre of the stomach sufficiently long to allow of the invagination of the openings already made in both bowel and stomach. This having been accomplished, the openings are sutured in the manner already described, the needle passing through all the coats of the intestine and stomach. The invagination is reduced, and the slit in the centre of the stomach is closed by means of Halsted sutures.

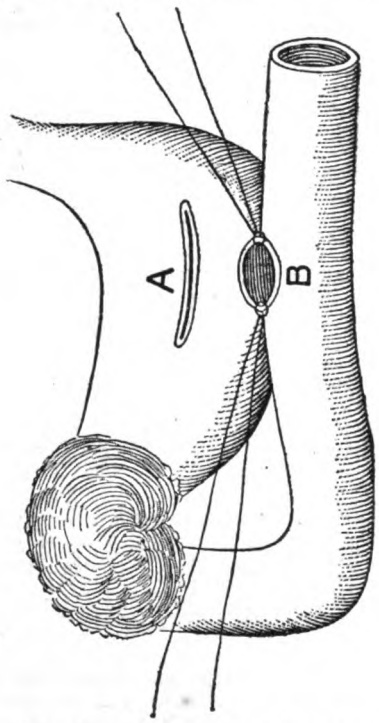

FIG. 17.—A, opening in the centre of the stomach (where the vessels are very small) through which the cut edges of the corresponding openings, B, united by primary sutures, made in the longitudinal axis of the upper end of the jejunum and in the line of the greater curvature of the stomach, may be invaginated and sutured in the usual manner from the inside.

The various experimental intestinal anastomoses which in the past few years the writer has performed in accordance with this method on dogs, have proved the following points in the technics to be of consequence :—

1. The longitudinal slit which is made in the segment of bowel having the greatest calibre (proximal or distal), and through which the invagination occurs, should be located at least two inches from the cut end of the bowel.

2. The mesentery of both segments must be included in the first suture which is passed at this intestinal border : this prevents sloughing of the bowel at this point.

3. The sutures should be placed at least a quarter of an inch from the cut intestinal edge ; they should be interrupted, about twenty in number, and should not be drawn too tightly when they are tied.

4. The best suture material is carefully tested and prepared horsehair.

5. The needle best adapted to this work is a round, straight one (milliner's, Nos. 6 to 9).

6. The invagination after the sutures have been placed, must be carefully reduced, rather by manipulation from below than by traction from above. otherwise the sutures may cut out.

7. In closing the longitudinal slit, too much of the intestinal edges should not be turned in or a contraction may result at this point.

The special claim of this method of intestinal suture to recognition and further practical trial rests upon the lack of special appliances needed for its performance ; its adaptability to every portion of the intestinal tract ; the ease, rapidity and safety with which an intestinal anastomosis can be effected by its aid ; and the fact that no time need be lost in determining the direction in which the invagination should be made.

The objections made to the operation, which experience has proved groundless are : First, that the sutures pierce the mucous, as well as the other intestinal, coats. This point Professor Maunsell considered an advantage, for he said : ("firmly suturing all the coats gives great healing capacity to the ends of the bowel, and the stitches are not likely to tear out"). That this objection is not a valid one is proved by the fact that no failure to secure a good result has occurred from this cause in any of the cases of which we have record where an intestinal anastomosis had been performed in accordance with this method, nor has there been the slightest evidence of leakage having taken place. The second and last objection that has been urged has been the possible danger of cicatricial contraction causing stenosis at the point of union. This fear has proved, in the writer's experience, to be without foundation, the patient upon whom the writer operated (performing enterectomy with removal of six inches of the ileum for a perforation following an abdominal contusion) on September 12th, 1893, having remained in perfect health, and free from bowel disturbance for more than two years.

Again, an intestinal anastomosis according to this method was performed by the writer on a dog on October 9th, 1894. The dog made a good recovery and remained in good health till April 23rd, 1895, when he was killed. The necropsy revealed the facts, that there were no intestinal adhesions, that the intestinal ar at the point of union was barely visible, and that no ocular evidence of contraction existed.

A list of the cases (fifteen in number) of intestinal anastomosis effected by this method of suture, which the writer has been able to collect, is hereto appended. Of these operations, ten resulted in the recovery of the patient, and five were followed by death which could not in any instance be fairly attributed to the failure of the technic of the procedure we have been considering.

The successful operations were performed by the following surgeons :—

1. Frank Hartley, M.D., Surgeon to the New York Hospital. Operation performed during March, 1892, and recorded in the *New York Medical Journal*, vol. lvi, pp. 302 and 464.

2. Mr. Stanley Boyd, F.R.C.S., Surgeon to the Charing Cross Hospital, London. Operation performed November 26th, 1892. Case recorded in the "Transactions of the Medico-Chirurgical Society, London," vol. lxxvi, p. 345

3. Frederick Holme Wiggin, M.D., Surgeon to the New York City Hospital (Blackwell's Island). Operation performed September 12th, 1893. Case recorded in the *New York Medical Journal*, January 20th, 1894.

4. Mr. W. Harrison Cripps, F.R.C.S., Surgeon to St. Bartholomew's Hospital, London. The case was reported, and the patient shown to the London Medical Society at its meeting, November 12th, 1894.

5. Mr. Keetley, F.R.C.S., Surgeon to the West

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London Hospital. Case recorded in the *Lancet*, for November 17th, 1894, p. 1,156.

6. Dr. Emerich Ullman, of Vienna. The operation was performed during December, 1894, and the case was reported in the *Centralblatt für Chirurgie*, No. 2, 1895.

7. Mr. L. A. Bidwell, F.R.C.S., Surgeon to the West London Hospital. The operation was performed during January, 1895, and the case was reported to the London Medical Society, March 25th, 1895.

8. Mr. W. Watson Cheyne, F.R.C.S., Surgeon to King's College Hospital, London. The operation was performed April 9th, 1895, and was recorded in the *New York Medical Journal* for December 14th, 1895, p. 746.

9. Professor William Rose, M.B., F.R.C.S., Senior Surgeon to King's College Hospital, London. Operation performed May 25th, 1895, and case recorded in the *Practitioner* for August, 1895, p. 130.

10. Dr. Robert T. Morris, Professor of Clinical Surgery in the New York Post-Graduate School and Hospital. Operation performed September 19th, 1895.

The unsuccessful cases were as follows:—

1. Professor H. Widenham Maunsell. The operation was performed during December, 1886, and the case was reported in the *Lancet* for February 13th, 1892.

2. Dr. Parker Syms, Surgeon to the Lebanon Hospital, New York. The operation was performed September 19th, 1893, and the case recorded in the *New York Medical Journal* for December 14th, 1895, p. 746.

3. Mr. W. McAdams Eccles, M.S.Lond., F.R.C.S. Eng., late House Surgeon to St. Bartholomew's Hospital, London. The operation was performed during the summer of 1895. Case to be reported in the "St. Bartholomew's Hospital Reports."

4. Frederick Holme Wiggin, M.D. The operation was performed on November 16th, 1895, for carcinoma of the cæcum (excision), and was followed by death twenty hours later from exhaustion. The patient was very feeble at the time operation was undertaken. This case has not been previously recorded.

5. Dr. L. W. Hotchkiss, Surgeon to the Bellevue and Manhattan Hospitals, New York. The operation was performed December 19th, 1895, and the case was reported to the New York Surgical Society, January 8th, 1896 ("Annals of Surgery").

The writer, in concluding this paper, desires to acknowledge his indebtedness to Mrs. Maunsell for permission to make use of Dr. Maunsell's original article (*American Journal of the Medical Sciences*, March, 1892), and for some diagrams (10 and 12) and notes found among her husband's effects after his demise; to Mr. Boyd, for Fig. 4; to Mr. Cheyne, Mr. Bidwell, Mr. Eccles, Dr. Morris, and Mr. Syms, for the notes of their cases.

Clinical Records.

ROYAL SOUTHERN HOSPITAL, LIVERPOOL.

Case of Recrudescent Rickets. (a)

Under the Care of Mr. ROBERT JONES, F.R.C.S.,
Hon. Surgeon to the Hospital.

History.—The patient, a girl, æt. 16, was admitted into the Southern Hospital, Liverpool; the family history was good; she was the second of four daughters, and her sisters were of moderate physique, strong, and free from deformity. She passed an uneventful childhood, and there was never any suspicion of rickets. At the age of 7 she felt rather poorly, and was ordered change of air, and on her return, twelve months later, it was noted she had developed knock-knee. She had no fever nor any particular ailment when first attacked, but since the genu valgum appeared her back had been painful. Up to two years ago she was able to walk comfortably, but since then her symptoms had been much aggravated and she had been quite unable to stand or walk. She had always been a dainty feeder, and was said never to have made a good meal. On examination it was found that the left parietal bone was slightly flattened, so that the head was asymmetrical. The sutures were closed, but the sulci were well-marked, especially that between the frontal and parietal bones. The palate was arched, and all the teeth, except the wisdoms, were present. The lower jaw was thickened at the angles and pointed at the chin. The circumference of the head was 20½ inches. The chest was somewhat barrel-shaped, the ribs were beaded, and Harrison's sulcus was marked. The heart and lungs were normal. There was also some rib deformity, due to a slight lateral curvature. The abdomen was large and prominent; the abdominal muscles were flabby. In addition to a lateral curve to the left, there was very marked lordosis, accompanied by rigidity. The angles of the scapulæ were prominent: there was nothing very noticeable about the clavicles, or humeri. The radii were enormously thickened at the lower end, so that the appearance was somewhat that of a very bad Colles' fracture. Supination was much interfered with, pronation to a slighter degree. The arms were very thin and poorly-developed, but she had a fairly good grasp. The pelvis appeared to be normal; there was considerable enlargement of the lower end of the femora, and the internal condyles were very prominent and elongated, so that on extension of the limbs there was exceptional knock-knee, the leg forming an obtuse angle of 135 degrees with the thigh. This deformity was more marked on the left than on the right side. There was also flexion deformity at the knees, and it was impossible to get the legs perfectly extended. Further, there was flexion deformity of 25 degrees at the hips. The feet were in varus position, and this was due to an acute bend at the lower end of the tibia just above the ankle-joint, and also to a great thickening at the lower end of the fibula. The sacrum was curved and prominent.

The child was very stunted in growth and small for her age, and ill-nourished. She was fairly intelligent, but could not walk nor stand at all. There was 1·9th albumen in the urine.

Remarks by MR. JONES.—Attention has been drawn in this country to either late or recrudescent rickets, by Drewitt, Clutton, Lucas, and others, and the rarity of the condition has generally been admitted. I am convinced, however, that its rarity is over stated. Without being able to verify the precise number, I have certainly seen between twenty and thirty cases. In most of these, the lower extremities participate in the deformities. In all, the enlargements are more or less shared by the epiphysial ends of bone. They therefore differ from the cases of Clement Lucas in the fact that the deformities were not confined to the shafts of the bones. Clutton, in the description of his case, draws attention to the fact that the shafts of the bones of the forearm were not bent and that this was another confirmation of the fact that the upper limbs bend in infantile rickets from the inability of the little patients to assume the erect position. In the case I report, the forearms were characteristically bent, the deformities starting long after the patient had ceased to crawl. This bears out several observations I have made with regard to the etiology of knock-knee, the deformity characteristic of rickets arising and developing while the patient remained in bed. In none of the reported cases do I note any reference to flexion deformities at the hip and knee, symptoms which I have frequently observed.

From my experience I should conclude that:—

(*a*) Late rickets is generally recrudescent.

(*b*) That epiphysial enlargements are an essential feature.

(*c*) That while static influences bear an important part in the production of the limb deformities, they are not essential factors.

(*d*) That in addition to the common deformities of rickets, flexion deformities are found in the hip and knee, and frequently limitations of movement in other joints.

(*e*) That contrary to the experience gained from the cases of Clutton, Pitts and others, the skull and face may exhibit rhachitic deformities.

(*f*) That the sacrum generally presents an angular projection about its middle.

(a) Read before the British Orthopædic Society, May 30th, 1896.

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Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD JUNE 11TH, 1896.

The President, CLEMENT GODSON, M.D., in the Chair.

SPECIMENS.

"Two Specimens of Uterine Fibroid, removed by Hysterectomy." By R. O'CALLAGHAN, F.R.C.S.I. (1) A fibroid which rose as high as the umbilicus, and was removed on account of profuse hæmorrhage and pressure symptoms. It was a simple straightforward hysterectomy; the serre-nœud removed on the seventeenth day, and the patient made an uninterrupted recovery. (2) A large fibroid of uterus complicated with a large outgrowth opening up the left broad ligament and a smaller one between the uterus and bladder. The enucleation of the latter caused alarming hæmorrhage, necessitating the retention of the elastic ligature on the stump below the wire serrenœud; both ligature and serrenœud were removed on the twelfth day. The patient made a good recovery and left the home in six weeks.

In answer to questions by Drs. Routh and Heywood Smith, Mr. O'CALLAGHAN added that the diagnosis of the outgrowths in the second case was made before operation. The pedicle was rather low down; and to remove the elastic ligature he seized it on each side of the knot with forceps, and cut the knot.

TWO CASES OF TOTAL EXTIRPATION OF THE UTERUS FOR CANCER.

Dr. MACPHERSON LAWRIE (Weymouth) brought forward these cases. *Case* 1.—The patient, æt. 52, complained of continual bearing-down, severe abdominal pain, a brownish discharge, and loss of flesh. The uterus was in good position, and quite mobile, but large. The os gaping, and the cervix rough and bleeding readily. The sound passed three inches. A section of the cervix was sent up to the Clinical Research Association, who reported that the specimen consisted of cancerous tissue, and vaginal hysterectomy was performed. The cervix was much infiltrated with disease and tore away from the fundus early in the operation, and owing to the friable nature of the uterine tissue, no traction could be exerted. The uterus was accordingly retroverted by firm pressure over the pubis, after the peritoneum had been opened, and the fundus drawn down with a pair of strong forceps. The broad ligaments were transfixed and ligatured in several portions and divided. Rather free bleeding during the course of the operation obscured the parts a good deal, and at one stage the bladder was unfortunately laid hold of and torn, after it had been completely separated from the uterus, and a large vesico-vaginal fistula resulted. After free douching, the vagina was packed with iodoform gauze. The patient suffered from much exhaustion, and a week after the operation her extreme weakness gave rise to some anxiety. She was kept going with rectal feeding and subcutaneous injections of morphia and strychnia. Morphia is not a popular drug after operations on the abdominal organs, but in this case the combination was followed by the most gratifying results, and probably saved the patient's life. Five weeks after the operation the bladder was examined. The finger, per vaginam, could only just reach the fistula, which was situated high up and was about 2 in. in diameter. With a small vagina this was a troublesome complication. The adhesions were broken down, and with one finger working in the bladder, and keeping the other in the vagina, the edges were pared and brought together with numerous silver sutures, and the rent completely and successfully closed. The patient is now, ten weeks after the operation, quite well. *Case* 2.—Mrs. M., æt 49, came, complaining of gradual loss of health and strength, and constant severe pain round the back and in the abdomen for the last four months. She looked ill and worn, and her appearance at once suggested malignant disease. The periods had never ceased altogether, although latterly irregular, and for the last three months she had suffered from almost continuous hæmorrhage and much offensive leucorrhœal discharge. The uterus was found greatly enlarged and freely movable. The cervix was partially destroyed by deep ulceration, which extended for a considerable distance laterally on either side. Vaginal hysterectomy was performed. The right tube and left ovary presented in the wound, and were also taken away. The difficulties of the operation were increased by a quantity of omentum which slipped down through the vagina, and was only retained in the abdominal cavity by a large plug of iodoform gauze, which was not removed until the seventeenth day.

The after-progress of the case was quite satisfactory, the patient making an excellent recovery.

Dr. SHAW asked whether the bowels had been opened before the morphia was given, in the first case?

The PRESIDENT observed that it was an interesting point in the first case that the disease had existed two years, and that the uterus was still freely movable.

Dr. MACPHERSON LAWRIE said he could not quite remember whether the bowels had been opened before the morphia was given; but flatus had been passed. The effect of the combination of strychnine and morphia was very striking, although the collapsed condition lasted for a week, during which time she was fed by the rectum.

Dr. FANCOURT BARNES read an interesting paper on some

PSYCHOLOGICAL CONSEQUENCES OF SUPPRESSED MENSTRUATION,

which will be found in full in another part of the journal.

In the discussion that followed

Dr. LEITH NAPIER said he had seen such cases as that recorded in the paper. One was a young single woman in whose case sudden arrest of menstruation followed a chill. Just before the period was due she suffered from severe neuralgia, which was followed by total blindness. Examination of the eyes revealed no lesion there. In a short time the blindness passed off, and then the period came on, after which she menstruated regularly. He had seen milder cases since. He thought Dr. Barnes' argument was a sound and proper one, and received support from a case in which he removed the appendages for disease. She went on menstruating for 2½ years, and then as the loss became excessive, he curetted the uterus. The period at once ceased, and the symptoms of the menopause came on so seriously that he ordered her an emmenagogue. This brought on the flow again, and the symptoms disappeared. To test the point further he told her to leave off the medicine; once more the periods ceased and the symptoms returned.

Dr. ROBERT BARNES said the case was a good illustration of the relation between menstruation and the nervous system. The health of a woman was associated with menstruation, which was to be regarded as a missed pregnancy; and if she were prevented from menstruating or conceiving, harm followed. In a paper before the Society some years ago, he dwelt on the relation of menstruation and insanity. If the present case had got into an asylum, he believed she would have remained there; for he thought it was a great fault in the organisation of our asylums that there was no provision for the examination of such cases; in some few cases in which he had been called in, he had been able to cure the pelvic trouble, and save the patients from being permanently shut up. He regarded it as one function of the Society to convince the profession of the connection between the two conditions, and to proclaim the doctrine that it was wrong to condemn a woman to an asylum without examining her pelvic organs. This object could only be attained by bringing forward such cases as the present one. Further, not only should women be examined before being committed to asylums, but the asylum authorities should employ gynæcologists to make all such examinations. For asylum doctors were among the most absolute of the profession: and once a woman came under their care, there was a considerable chance of her remaining. He often recalled a precept which he heard in Paris in his student days: *Messieurs, interrogez tous les fonctions;* and it had largely guided his practice since. There was no reason why a woman in an asylum, who was suffering from a uterine complaint, should not have this attended to, whether or not it made any difference to her mental condition. He hoped this case would be an argument in favour of the unity of medicine, which should show that sanity was a matter, not simply of nerves, but of response

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on the part of the nervous system to all the functions in the body.

Dr. ROUTH said he had seen a great number of these cases, and had noticed that through menstrual irregularities girls might get into such an intensely neurotic state that in bad hands they were almost sure to finish in a lunatic asylum. As a rule, no one knew less of the gynæcological conditions in the insane than asylum doctors; and it had been his lot to see many women in asylums who could have got well had they been properly treated. Therefore, in the case of every woman who was thought to be insane, if there was any history of pelvic disease, an examination should be made, and she should be treated as a gynæcological case. He remembered the case of a girl at school, who began menstruating and developed symptoms of excitement. An asylum doctor was sent for, and she was tied down for twelve hours. She got worse, and was sent into the asylum. Her mother took her away, and brought her to him, and he found that the whole trouble arose from menstrual irregularity. This was treated, and she got quite well. There was no doubt that in many cases a mental shock would arrest or modify the function, resulting in mental derangement. He had also seen cases of a condition not described, of vaginismus of the uterus, causing much pain and mental symptoms before a period; he had cured them by anodynes and dilatation. Dr. Barnes' paper would have done much good if it did nothing else but call attention to the fact that many kinds of insanity were due to suppression of the menses.

Dr. MACNAUGHTON-JONES said it must be remembered that in many cases the relation between suppression of ovulation and insanity was not one of cause and effect. They must sometimes invert the matter, for there was no doubt that mental disturbance did arrest menstruation. Nor should they too broadly impeach the heads of asylums; some of the remarks made by the previous speakers on this point were not quite just. He knew many superintendents of asylums well, and was convinced that they were just as alive to the correlation of mental and sexual conditions as anyone present, and quite as anxious to arrive at the truth of the matter, and to secure the well-being of the patients. It would be remembered that at a discussion by the Society some years ago the lamented and distinguished physician, Dr. Hack Tuke, and others, expressed their conviction of the importance of this relation. Dr. Barnes' case was of interest, but the connection between mental conditions and disorders of menstruation was widely known, and in every case of epilepsy where the patient was a young girl the first question asked was "What is the menstrual condition?" He saw a case of dementia with Dr. Hack Tuke, and had seen others also, in which the mental condition improved on the restoration of the menstrual function. The question of treatment was sometimes very difficult, for the patient's safety had to be thought of, and restraint was often necessary. He knew of one young girl who committed suicide under such circumstances. Dr. Barnes' remarks about high tension were interesting, and this high tension might show itself in the case of other organs, such as the eye, resulting in extravasation of blood; the nose, resulting in swelling of the turbinals and epistaxis; the throat, causing aphonia; while disturbances of the newly-discovered "lingual tonsil" had lately been brought into relation with suppressed menstruation. In conclusion, he wished to emphasise the fact that the association of ovulation and menstruation had been recognised by alienists as well as gynæcologists; but it was often very difficult, with the twofold trouble at work, to bring about a satisfactory result, and it was often necessary to put the patient under temporary restraint.

Dr. FANCOURT BARNES, in reply, said his object had been to show what surgical treatment could do in some cases which were generally regarded as purely medical. The case was, no doubt, an extreme one; and, of course, they would not wish, as a rule, to resort to surgical methods in the case of young girls. But in exceptional cases surgery should be called in. He had had similar good results from surgical intervention in cases of dysmenorrhœa and amenorrhœa associated with sterility.

Dr. EDMUND HOLLAND introduced a case of

SUCCESSFUL TRANSFUSION AFTER EXTREME HÆMORRHAGE.

An ordinary ovarian operation was performed by the author with the assistance of Dr. Oliver on the 21st of March, about 9 30 a.m. Two hours after the operation the house physician observed indications of severe and rapidly progressive internal hæmorrhage, and sent a special messenger for him. The patient was found pulseless, and had been so for a quarter of an hour. The wound was immediately reopened, the pedicle retied, and the old ligatures removed. By this time the breathing had ceased, the jaw was fallen, the cornea sunken, the patient completely exsanguinated and, apparently, hopelessly dead. Dr. R. T. Smith dropped in opportunely, and proceeded to maintain artificial respiration, whilst Mr. Scott Elliott, the senior house physician, rapidly and skilfully performed the operation of transfusion; Dr. Holland being fully occupied in cleansing the flooded abdomen—so that these three processes—artificial respiration, transfusion, and peritoneal toilet proceeded simultaneously, with other adjuvants as elevation of the legs, brandy enemata, and artificial warmth. The liquid transfused was a solution of chloride of sodium in the proportion of one drachm to a pint of water, boiled and strained, and at a temperature, as it stood in the glass jar, of 105° F. After a pint had been introduced a faint sigh was heard, and a thready unstable pulse became perceptible; during the introduction of the second pint the pulse improved, but was still very unstable, and warmth began to return in the shrunken frog-like hands; as the third pint steadily trickled in, the breathing became regular and the pulse fuller and steadier, and by the time three pints had fully passed into the vein the patient opened her eyes, rolled her head, and had a well-sustained pulse of 108, of good volume, and was put to bed. The fluid used in washing the abdominal cavity was a solution of chloride of sodium, and at the least a pint was purposely left in for absorption. The progress of the case was slow, but quite satisfactory; there was no peritoneal irritation, and no suppuration in either wound. The patient expressed a wish to sit up in bed on the 18th day; she walked across the ward on the 28th, and left the hospital on the 35th day, convalescent—a little weak and pale, but otherwise little the worse for her unusual experiences.

Dr. ROBERT BARNES observed that in these cases a certain volume of fluid was all that was necessary to bring about a good result; the presence of other ingredients of the blood, such as red corpuscles, was not necessary.

Dr. PURCELL said that transfusion was necessary in many cases, as in hæmorrhage into the abdominal cavity, and it was often serviceable even when there had not been severe hæmorrhage, as in cases where, by the removal of a large tumour, much blood was at the same time removed from the body.

The PRESIDENT could testify to the value of transfusion in cases of post-partum hæmorrhage, as in a case where this came on an hour after the delivery of the placenta, owing to the patient raising herself up suddenly to greet her husband. In this case a large rectal injection of salt solution was given.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF ANATOMY AND PHYSIOLOGY.

MEETING HELD FRIDAY, MAY 22ND, 1896.

Professor PURSER in the Chair.

EXHIBITS.

PROF. PURSER exhibited several microscopic specimens showing irregularities in the formation of the medullary tube in the developing chick, and several other macroscopic specimens showing errors of development in chicks, frogs, &c.

Dr. A. F. DIXON showed a series of models prepared by the reconstruction method, to exhibit the development of the fifth nerve.

GENU VALGUM ADOLESCENTIUM.

In the unavoidable absence of the President (Dr. Symington), the Secretary read for him a communication on this subject, illustrated by a specimen, showing a condition of extreme malformation in both lower limbs. The

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patient, up to the age of eighteen, exhibited no signs of the deformity. At the age mentioned she went to work in a mill, and soon after the malformation arose. There were some signs of rickets in the upper limbs, but the characteristic enlargements of the anterior end of the ribs were absent. The deformity was extreme, the two femurs crossing like the limbs of an X. On one side of the specimen the soft parts had been carefully dissected and preserved: owing to the deformity, all the structures at the back of the knee were shifted outwards, thus the popliteal artery lay over the outer margin of the external condyle. The sartorius and gracilis ran down over the intercondylar notch, and the tendon of the adductor magnus thus uncovered was subcutaneous. On the other side the soft parts had been removed, and coronal sections made through the lower end of the femur and the upper end of the tibia, also through the lower ends of both tibia and fibula. The upper two-thirds of the femur were quite normal. The sections showed that the lower end of the bone as well as the upper part of the tibia were the seat of rachitic disease, as indicated by the irregularity of the epiphysial cartilage and the porous condition of the bones. The sections showed also distinctly that the marked deformity was due chiefly to the condition of the diaphyses of both femur and tibia, and to a slight extent to the unequal growth of the inner and outer parts of the epiphysis. There was comparatively little change at the ankle. The pelvis was unsymmetrically narrowed, the transverse axis being much reduced.

Prof. PURSER said that judging merely by the naked-eye appearances, one half of the epiphysial cartilage appeared rachitic, and the other half normal.

OSSIFICATION OF THE THIRD TROCHANTER.

Dr. A. F. DIXON read a paper on the above subject. Three femora were exhibited showing a special epiphysis for the third trochanter. In each case this epiphysis is small and scale-like, and is placed just above the groove present in the region of insertion of the gluteus maximus muscle. An examination of a number of young bones leads to the conclusion that, in many cases at all events, the third trochanter in man is ossified from a special centre. The epiphysis was never found to be more than a scale-like piece of bone, even when the third trochanter was very well developed.

Prof. BIRMINGHAM said that Dr. Dixon's observations seemed to solve a question which was discussed some time ago by Professor Dwight and Mr. Arbuthnot Lane. The latter held that certain bony projections were produced by the pull of muscles on the bone. Among other instances he mentioned the drawing out of the gluteal ridge to form the third trochanter. Professor Dwight urged, on the other hand, that this third trochanter was a survival of the third trochanter of animals, and that it was not due to muscular pull. They only examined the bones apparently from the outside. Professor Birmingham made sections of the third trochanter and of the gluteal ridge. The third trochanter was exactly like the lesser trochanter. It consisted of a thin shell of compact tissue enclosing cancellous tissue within. The gluteal ridge was composed altogether of layers of compact bone. He came to the conclusion that Dwight's theory was correct. Dr. Dixon's observations proved this.

Dr. DAVIDSON said that if it was a reversion, one would expect to find it more marked in the lower races.

Dr. DIXON said, in reply, that Wiedersheim stated that it was more common in the higher than in the lower races. It did not occur as frequently in the anthropoid apes as in man.

EFFECTS OF RIGHT-HANDEDNESS ON THE STERNUM.

Prof. BIRMINGHAM made a communication on the effects of right-handedness on the sternum. He had remarked that comparatively few sterna are symmetrical, and he believed that the asymmetry was due to the more frequent use of the right upper limb. On consideration, however, it would appear that the ordinary fine and skilled movements for which the right hand was specially and habitually used, would produce little effect on the sternum, while the frequent use of one particular limb for carrying heavy weights or for similar laborious work, would probably influence the symmetry of the bone to some extent. In this connection it was pointed out that many persons, not left-handed, habitually use the left upper limb for carrying weights, so that the effects on the sternum, which generally may be attributed to right-handedness, may be absent in the right-handed.

Prof. PURSER was of opinion that right-handedness depended on the brain. The blood supply to the left brain was more direct, as was shown by the frequency of embolism on that side. In the lower classes no pains were taken to make them right-handed, still there were no more left-handed people among them than among the higher classes.

Prof. BIRMINGHAM, in reply, referred to the various theories advanced to account for right-handedness. He thought none of them quite satisfactory. He agreed with Prof. Purser that the cause lay in the brain.

BRITISH ORTHOPÆDIC SOCIETY.

MEETING HELD IN BIRMINGHAM, MAY 30TH, 1896.

MR. WM. THOMAS showed cases of congenital torticollis, severe lateral curvature in a male adult, congenital absence of metacarpus and phalanges, double congenital displacement of the talipes, treated by tarsectomy.

Dr. WARDEN showed a case of partial absence of the fibula, marked lateral bending of the tibia, associated with congenital talipes valgus.

Case of Double Congenital Talipes.—Mr. E. LUKE FREER brought before the meeting a case of double congenital talipes equino-varus, which was successfully treated by tenotomy, wrenching, and manipulation. Also, he showed a case of rhachitis adolescentium. The girl was aged 16 years, and had been under his care for severe genu valgum when four years of age, and had worn instruments for four years with no material improvement. A double osteotomy was then done, and she continued to wear supports for three years more. Mr. Freer then lost sight of her for eight years, and a few months' since she was brought to him again in a condition of pronounced genua-vara. He also showed a case of knock-knee which had been treated by osteotomy, and another case of very severe congenital talipes equino-varus.

The above cases were discussed by Mr. KEETLEY who stated that in his opinion Mr. Thomas' case of lateral curvature in the male adult was probably due to sciatica.

Mr. OPENSHAW referred to cases of congenial dislocation which had been under his care, in which he had operated by Lorenz's method with success, except in one instance in which he carried out Hoffa's procedure, the patient dying from shock.

Case of Recrudescent Rickets.—Mr. ROBERT JONES brought forward a very interesting case of "Recrudescent Rickets" in a girl, æt. 16, who had been admitted to the Liverpool Southern Hospital. This case will be found in another column.

Mr. TUBBY remarked that although of late rickets was accepted by many authors as a veritable disease, yet he had not come across any microscopical examinations of the epiphyses of bones proving its identity with rickets of infancy.

After votes of thanks were passed to the Birmingham members for their hospitable reception and the Birmingham Medical Institute for allowing the use of the rooms, the proceedings terminated.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, June 27th, 1896.

BLOOD WASHING.

PROF. LEPINE, of Lyons, has written an exceedingly interesting article on the new treatment styled "blood washing," and which is worth reporting.

He says—Intravenous injections of salt water do not constitute a novelty. Joenichen, of Moscow, by the advice of Hermann, made those injections in 1830 on cholera patients, and his example was followed by many others at the time, the idea being to replace the loss of water in the

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blood and the tissues. Salt water has also been frequently injected into wounded persons and parturient women who suffered from great loss of blood. These attempts were far from being always successful, but in some instances were attended with favourable results. He (the writer) used the injections with advantage in one case of chronic anæmia.

In all the above cases, however, only a moderate quantity was infused into the blood, whereas the treatment applied to-day, that of lavage du sang, or washing the blood, was quite another affair. He found the expression "washing the blood" in a paper of Prof. Sanguirico on rabbits poisoned by different substances (strychnine, alcohol, chloral, aconitine, nicotine, cafeine, morphia, paraldehyde).

M. Sanguirico made numerous injections into the veins, of salt water; in some cases he seemed to have obtained encouraging results, but as he did not say how much liquid he employed, it could not be certain if he really practised the *washing* of the organism, as taught us by MM. Dastre and Loye.

M. Sanguirico cited M. Sanarelli as having attempted before him this operation for poisoning, but no special indications could be found on the subject. In any case, and anterior to M. Sanguirico, MM. Ch. Richet and Moutard-Martin had demonstrated how a solution of sugar and water injected into the veins of a dog provoked polyuria.

By very precise experiments, MM. Dastre and Loye have placed beyond doubt the important fact that a *considerable* quantity of salt water can be injected into the veins of an animal, even superior to the two-thirds of his weight (!), *without provoking any accident*, provided that the liquid entered slowly. With a salt solution of 7-1,000 no toxic effects were produced, the danger lay exclusively in the mode of administration. They found that in the rabbit, the velocity of penetration should not exceed 3 cubic centimetres per minute, and per kilogramme weight of the animal (naturally these figures only apply to the healthy animals whose kidneys work well; otherwise, the subject succumbed more or less rapidly with effusions into the serous cavities, &c.); if the renal organs were healthy there was generally a parallelism between the entry of the liquid and its excretion by the kidney. In the dog, the velocity of penetration had to be reduced to a quarter of that required in the rabbit. MM. Dastre and Loye were not after their first experiments able to furnish figures for man.

In theory, nothing was more seductive than the question of washing the organism; but the fruitless attempts at irrigation made by the above physiologists on infected animals show what reserve is necessary before judging on their practical value.

However, these results did not, fortunately, discourage clinicians, and Prof. Sahli, of Berne, reported a case of convulsive uræmia in which a fatal termination was prevented by subcutaneous injections of salt water; two cases of typhoid fever were benefited by a similar medication. The first case was a man, æt. 36, who was in the fourth week of the fever, with bed sores, and bearing ill the cold plunging. A litre of salt water was injected daily for five days. A few days later convalescence set in. The second was a man, æt. 55; the treatment was the same.

It it very unjust to pronounce judgment on a method of treatment without having seen for oneself the patient. M. Sahli was confident that his treatment was necessary and beneficial, and we should accept without reserve the appreciation of such a judicious and experienced clinician. Consequently, it may be taken for a positive fact that in certain cases of uræmia and typhoid fever, injections of salt water can render good service.

The mode of action was rather difficult to determine; M. Sahli did not think the diuretic action was a sufficient explanation, as he had seen improvement take place before the diuresis became manifest.

More recently, surgeons had frequently had recourse to washing of the blood, as reported by MM. Legars and Tuffie, but these cases, in spite o their interest, were not sufficient to establish in a definite manner the fact that great benefits could be derived from washing of the blood in cases of confirmed infection; the experiments related by M. Chassevant proved that in poisoning by strychnine success was only obtained when the nervous phenomenon had not yet appeared. He (M. Lépine) came to the same conclusion some years ago relative to the efficacity of intravenous injections in the coma of diabetes. Where the central venous system had felt the effects of the toxines, there was little to hope from washing of the blood.

There was also little to count on where the renal organs were affected, for how could the irrigation of the organism be realised if the evacuation of the toxine was difficult? M. Sahli, as has been already seen, had succeeded in one case. The writer treated several patients in a similar manner without success, and this unfortunate result was easy to understand, for it did not suffice that a great quantity of liquid should be absorbed in order that an abundant micturition should take place. Still more, it was possible for a large amount of water to be eliminated, without a corresponding elimination of toxic substances; the fact is seen every day in interstitial nephritis, where uræmia can exist in spite of polyuria of several quarts.

It was necessary to recall these facts to prevent deception, but he did not wish to be considered hostile to the method; on the contrary, he believed that it should be tried, since it was relatively harmless, even when there was little chance of success.

As to the modes of operating, the saline solution can be inserted into a vein or beneath the skin of the abdomen, which is easier and more simple, but where a large quantity of liquid was required, the penetration of the vein should be preferred.

The recipient, as well as the saline solution, having been previously properly sterilised, and the recipient placed a little above the patient, a very fine trocar is introduced under the skin of the abdomen; the trocar is withdrawn, and the cannula attached to the tube of the recipient. If the trocar be very fine, and the recipient not too high, the entry of the liquid will not be too rapid; otherwise the flow could be moderated by the application of a forceps to the elastic tube. Care must be taken that the entry of the solution be *slow*, or else a very painful swelling of the cellular tissue would be formed. At the rate of *one litre per hour* no accident need be feared. It was recommended to see that the temperature of the water was exactly that of the body. If, however, the operation is done slowly, the solution, provided it be lukewarm, will promptly reach the temperature of the subcutaneous cellular tissue. Generally the strength of the saline solution was exactly 7 per cent.; recently, M.

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Malassez said, and rightly so, that a 1 per cent. solution could be used with advantage.

In certain cases, it might be well to add to the solution a little bicarbonate of soda, but even in cases of imminent coma in diabetes he would not inject a too alkaline solution for fear of injuring the elements of the blood.

The fundamental idea of washing of the organism is to throw into the blood current a liquid as inoffensive as possible; this fact should be borne in mind.

RECORDS OF MEDICAL HEROISM.

A Hall of Honour has been established in the Val de Grâce Hospital, in Paris, where the names of French medical men who died in the performance of their duty are inscribed on marble tablets. A list of 143 practitioners has just been placed on its walls, all of whom perished in the yellow fever epidemic in San Domingo, 1801–1803.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 26th.

THE SURGICAL CONGRESS.

APPENDICITIS (*continued*).

AFTER describing the characteristic features of the disease, Hr. Sonnonburg went on to say that the progressive changes went on to empyema, coprolites, and secondarily to perforation. This was only a recurrence of a long-standing disease, but the symptoms were more violent, commencing with a rigor. If encapsulisation took place the symptoms gradually receded, if not they persisted, and the bursting externally of a purulent collection could not be reckoned on. The occurrence of suppuration was, therefore, a strict indication for surgical interference.

The first principle of treatment was individualisation; treatment should not be routine. The question whether an operation should be performed during an attack or after one would be decided by the case itself. Where suppuration was suspected it was a duty to operate at once. In slight catarrhal cases a mild purge would generally suffice; if the attack persisted small doses of opium should be given, with rest in bed. Medical treatment should precede surgical. Hot or cold applications might be made. If the attacks were repeated and the appendix continued palpable as a thickened cylindrical swelling, operation was unavoidable. This restored the patient at once. The incision was made close to the crest of the ilium, the appendix was often quite superficial, but when it was deeper there was no difficulty in finding it, and as the operation was carried out in only a small portion of the peritoneal cavity there was no danger. If there was no cause to fear infection the wound might be closed at once, otherwise the tampon might be used at the first place.

In the chronic form the rule should be to operate in the free interval, but if the inflammation lasted long it might be advisable to operate before it had subsided.

Purulent perforative appendicitis should be operated on at once. The organ should be removed, as it was only when it had been laid freely open that all pockets could be discovered and emptied, and the radical operation only could save the patient from recurrences.

In the acute form of sepsis the patient died, either with or without operation. If sepsis threatened, and the soft adhesion still held for a time, and tenderness on the left and the region of the left kidney indicated peritoneal irritation, immediate operation might still be successful, but the fate of such a patient would be decided by hours not days. He had operated in 185 cases, 128 of them being simple, but some of them were associated with encapsuled abscess; one had recovered. Of 11 cases operated on during the last two years, and that were complicated with multiple abscesses, burrowing, commencing peritonitis, &c., two only died; whilst of 23 such cases operated on before then, twelve succumbed. All the patients with pronounced septic peritonitis died.

THE SURGERY OF THE BILIARY SYSTEM

was dealt with by Dr. Langenbuch, Berlin. He said this was a late development of surgery. Petit was the first who planned an operation on the gall-bladder, and this was only when it was adherent to to the abdominal parietes. In 1774 a Berlin physician came upon the idea of replacing a natural adhesion by one produced by art, such as the application of cantharides. In 1878 Kocher, after opening the abdomen placed Lister's gauze, between the gall-bladder and the parietal peritoneum. He opened the gall-bladder six days later with success. In 1859, Thudichum, of London, proposed suturing the gall-bladder to the parietal wall and opening after adhesion had taken place. In 1867, the American, Bobbs, performed the first operation done at one sitting on the gall-bladder, but it was done in a mistake for an ovarian tumour. Marion Sims had a similar experience ten years later. From this year began what might almost be called an explosive development of the surgery of the biliary system. In 1882, a Berlin surgeon proposed excision of the gall-bladder, as simple incision and removal of the contents did not secure a permanent cure, and in July of that year obtained his first success. The second surgeon to perform cholecystectomy was Courvoisier, whose work on the history of operations on the bile passages was an ornament to recent literature. In 1882, also Winiwarter first united the gall-bladder to the colon. In Berlin, Körte performed the first successful cholecystenterostomy. In 1894, Murphy made use of his button for the operation. In 1893, Wickhoff Angelsberger reported a case of cholecyst-gastrostomy. In 1884, Langenbuch proposed choledocholithotrity and if this did not succeed choledochodandenotomy should be performed, *i.e.* the duodenum should be opened and the diverticulum Vateri so far as it ran in the wall of the duodenum should be split. In suitable cases choledochotomy should be performed, all these operations had been performed. In their performance the chief of those who had done good work were Kocher, Riedel, Sprenzel, Kummell, Hochenegg, Langenbuch, Courvoisier, Sonnenburg and Credé. The justifiability of exploratory hepatotomy, in the obscure disease of the bile passages had been disputed. The first hepatotomy for purulent cholangitis (puerperal) was performed by Körte.

Cholecystendysia, or ideal cholecystotomy recommended by Spencer Wells was first carried out in 1884 by Courvoisier with a successful result. Cholecystopexia, a modification of the foregoing, was performed by Czerny in 1888. Lauenstein in 1886 made a two sitting hepatotomy and Landerer removed a stone through the liver substance. In 1890 Hochenegg extirpated a gall bladder the site of malignant disease, and the French Ferrier made a partial resection of the gall-bladder after the manner proposed by Langenbuch. Omental plastique for the shutting off of the bile passages from the abdominal cavity

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had been several times practised. Körte had several times operated for biliary colic.

The first ideal cystotomy, combined with an ideal cholecystotomy originated with Küster. To Kehr belonged the credit of first making cystolithectomy by the formation of an external biliary fistula into a typical operation.

The speaker pointed out that cutting of the ligamentum teres, the separation of the suspensory ligament and digital tearing of the right triangular ligament rendered the gall-bladder much more easily accessible.

For lessening the blood contents of the liver he proposed ligature of the superior mesenteric artery. It was a strongly pulsating artery, easy to find when the colon was pushed upwards, and the small intestine drawn to the left, it passed between the pancreas and small intestine. Temporary ligature of the portal vein lead to collapse. The cry of Billroth, medicine must become surgical, must have some limitation, but he was so far right that medicine must ever bear fruit for surgery.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 26th, 1896.

THE AFFINITY BETWEEN SKIN AND ARTICULAR DISEASES.

HERTZ expressed his surprise, at the Medical Club, that so little had been done to unravel the difficulties that lay in the path of elucidating the connection that exists between skin diseases and affections of the joints. Many of us have observed the pathological changes that take place after a diffuse invasion of psoriasis, which appears to be so frequently noticed in France as to merit the term of "Psoriasis Arthritica," applied by French writers. Hertz, at this point, showed a severe case of psoriasis which he had under his care, in which reddening, swelling, and great pain was experienced in the smaller joints, which subsequently led to stiffening of the joints, deformity, and utterly partial ankylosis. At a later period of the history a dropsical condition of the knee and ankle-joints supervened.

It must be confessed that the pathology of psoriasis is not yet clearly understood, and therefore cannot be confidently associated with the joint affection. Still it must be confessed that there is a strange concurrence of clinical phenomena that lead us to presume that there is an infectious element in the disease, though this has not been definitely proved. The general disturbance of the nervous system as well as the psychical centres are common clinical observations which have led to the belief that psoriasis is a vascular neurosis which may probably affect the joints as a trophic neurosis.

In a second case which he recorded, which was a relative of the previous one, the patient first complained of great pain in the finger-joints, which later spread over all the other joints and was evidently of an inflammatory nature. Complete atrophy of all the muscles involved subsequently ensued. The skin during this time evolved enormous quantities of perspiration, presumably demonstrating the nervous influence between the skin and the joints.

The third patient brought forward suffered a long time from fever, which later developed into pleuro-pneumonia, but subsequently passed into a morbid condition of the joints with complete ankylosis in many of them. There was also muscular atrophy with periarticular enlargements. The skin on the terminal phalanges of the fingers assumed a firm thick covering which could be taken off like the finger of a glove, leaving a raw bleeding surface. From these clinically observed facts it would appear that a relationship exists between the joints, and many of the chronic skin diseases, not yet clearly understood.

OCULAR "FIXATION."

Under the heading of "Fixation," Kunn questioned the correctness of our classic dogmas enunciated concerning the fixing of vision after one eye has been weakened or partially paralysed.

The binocular "fixation" he contends is an optical as well as a mechanical function which may be disturbed in a variety of ways, the resultant being the fixation of vision by the eye which has the greatest accommodation, while the other produces the squint. It has been affirmed that the eye with the paralysed muscles is always found everted, while the eye with the healthy muscles has the power of fixing vision. This doctrine was controverted by Mauthner, who pointed out exceptions to this rule, which was subsequently believed to supplant the rule itself, as the paralysed eye when possessing sharper vision was usually fixed for objects, while the eye with the healthy muscle was found squinted. This anomaly was explained by assuming the presence of a spasm in the muscles of a healthy eye. Kunn showed six cases where the paralysed eye was fixed for vision, while the healthy eye was squinted. He afterwards pointed out the paradox that the habitual use of an eye had much to do in the individual results.

TREATMENT OF CANCER.

Adamkiewicz has again raised this acrimonious subject in the *Neue Revue* with an attack on Albert and his assistants, who, he affirms, prejudged his curative treatment of cancer without operation. It may be remembered that Prof. Adamkiewicz, of Cracow, attracted the attention of the Austrian Government in 1891 by public excitement over the discovery of a cure for cancer. Adamkiewicz appreciated the reticence of the charlatan, and refused to give the profession the benefit of his assumed discovery. The Minister of Education caught the public infection and proposed to have the treatment tried in the Vienna Hospital. A Government Order was obtained for the removal of Adamkiewicz, Professor of Medicine in Cracow University, to Professor Albert's wards in the "All. Krankenhaus" of Vienna, where he should be provided with every form of cancerous material for the application of his Palladium, which is presumed to be a fluid preparation of one of the aniline dyes. His results have been frequently commented on since that time, but no substantial benefit arising from the treatment has been shown. As might be expected, Adamkiewicz had to retire, the Government Order being reversed, hence the commencement of recrimination.

Albert refuses to say more than quote the Government reports handed in from time to time, while Adamkiewicz persists in personal attacks, declaring, as all mountebanks will do, that he has not got justice, and that the treatment has not had a fair trial.

IT is stated that the popular cheese *Brie* is now made of petroleum jelly.

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The Operating Theatres.

MIDDLESEX HOSPITAL.

GASTROSTOMY.—Mr. ANDREW CLARK operated on a man, æt. 50, who had been suffering for nearly a year with pain and difficulty in swallowing. During that time the difficulty had increased, and he was now only able to swallow liquid, and that was followed shortly after by vomiting. He had just returned from New Zealand, and during the journey had been rapidly losing flesh, and was almost reduced to a skeleton. Several unsuccessful attempts having been made to pass a bougie through the stricture, gastrostomy was decided on. Accordingly, under anæsthesia, a vertical incision 3 inches in length was made in the line of the rectus muscle, the centre being opposite the cartilage of the eighth rib. As soon as the abdominal wall was divided, the stomach presented in the wound, and was secured by two guiding sutures inserted through the peritoneal and muscular coats; the adjacent peritoneal surfaces were then carefully attached by silk sutures, the upper and lower ends of the incision closed by deep sutures, the wound dressed with iodoform and dry dressing, and the patient returned to bed. During the next four days the patient was maintained by nutrient enemata and suppositories, and in no way lost ground. On the fifth day the stomach was opened, the two guiding sutures being held up, and a tenotomy knife introduced between them; an ounce of milk was put into the stomach, the opening plugged with iodoform gauze, and dry dressing again applied. For this little operation an anæsthetic was administered. All the sutures were now removed. The patient was fed through the wound daily, the amount being increased day by day, and five days after the operation he was having twenty-four ounces of milk and twenty-four ounces of beef tea introduced through a Jacques' tube in the course of twenty-four hours, in three separate feedings. Mr. Clark remarked that he considered the vertical incision the most convenient inasmuch as it rendered the opening more or less valvular, thus preventing the escape of gastric fluid; the stomach was not opened at the time of the operation, as the patient was in such a condition that it seemed safer to leave him for a few days, and thus give an opportunity for the peritoneal surfaces to adhere. The gradual increase in the amount of food introduced into the stomach allowed the organ to re-accustom itself to work and no trouble from sickness was experienced. It may be remarked, he said, that an anæsthetic was administered when the stomach was opened which is generally considered a painless operation, but he has found, not only in these cases, but in cases of colotomy the patients sometimes seem to suffer a good deal, and, therefore, he does not hesitate, if they desire it, to give an anæsthetic.

It is very satisfactory to state that six weeks after the operation the patient had gained flesh and was able to walk several miles a day, he feeds himself by means of the tube which he introduces himself and only complains he does not have the pleasure of eating in the ordinary way

STRANGULATED HERNIA WITH PARTIAL SAC. — Mr. LEOPOLD HUDSON operated on a man, æt. about 60, who had been brought to the hospital suffering from a strangulated hernia on the right side; the patient said he had for a long time had a scrotal hernia, but on the present occasion a large swelling had formed on coughing, which had stopped just outside the external abdominal ring. On examination, the swelling was found to be extremely tense, devoid of impulse on coughing and very tender on manipulation; no fæces or flatus had been passed since the previous evening when the swelling had appeared; the man had been sick twice, the vomit consisting of the ordinary gastric contents. Taxis under an anæsthetic had failed to effect reduction. A three inch incision was, therefore, made over the inguinal canal; on dissecting down to the rupture, a small quantity of dark coloured fluid seen through the membrane indicated a favourable site for opening the sac; this being done, about half an ounce of slightly turbid blood-stained fluid escaped; the peritoneum, where present, however, though much congested, had not lost its polish. The hernia was found to possess only a partial peritoneal investment. The contents of the sac were: the lower three inches of the ascending colon, which only had a peritoneal covering on its anterior aspect; the cæcum and vermiform appendix, together with the lower five inches of the ileum, all of which were completely invested as usual with peritoneum. The neck of the sac was filled by the bulky mass of the large and small intestines and their respective mesenteries, and it was found impossible, on nicking the stricture at the neck to reduce the colon; therefore, the incision was prolonged upwards and the aponeurosis of the external oblique split from between the pillars of the ring below to the position of the internal ring above; the edges of the aponeurosis being held aside by blunt hooks the entire hernia was bodily returned into the abdominal cavity, this being accomplished the easier as the hernia had come down so recently that the connective tissue of the retro-peritoneal portion of the ascending colon had not become adherent to the connective tissue of the inguino-scrotal region into which it had been forced in its descent. The hernia having been returned, the fibres of the tranversalis and internal oblique muscles were approximated by sutures to Poupart's ligament from without inwards, the conjoint tendon being drawn down as closely over the cord as was considered prudent. The split external oblique aponeurosis, the superficial fascia, and the skin were brought together by three rows of continuous sutures (aponeurosis to aponeurosis, fascia to fascia, and skin to skin) and a double cyanide gauze dressing applied with a pad and a spica bandage. Mr. Hudson remarked that the dissection of this hernia showed clearly the cause of the difficulty or impossibility of reduction; in these cases after the hernia has been down a few hours the raw connective tissue surfaces being applied to one another as a result of strain and remaining in a condition of tension and congestion, inflammation is speedily set up, plastic exudation follows, which speedily organises into firm adhesion, therefore, such a hernia after coming down may remain either as a simple irreducible hernia, or may readily become inflamed from the unwise application of a truss, or may become incarcerated, the latter result usually following a meal of indigestible food. It was clearly the wisest practice in such cases. he pointed out, not to attempt reduction after a mere notch of the constriction at the neck of the sac, as even should the colon be returned from the scrotal sac into the abdomen, it may there, owing to adhesions of the gut in the neighbourhood of the neck become kinked or doubled on itself, and the obstruction would therefore be unrelieved; on the contrary, the surgeon, by splitting the aponeurosis of the external oblique and opening the inguinal canal, gains a clear view of the condition of the parts within the abdomen in the neigh-

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bourhood of the internal abdominal ring, and has the additional advantage of being able to gently replace the extruded intestines with a minimum of bruising by manipulation, and further, in the process of closing such a wound he can perform an efficient operation for the radical cure.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 1, 1896.

PAYMENTS BY HOSPITAL PATIENTS.

A FORTNIGHT ago we commented on a scheme advanced by the Hon. Sydney Holland, whereby any patient treated at the Poplar Hospital for accidents was to pay a sum of twopence for each attendance. As might be expected, this proposal met with much opposition from the working men of the poor and populous district in which that institution is situated. But the whole question thus raised in concrete form is of first importance wherever there are poor folk and hospitals, to say nothing of medical men; in other words, the matter is one of universal interest. Mr. Holland has published a short defence. In support of his proposal he contends that voluntary hospitals were founded with the object of bringing "the best surgery and the best nursing to the class of men who are in no sense paupers but who, nevertheless, cannot afford the advantages which are enjoyed by those who are better off." With this proposition we find ourselves at variance. In the eyes of the law a pauper is little less than a criminal. Under our social system it is hard even for the honest and hard-working poor to do anything more than live from hand to mouth. Accidents or sickness cut off their income and they become paupers unless they can obtain medical treatment at one of the public charitable institutions. It is for the relief of such potential paupers that the hospitals exist. The money given so freely we contend was meant for the use of the poor, and the poor only. A charge of twopence per attendance would be to many such folk an absolute prohibition a fact which would find rapid and pointed illustration among the population of Poplar. Certainly, to make a money charge to out-patients, as we believe is still done at Guy's Hospital, is to drive off the poor man, the potential pauper, and to encourage the better-to-do parasites who now suck the life-blood of our hospitals. If Mr. Holland be logical he will refuse all charitable help, medical and otherwise, to any but those who are moderately well off; the others he would at once refer to the Relieving Officer. With his contention that something must be done to cut down the enormous pressure on the hospitals, especially in the out-patient departments, we fully agree. We dissent emphatically, however, from his scheme of winnowing the mass of applicants by imposing a money tax. Nor, in our opinion, does the cost of treatment affect the main question. The money of the charitable is given for the definite purpose of meeting such charges. Mr. Holland admits that the economic relations of the hospitals with the medical profession are indefensible. He writes: "Attending this large number of people free is certainly very unfair on local doctors, surgeons, and chemists. I am sure any of us would grumble very loudly if charitable people were asked to subscribe money to take the bread out of our mouths. I should certainly complain if a million were subscribed to build a free dock out of charitable feelings towards shipowners. You would certainly complain if West End people came down and unloaded ships for nothing, actuated by the same charitable feelings for shipowners. May not the local doctors complain with some reason that charitable people have subscribed very large sums to enable hospitals to treat free as out-patients those who can afford to pay. They cannot make the same complaint about in-patients, because there is no pretence for saying that a working man can afford to pay for what he gets as an in-patient, though he might often contribute towards it." The complaint, however, of the profession against the hospitals is, that many are treated at the hospitals, both as in- and out-patients, who could well afford to pay for private medical advice. We have no hesitation in asserting that the admission of improper persons to many of our charitable hospitals, not only in London, but all over the Kingdom, constitutes an enormous scandal to society, and an injury to the medical profession. More than that, some of the London hospitals, such as Guy's, St. Thomas's, and the Great Northern, extend the field of this unfair competition in a grossly selfish manner by reserving wards for well-to-do paying patients. Where does Mr. Holland propose to draw the line as to payments? From his figures the twopence of the out-patient would cover one-ninth of the

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cost to the hospital. Why not charge every in-patient one-ninth of his cost, and if he cannot pay, send him on to the workhouse infirmary? If his principle be right in the one case, why not in the other? Why, again, should the charge be limited to twopence? If the working man with a pound a week is to pay twopence, should not the man with forty shillings a week pay fourpence; or the well-to-do patient repay the whole eighteen pence that he costs the hospital? Where and how are we to fix our standards? A money charge, so it appears to us, is a tax levelled at the abject poor, the very class for whom the hospitals were founded. Certainly those patients who pay their pence will regard the eighteen pennyworth of material they get in return as theirs by right of purchase. Why, if payments be necessary for the maintenance of self-respect, should they not be made to a respectable club or to a private practitioner? The fact that such payments are general in most foreign and in many home hospitals is no argument for the justice of their imposition. If the Poplar Hospital, or any other hospital, cannot live within its means, it should limit its relief, and face the fact of its empty coffers by handing on applicants to the Poor-law infirmaries. All who know Mr. Holland will bear testimony to his unwearied zeal in well-doing, but we think that his economics on the question of payments by hospital patients stand in need of considerable revision. From our point of view the better plan would be to attempt the reform of the hospitals by cutting down extravagance of administration and maintenance, and by rigid inquiry into the means of applicants. To our mind, any institution that does not take every possible precaution to prevent the money entrusted to them from straying into alien channels to a great extent, loses its claim on the generosity of the benevolent public.

THE COUNCIL ELECTION AT THE ROYAL COLLEGE OF SURGEONS, ENGLAND.

THE election to fill the vacancies on the Council of the Royal College of Surgeons, England, which takes place to-morrow (Thursday) is exciting a large measure of interest, not only on account of the *personnel* of the candidates, but also because of the issues involved. As a matter of fact, from the point of view of the reforming Fellow, the election is full of import. For the three vacancies which have to be filled there are eight candidates. Two of these are former members of the Council who are seeking re-election, and each of these Councillors, namely, Mr. Bryant and Mr. Pick, has on all occasions intimated his strict adherence to the policy of opposing the reformers. Thus, under present circumstances, when the body of the Fellows have unmistakably shown their approval of certain of the principles of reform, it cannot be to the interests of the College or the Fellows that either of these two Councillors should be re-elected. At all events, however useful Mr. Bryant and Mr. Pick may be in the Council, the fact should not be lost sight of that they have both failed to grasp the necessity of moving with the times in regard to College politics. The importance, however, of the occasion is this, namely, that the minority on the Council in favour of reform has recently become so much stronger that only one or two more votes are required in order to turn the scale in this desired direction. Inasmuch as Mr. Cadge, who has just retired, commonly voted with the reforming section on the Council, it is particularly desirous that some candidate holding views similar to his should take his place. It is now generally known that there are only two candidates whose views are of this nature, namely, Mr. Pollock and Mr. Clement Lucas. Mr. Pollock is the President of the Association of Fellows, and has done much in connection with that body. He has consistently advocated, with his colleagues in the Association, those much-needed reforms in the government of the College which have so repeatedly been brought under the notice of the Fellows. Some regret has been expressed that Mr. Pollock should have delayed to this year his application for a seat on the Council. But to such objectors the answer may be given that Mr. Pollock is a well-known, distinguished and representative surgeon, whose election would be amply justified by the position which he occupies. With regard to Mr. Clement Lucas it must be conceded that the views enunciated by him, pronounced as they are in favour of reform, are precisely those from which the Council would benefit were he to be elected to one of the vacancies. His past and present pupils at Guy's should combine together to secure his election. The only drawback to the Council election so far as Guy's is concerned, is that the medical school is more a teaching centre for the University of London degrees rather than for the Fellowship of the College of Surgeons. Most of the best men at Guy's compete for the former distinction, and do not trouble themselves about the Fellowship. This condition of affairs of course, is exactly the opposite in the case of the medical school attached to St Bartholomew's Hospital. The Fellowship of the College is so favoured by the students of the latter that the distinction is largely taken, so much so that it has been ascertained that considerably over a third of the whole body of Fellows have received their medical education at St. Bartholomew's Hospital. This circumstance to a large extent explains the success of the St. Bartholomew's candidates at the College elections. It happens now to be the fact that all the full surgeons on the staff of this hospital, five in number, have seats on the College Council, an unprecedented record. Among the other candidates are Mr. Davies-Colley, Mr. Owen, and Mr. Walsham. Mr. Colley has before essayed to become a Councillor, and on the occasion last year he certainly improved his position towards attaining his election. It is, however, perhaps, unfortunate that he should form the third candidate from Guy's Hospital in this contest, for it is difficult to see how each will be successful. Of Mr. Owen our belief is that his candidature is decidedly justified, largely for the reason that there is no representative of St. Mary's Hospital; as a matter of fact this hospital has not been represented since the late Mr. Haynes Walton was a Member of

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the Council. Mr. Owen, moreover, is an accomplished teacher and a proved examiner at the College. With regard to Mr. Walsham we feel that his time has not yet come; St. Bartholomew's Hospital is already, too, proportionately represented on the Council, and there should be for the present no more vacancies for St. Bartholomew's men. With regard, however, to the present contest our sympathies are entirely with Mr. Pollock and Mr. Lucas, and, with the interests of the College and the "Body Corporate" at heart, we trust that they will be successful.

THE PURITY OF RIVERS.

THE cleansing of our rivers is likely to be a long and litigious process, of which the benefits will accrue to generations as yet unborn. The dire necessity and need of purification is shown by a glance at the waters of almost any large river within the boundaries of the United Kingdom. Until comparatively recent times it has been the custom of riparian authorities each to regard its waterway as a convenient receptacle for the miscellaneous refuse of the district. The extent of the consequent fouling may be gathered from the provisions of the Rivers Pollution Prevention Act of 1876, which deals separately with four sources of defilement, namely, solid matters, sewage, trade effluents, and mining effluents. During the twenty years of its existence there is no question that much good has been effected by this salutary measure. In not a few respects, however, it has proved an abject failure, as the filthy waters of many a river bear daily witness. The causes of this disappointing result are somewhat complex. Among them is the want of concert among the successive districts through which a river or its tributaries pass. It is obviously of little use for A, B, and C to respect the purity of their waterway while D, E, and F pour into it all kinds of abomination higher up the river. As regards sewage, if discharged into a stream prior to 1876, no offence is committed by its continuance, if it be shown that the best practicable and available means are being used to render harmless the effluent matter. This saving clause has been the refuge of many offenders and has led to much costly litigation. Besides, it has formally authorised the principle that an authority may, under certain circumstances, discharge sewage into rivers. In the light of modern biological tests, which go to disprove the pernicious theory of the self-purification of rivers, the sanitarian of to-day is not likely to be content with anything short of the absolute exclusion of sewage matter. But the apathy of the authorities in this matter simply reflects as in a mirror the carelessness of the average citizen, who is in many cases content to drink the water of rivers that have been systematically fouled with enormous quantities of sewage. Nor is the Local Government Board likely to interfere where the inhabitants of a district and their elected rulers choose to live in this kind of fool's paradise. And what is true of sewage pollution applies equally, *mutatis mutandis*, to trade effluents, save that the difficulties of control, both legal and sanitary, are in the latter case increased a hundredfold. Among this class of offenders none have been more conspicuous than the paper-makers. Yet the association of manufacturers engaged in that trade has asked Mr. Chaplin to receive a deputation to protest against the increasing tendency of local authorities to enforce the Rivers Act. At present there is no fixed standard of purity for paper-makers to observe in regard to the effluents from their mills. This trade is peculiarly damaging to rivers, as shown by the destruction to fish, and it is to be hoped that Mr. Chaplin will not countenance for a moment the paper-makers' attempt to disregard the rights of the public. The condition of fish, it may be remarked in passing, is a delicate test of the wholesomeness or otherwise of a stream. In this way the wonderful improvement in the purity of the Thames water has been shown by the reappearance of fish in the metropolitan section of the river. While the majority of the inhabitants of the United Kingdom draws its supply of drinking water from our streams and rivers it is a matter of simple common-sense prudence to insist on the exclusion of all the grosser and preventible sources of contamination.

Notes on Current Topics.

Settlement of the Liverpool Lying-in Hospital Dispute.

A MEETING of the subscribers to this charity was held on the 23rd of June, at which various resolutions were put to the meeting and carried. The result was a complete victory all along the line for the doctors As the *Liverpool Mercury* puts it:—

"The friends of the Liverpool Ladies' Charity will everywhere rejoice at the upshot of yesterday's meeting of the subscribers. It became perfectly obvious at an early stage of the proceedings that the sympathy of the subscribers present was overwhelmingly with the medical profession. One may be inclined to wonder now, when the Board of Management have given way in every essential particular, why the difficulty should have arisen at all, and also why it should have endured so long when it was inflicting injury upon one of the most deserving institutions in the city. Nothing, however can be gained at this stage of affairs by retrospective criticism. Some of the speakers at yesterday's meeting were evidently still smarting from the recent controversy, and disposed in consequence to use language calculated to irritate. But Mr. William Rathbone, whom the *role* of peacemaker always fits well, recalled them to the wisdom of confining themselves to the business which had brought them together; and ultimately the resolutions with which he had come provided were submitted and passed. In the first of these declarations the opinion is recorded that the Medical Officer on duty at the hospital should have "sole and entire medical charge of all the patients"; and in the second the medical profession are conceded the right of being represented on the Board of Management by three voting members. We gather from the observations of Dr. Mitchell Banks that these provisions are satisfactory to his own profession; and we can hardly doubt that his demand for the re-election of the old medical staff, who have admittedly done

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admirable service, will be complied with at the proper time and place. Everybody concerned is entitled to congratulation upon this sensible close to a painful incident, and it is the barest justice to state that it is in a very large measure due to the courageous and discerning attitude of the Ladies' Committee."

Not only the friends of the Charity in Liverpool, but all who have professional feeling and honour at heart will rejoice with the subscribers. We are not, however, of those who would accept the situation with gratitude. We acknowledge some pride in it, we acknowledge to a feeling of pleasure that the medical profession has been able to dictate terms to an almighty Board of Management of a petty charity, but we cannot quite forget nor forgive the insults that have been heaped on the staff and the profession generally by the Board and its friends. It is all very well to say the insulting things would not have been said, had there not been a serious misapprehension. We let that pass. But have the staff always been treated with the respect due to professional men? When a conference was called for and held did the Board treat the staff as equals or inferiors? Did they keep them waiting outside the board room until they were ready to receive them as if they were servants applying for situations, or did they take their seats at once in the board room as equals in a conference? If the accounts we have received are correct it is no wonder we feel a little pleasure at the turn events have taken. But if bygones are to be altogether bygones a trifle more is needed from the Board of Management, and something in the shape of an apology for the gratuitous insults they have seen fit on many occasions to heap upon the staff would add a grace that is at present wanting. Meanwhile, it is so far satisfactory to learn that every member of the late staff has received a written invitation to resume his duties in connection with the charity.

The Apothecaries' Hall of Ireland and the General Medical Council.

We understand that the Council of the Royal College of Surgeons, Ireland, has discussed the resolution of the General Medical Council requesting it to consider the suggestion that it shall again enter into conjunction with the "Hall," and it has concluded that it will not do so with the "Hall" alone. It has, however, expressed, so lately as last May, its readiness to enter into a tripartite combination in which the Colleges shall provide for Medicine, Surgery, and Midwifery, and the "Hall" for Pharmacy and allied subjects. This is the arrangement in operation in Scotland and most practical in Ireland, and nothing stops the way against its adoption in Ireland save the obstruction of the College of Physicians. Meanwhile, the "Hall" has not approached the College of Surgeons at all, and seems to consider that it is pretty safe to get the additional examiners, from the Privy Council, if not from the General Medical Council, in which case it will be in a position to laugh at the General Medical Council and the College of Physicians and take its place as a popular Licensing Body without their consent. This may come to pass, or may not, but if it does, the Irish Colleges will certainly rue the day. Some of their Fellows think that these Institutions are so transcendentally superior that the student will prefer paying forty guineas for their qualification instead of ten guineas for that of the "Hall," but we venture to think that we know better. However, the controversy may now sleep until next November, when the General Medical Council will have before it the reply of the Royal College of Surgeons, and will then, no doubt, decide finally whether it will give or refuse the additional examiners to the "Hall." The position of the General Medical Council on the subject is somewhat embarrassing to that august body. It has been suggested that the Royal College of Surgeons in Ireland should combine with the "Hall," but, in doing so, it seems to have forgotten that in May, 1894, it gave diametrically opposite advice, and that then an official communication was addressed to that College urging it to break off the union with the "Hall" which it is now recommended to restore. That official communication was undoubtedly the influence which induced the College to break off with the "Hall," but it now appears that such communication did not emanate from the General Medical Council at all, but was the offspring of Sir Dyce Duckworth, acting as the spokesman of the Examination Committee, and was never approved by the General Medical Council at all. The whole business seems to be an undignified tangle.

Woman Doctors and Sickness Assurance.

Women doctors are not at present thought eligible for admission to membership of the learned societies, at any rate of those which are concerned with subjects germane to medicine. Feeble as are the objections that have been urged to the intellectual enfranchisement of women, they cannot under any circumstances be held to militate against the admission of medical women to the privileges of providing against sickness and accident. It is therefore no matter for surprise that application should have been made to the Medical Sickness Assurance Society by sundry female practitioners, for permission to assure, and as a matter of fact the subject of their admission was discussed at the last meeting of the Executive Committee. The question is not as simple as, at first sight, it appears. If it be conceded that single women engaged in the practice of medicine incur no risks beyond those to which their male competitors are liable, it is obviously quite otherwise in the case of married women. Actuarial estimates of sickness liability based on experience of males could not possibly be applied with safety to women who are exposed to the pathological risks associated with pregnancy and childbirth. An entirely fresh calculation would require to be made, the data for which are wanting, unless indeed contingencies dependent upon, or associated with, pregnancy were formally excluded from the purview of the contract. A simple way out of the difficulty would be to accept female practitioners on the usual terms, on condition that the membership should *ipso facto* lapse in the event of marriage. This may seem harsh and might even be said to be *contra bonos mores* but, on the other hand, a married woman has a right of maintenance as

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against her husband, thus depriving her of what is technically called an assurable interest. The decision has been postponed pending inquiries as to the practice of other societies, and the Committee will probably be largely guided in the matter by the information thus obtained. The Medical Sickness Assurance Society is in a flourishing condition, but the Committee are well-advised in declining to strike out, without due deliberation, a new departure which might conceivably prove detrimental to its financial stability. We trust a *modus vivendi* will be found, at any rate, in respect of unmarried women doctors, who are otherwise eligible for admission.

The Gratitude of an Indian Prince.

THE Queen has been pleased to give and grant to David James Galloway, M.B., C.M., Edin., her Majesty's Royal licence and authority that he may accept and wear the Insignia of the Order of the Crown of Johore of the second class, which his Highness the Sultan of Johore has been pleased to confer upon him in recognition of his services while actually and entirely employed beyond her Majesty's dominions as Physician in Ordinary to his Highness the late Sultan. So runs the announcement in the *London Gazette* for June 25th. Dr. Galloway is to be congratulated upon the attainment of this honour. This is not by any means the first occasion upon which an Indian Prince has shown his appreciation of, and gratitude for, the services of English medical men.

Counter-Prescribing in Ireland.

THE *Chemist and Druggist*, in its last issue, seeks to answer our suggestion that the Pharmaceutical Society of Ireland, although not endowed with power to inflict penalties for counter-prescribing by its Licentiates, might "do a good deal short of prosecution to prevent the abuse" by exacting from candidates for the Licence a promise, and by condemning *ex cathedra* those who violated such promise. The *Chemist and Druggist* says: (a) that counter-prescribing does not exist in Ireland to an appreciable extent; (b) that, if it did, the Pharmaceutical Society has no power. We traverse both statements, for we could name a dozen Licentiates in Dublin alone who, by themselves or their assistants, counter-prescribe every day in the week, and who scarcely think it necessary to apologise for doing so. The practice is regarded as a reasonable and business-like, if not quite legitimate, part of their gains, and we assert without fear of contradiction that this form of practice is becoming more general. As to the authority of the Pharmaceutical Society to stop these proceedings, we adhere to the opinion that the Council of that Society possesses a moral power, almost as effective as any legal power which might be given to it, to control its Licentiates, and it is scarcely necessary for us to show why that Council does not exercise such control, when we find the *Chemist and Druggist* throwing down the gauntlet in the statement that, if the Council did so, "the most strenuous opposition should be offered by the whole Irish drug trade." Our contemporary thinks that it is "not wise to force on the ideal condition of things when dispensing will be left to the 'pharmacists, and prescribing to the physicians." We differ, and shall force on that ideal if we can.

Although it may not be strictly *ad rem* to the above disputed question, we think it as well to record that a woman died in the Meath Hospital last week from drinking half an ounce of chloroform, which a child had bought over the counter of a chemist's shop in Dublin, no precaution whatever having been observed to ensure that the sale should be recorded or a fatality prevented. The coroner administered a stern rebuke to the chemist, and the jury recorded a similar censure in their verdict, but with what result?

Hydrophobia.

WE observe with much satisfaction that the Veterinary Department for Ireland has come to the conclusion that something in the way of trustworthy evidence is necessary before it assumes that every dog destroyed under the suspicion of rabies is actually rabic. Heretofore the opinion of the local policeman, or perhaps, of the Union Veterinary Inspector, has been accepted as conclusive, although no careful examination of the carcase took place, and upon such testimony the case was recorded in the Official Report as one of hydrophobia, and was used to emphasise the necessity for wholesale muzzling. The Veterinary Department has now expressed by an official circular its opinion that no case should be regarded as one of rabies unless the medulla has been examined by an expert, and it has requested the guardians throughout Ireland to make arrangements to send this part of the suspected animal to Dr. A. C. O'Sullivan, in order that he may submit it to scientific test. Dr. O'Sullivan is Lecturer on Pathology in the University of Dublin, and a Fellow of Trinity, as well as Pathologist to the House of Industry, and his verdict will be entitled to every respect. The fee payable for his report is only 10s. 6d., and we trust that the Boards of Guardians throughout Ireland will act upon the advice of the Veterinary Department and thus place the existence of rabies, when it does occur, beyond doubt.

Meanwhile the attempt of certain of the Boards of Guardians, notably those of Cavan and Ballymena, to make the taxpayers pay for the so-called cure for hydrophobia vended by a quack named McGovern has come to an ignominious end. These guardians certainly retained the quack's services, and promised to pay him for pretending to cure certain patients, and he carried out his part of the contract by pretending to do so. But forthwith the Local Government Board intervened, and warned the guardians that if they paid it must be at their own personal expense, whereupon, with one voice they repudiated the bargain. McGovern sued the Ballymena Guardians last week for his fees, but was ruled out of court by Judge Fitzgibbon on the ground that he was debarred by the Medical Act from recovering medical fees as he is not a registered practitioner. We should hope that this decision extinguishes this quack, at least so far as any work is concerned which he may profess to perform at the public expense.

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Unobjectionable Adulterations.

WE have many times called attention to the fact that certain public analysts and sanitary authorities in England seem bent upon making the Adulteration Acts ridiculous. They pass without notice wholesale frauds from which the consumer suffers both in health and pocket, while they prosecute traders without mercy for sophistications which are homœopathic in quantity and do no one any harm. An instance is the prosecution of druggists because they sell soda-water not containing the pharmacopœial quantity of soda, though we may assume that no consumer wants soda or cares whether it is present in the beverage or not. Again, we note that last week a chemist, customer of the respectable firm of Wyleys, of Coventry, was prosecuted by the County Analyst because his ipecacuanha wine contained a quarter of a grain of salicylic acid per ounce, admittedly introduced as a preservative of the liquid. Putting aside the strict letter of the law it seems reasonable to suppose that the salicylic acid in this quantity was not only harmless but a material improvement to the vin. ipec., and that a prosecution was, therefore, totally unjustifiable, however legal it might be.

Mr. Kendal Franks.

THE approaching emigration of Mr. Kendal Franks, Vice-President of the Royal College of Surgeons of Ireland, and Surgeon to the Adelaide Hospital, which has been already referred to in our columns, has inspired demonstrations of sympathy, approbation, and regret, in Dublin Mr. Franks, as we have stated, is compelled to abandon his practice in Dublin and live in South Africa in consequence of the delicate health of his wife, who is forbidden to live anywhere else. He will, therefore, leave Dublin in the end of July, and his position as Vice-President of the College of Surgeons will be taken by Mr. Swan, of Steeven's Hospital, who had previously announced his candidature, but had withdrawn it in order that Mr. Franks might have the dignity of the office. Mr. Franks was entertained by his professional brethren at a banquet in the College of Surgeons on the 25th ult., at which nearly one hundred of his friends sat down to dinner. The entertainment was strictly confined to members of the profession, and only three non-medical guests were present—the Lord Chancellor (Lord Ashbourne), the Commander-in-Chief, (Lord Roberts,) and Mr. Franks, the Vice-President's brother. It is not necessary to say more than that the banquet, under the presidency of Mr. Thomson, President of the College, was attended by the representatives of all medical departments in Dublin, and was entirely successful. A private meeting was held on the same afternoon, at which Mr. Frank's non-medical friends were in especial force for the purpose of organising a testimonial of their admiration for him on this occasion. The Lord Chancellor, Lord Ashbourne, occupied the chair, and, after speeches of a eulogistic character had been made, a subscription, limited to £1 1s. 0d. was opened for the purpose of presenting Mr. Franks with a present and an address.

The Recent Tragedy at Dundee Asylum.

THIS matter has been brought before the directors of the institution, and Dr. Rorie's statement is interesting from a medical point of view. It appears that the accident, as he regards it, occurred in a party of six patients, and that these had been specially selected for the work from their known harmlessness and general trustworthiness of character. Leo Redmond, the criminal lunatic, had obscure and varying delusions of suspicion and persecution, which Dr. Rorie regards as common symptoms of insanity. Nevertheless, he had been a steady and trusted garden-worker, and was practically on *parole*, and, according to Dr. Rorie, at times seemed almost sane. It is undoubtedly the case that patients suffering from such delusions are common in asylums, and that they are frequently engaged in outdoor labour. If a line is to be drawn at all between those who shall be trusted with tools and those who shall not because of delusions and mental deviations from the normal, the percentage of employed must necessarily be reduced considerably. There can be no question of this, that the employment even of such cases is in the main attended with less risk than confinement or idleness. Dr. Rorie observes that of seven well-marked cases of a homicidal character that he has had to deal with, in four of which fatal results occurred, the following were the leading symptoms: (1) The sudden, unexpected, and apparently causeless nature of the onset; (2) the intense fury of the attack; (3) the rapid subsidence of the excitement after the accomplishment of the act; (4) the clouded and imperfect consciousness of the patient as to the nature of the act he has committed; and (5) the bewildered and confused explanation which he gives of the causes leading up to it, and which seems to be an attempt to explain an event which to his mind is incomprehensible.

Professor Virchow and the International Medical Congress at Moscow.

PROFESSOR VIRCHOW is quite right to be cautious. In his capacity as President of the German Committee appointed to make arrangements for the International Medical Congress at Moscow, he has decided to resign his post unless the Russian Government alter their passport regulations in favour of the Jewish members of the medical profession who will visit Moscow from Germany. The impression prevails with Virchow and his friends that the Hebrew medical men from Germany will be subjected to molestation, owing to the special Russian laws restricting the visits of Jews to the Muscovite capital. We should question, however, whether any grounds exist for this alarm. The Russians may treat their Hebrew co-patriots with that hardness and measure of persecution which recalls the inhumanity of the Middle Ages, but it is difficult to believe that any Hebrew medical men visiting Russia for the purposes of the International Medical Congress would incur any risk of molestation. If, however, any such contingency is likely to arise, the authorities of the Congress had at once better make it known that the regulations against the Jews apply equally to Jewish medical practitioners of all nations.

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The Asylum Attendants' Union.

REVIEWING our statements with regard to the dismissal of two attendants at the Richmond Lunatic Asylum, Dublin, *The Independent* treats very fairly and temperately our view of the position taken up by the Board of Governors of the Richmond Lunatic Asylum, but adds a question, viz.: "Why does our medical contemporary take it for granted that the formation of a trades-union necessarily involves a strike?" We do so for the following reasons:—1. Because trades-unions usually assert themselves in this way sooner or later. If they do not, they at least take up an arbitrary position from time to time, which in industrial communities may be quite right and proper, but which is apt to tell on the discipline of asylums. 2. Because it is not the first time that strikes and epidemics of insubordination have shown themselves in asylums. It is quite true that the superintendent of an asylum has a great deal of power, but he has also a great deal of responsibility, and while we strongly hold that the official staff should have every constitutional facility for making their grievances known, it should be done with due respect to the authority placed over them, and with due regard to the interests of the asylum. If the superintendent be too arbitrary and tyrannical, it should be the business of the Board to dismiss him.

Food Adulteration in India.

ONE of the most useful acts in the English Statute Book is that known as the Food and Drugs Act. It provides for the punishment of those purveyors of foods and drugs who resort to adulteration of the same in order to add to their profits, and thus, while benefiting themselves, defraud the public. According to *The Times of India*, great need exists for such an Act in Bombay. A prosecution for food adulteration is hardly ever heard of in that city, though it is notorious that milk is often adulterated to the extent of thirty to fifty per cent. of water of very impure quality. Other ordinary commodities are also known to be equally adulterated. "Bombay," says our contemporary, "cries out loudly for a food and drugs act on the lines of the English statute, but, so far, it has been a voice crying in the wilderness." Some change in this respect is clearly needed.

Shipwreck of the "Drummond Castle."

To the fatality of the *Drummond Castle* our profession has unfortunately contributed its quota. Among those lost in the ill-fated ship was its Surgeon, Dr. Christopher J. Fallon, a Galway man, and well-known during his recent studentship in Dublin, where he filled the position of Resident in St. Vincent's Hospital. He was very popular, both with his teachers and his fellow students, being of a genial temperament, and an assiduous athlete and cricketer. It is not yet two years since he passed as a Licentiate of the Irish Colleges. The same sad event caused the loss of Dr. Samuel H. Browning, of Limerick, who happened to be on board the ship as a passenger. He, also, took his qualification as a Licentiate of the Royal College of Surgeons of Ireland and the Apothecaries' Hall in 1890.

The State of the Lea.

NOTHING short of the pen of a Dickens is needed fitly to paint in words the foulness of the River Lea. Yet this stream was once known as "Silvery," and was famous for its salmon. Let Londoners think on that picture and then look on the one painted by Mr. Pilkington in a little book entitled "An Eton Playing Field." "It is a highway for barges," he writes, "containing all kinds of merchandise, but more especially rags, ashes, and every sort of garbage, so that the odours thereabouts were strong, but varied. Several factories in the immediate neighbourhood covered the surface with an oily scum; the water was more often the colour of beer, while dead animals of all sorts and sizes floated about according to the wind before they disappeared." Now the astonishing fact about it all is that Londoners, if they like, can insist on having their Lea purified. The necessary powers exist for cleansing this open sewer, but the machinery stands inactive. An enormous number of citizens are supplied with drinking-water obtained from the higher reaches of the river, and there is strong presumptive evidence that such water is not above suspicion. What is true of the polluted Lea is true of every river throughout the length and breadth of the United Kingdom. Local authorities have the power to cleanse the streams and rivers of their districts, and speedily, moreover, they will have to do their duty if pressure be put upon them by the folk they govern. The dwellers in any particular district, after all, hold the key to the position, and if they make up their minds to have their rivers cleansed, that desirable end must sooner or later be attained.

A Dental Firm, Limited.

THE members of the dental profession are not allowed to advertise, but the advertisement columns of the newspapers are nevertheless often adorned with the announcements of this or that gentleman who is prepared to provide anyone with a complete set of teeth for the moderate price of "one guinea." A most pronounced offender in this respect is one named Goodman, who was fortunate enough once, somehow, to get a puff from the editor of *Truth*, of which the most has ever since been made. That advertising must pay appears to be proved by the fact that this same Goodman has just converted his business into a limited company with a capital of £100,000 in one pound shares. We learn, according to the Articles of Association, that the firm will carry on "the business of dentists and dental surgeons in all its branches, also as manufacturers of and dealers in artificial teeth, anatomical and surgical appliances, publishers of books, periodicals, &c." But who will do the practice of the dental surgeons? Surely no dental practitioners whose names are on the "Dental Register." Goodman is on the "Register," but his name was placed there in 1878, when the Act came into force. We commend this concern to the earnest attention of the Council of the Odontological Society; perhaps inquiry would divulge something with which the General Medical Council might feel disposed to deal.

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Schools and Medical Certificates.

THE matter of medical certificates in the case of Board school children presents occasional difficulties to those concerned with them. One point has lately been brought before the London and Counties Medical Protection Society. It appears that an officer of the West Ham School Board prosecuted a medical man for refusing to name the disease from which a school absentee was suffering. The chairman has since declared that the officer exceeded his duty in taking proceedings. The question raised, however, is of importance, and is certain, sooner or later, to crop up again in an acute phase. The Protection Society has expressed a strong opinion that "in no circumstances should a medical man in his certificate name the disease from which the absentee is suffering, unless he shall have been requested to do so by the parents or the responsible guardian of the scholar." The Chairman of the West Ham Board very properly remarked that to state the nature of an illness might be a breach of professional etiquette. It seems clear enough, from recent events, that a medical man might easily lay himself open to damages by disclosing what is in the nature of a privileged professional communication. A question of this kind, so closely affecting the interests of the main body of practitioners, might well form the subject of searching investigation by the General Medical Council and other leading professional authorities.

A British Surgeon as a Mandarin.

LAST year we noticed the fact that Surgeon-Major Heuston, brother of Mr. Heuston, of the Adelaide Hospital, had been selected by the Chinese Government to take charge of the Medical College at Tientsin. This substantial and honourable recognition of Surgeon-Major Heuston's capacity and attainments has, we observe with satisfaction, been followed by the conferring upon him by the Emperor of the Order of the Double Dragon and the dignity of Mandarin. Imagination fails to grasp the Professor in the Mandarinic purple and wearing the Order of the Duplicate Saurian, but we can none the less congratulate him on the assumption of a dignity which implies great appreciation of his attainments and executive capacity.

The Election of the Direct Representatives on the General Medical Council.

THE precipitancy displayed by those anxious to succeed to the vacancies of Direct Representatives on the General Medical Council, so far as the promotion of their candidature is concerned, is remarkable. No sooner has the announcement been made public that Sir Walter Foster and Mr. Wheelhouse would not offer themselves for re-election than a sort of scramble has taken place among the possible candidates, and each has apparently striven to do his best to be first in drawing public attention to his candidature. All this we consider somewhat premature, especially so in view of the fact that the election will not take place till nearly six months hence. To comment, therefore, on the claims of the candidates at the present stage of the proceedings is unnecessary. The list cannot be complete for some time to come, and until we are in a position to know with certainty the names of all those who intend to compete, we shall defer dealing with the subject.

Representation of the University of Dublin.

SOME weeks ago we announced that Professor Haughton had resigned his position as Representative of the University of Dublin in the General Medical Council, and that Mr. Bennett, Professor of Surgery and Anatomy in the Trinity College School, would be elected to the vacant position. The arrangement thus foretold could not be carried out in time for the recent meeting of the General Medical Council, but it was at the earliest meeting of the Board of Trinity College completed, and Mr. Bennett is now the spokesman for the University.

Sale of Drink by Druggists.

IT has been found necessary to enact a law in New York to put a stop to the sale of intoxicants by certain druggists who have systematically converted their stores into drink shops. In future no druggist can retail any liquor, save upon the written prescription of a registered medical practitioner, and even then shall only do so once, and shall preserve the prescription pasted into a book, so that it may not be used for a second repetition of the medicine.

The British Pharmaceutical Conference.

THE arrangements for the Conference which is to be held this year in Liverpool are complete. The meeting will commence with a reception, given by the President, Mr. Martindale, in the Walker's Art Gallery, and it will end with excursions to Hawarden, Eaton Hall, and other places in the neighbourhood. An invitation will be offered from the Pharmaceutists of Glasgow for the Conference to meet in that city next year.

The Jubilee of Anæsthesia.

AT the last meeting of the Paris Academy of Medicine it was announced that the French medical press will next year celebrate the fiftieth anniversary of the introduction of anæsthesia, and upon this announcement, the Academy voted a subvention to assist in giving effect to the idea.

SURGEON-MAJOR WHITEHEAD'S tenure of the Assistant Professorship of Surgery at the Army Medical School will shortly expire, and it is expected that Surgeon-Major Dick, at present stationed at Netley, will be his successor. The appointment carries with it the charge of the surgical division of the Royal Victoria Hospital since the professors have ceased to be executive officers.

MORPHINOMANIA is on the increase. In France it is reported that "everbody" takes morphia more or less, while in America it has been calculated that fully a million persons use opium regularly in one or other of its forms.

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WE understand that the condition of the river at Cambridge will now be improved, as the town is being sewered on the *separate* system. In future, rain-water only will be carried into the Cam. The governing bodies of Trinity College and Trinity Hall have instructed Wm. Gritton, M.I.C.E., of Westminster, to prepare plans for the drainage of those Colleges.

WE greatly regret to have to record the death of Dr. Charles Henry Ralfe, which took place at Billericay, Essex, on the 26th ult. Dr. Ralfe had just resigned his post of Physician to the London Hospital, on account of ill health.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

ANTI-VACCINATORS IN GOVAN.—A series of cases against parents who refused to allow their children to be vaccinated came before the Sheriff in Glasgow last week. The first case was against a Govan bailie and the usual partial statements were made as to the origin of the Gloucester epidemic and the havoc caused by it among the vaccinated members of that community. It was stated in Court by the defender's agent, that the small-pox epidemic in Gloucester was begun by a vaccinated schoolmaster taking the disease, and that it raged among vaccinated persons. We are glad to say that all those tried were fined 10s. and expenses, with the alternative of seven days' imprisonment. As indicative of the mental condition of some of those proceeded against, one of their number refused from conscientious motives to remove his hat in Court, alleging that God had forbidden him to do so. Another fanatic was fined at Aberdeen during the week.

MEDICAL ATTENDANCE FOR DUNDEE FRIENDLY SOCIETIES.—A meeting of delegates representing the various friendly societies in Dundee was held on June 19th to consider a report from a committee appointed to inquire into the cost of starting and working a medical dispensary. After going into the purely financial part of the scheme, the committee reported that they had laid before the Council of the Dundee and District Branch of the British Medical Association a recommendation that the yearly fees for attendance should be 2s. a member, exclusive of medicine, and that the present examination fee should remain as it was. The Branch had reported that after communicating with all the Medical Officers of friendly societies in Dundee they were unanimously of opinion that 2s. per annum was entirely inadequate, and that—(1) the minimum annual payment for medical attendance only be 2s. 6d., (2) the minimum annual payment for attendance and medicine be 3s., and (3) a minimum fee of 1s. be charged for the examination of each candidate. We are glad to see that the action of the profession has been supported by the meeting of delegates, as they agreed to adopt the report, and to bring the whole matter before the various Courts, lodges, and tents for their consideration. Although this does not necessarily mean final adoption of the scale above mentioned, it is a step in that direction, and we can heartily congratulate the British Medical Association Branch for a so far successful attempt to arrest the sweating of the less fortunate members of the profession in Dundee, and for a timely protest against what is really a form of sweating practitioners of medicine in a way that no other of the learned professions would submit to.

THE LATE DR. COLIN MACIVER CAMPBELL.—We regret to announce the death of Dr. C. MacIver Campbell, long the Medical Superintendent of the Murthly Asylum. A graduate of Aberdeen University (1878), he was early attracted to the study of insanity, and, after acting as assistant at Wakefield Asylum and at the Durham County Asylum, was appointed in 1883 to the charge of the Perth District Asylum, Murthly. Ill-health obliged him to resign a few years ago, when he was followed by Dr. G. M. Robertson. An amiable kind-hearted man, he was a great lover of music, being a composer as well as a performer.

HONOURS TO SCOTTISH DOCTORS.—A memorial was unveiled on the 20th June, at Kilmarnock, to the late Dr. Marshall by Prof. Gairdner. The memorial takes the form of a statue of Hygiene, posed on a lofty pedestal. A panel bears the following inscription:—

"Alexander Marshall, M.D., born February 17th, 1827, died April 16th, 1894. For 42 years in practice in Kilmarnock. A skilful physician, generous, devoted to duty."

Below the panel are the words:—

"This memorial of a singularly pure and unselfish life of usefulness, was erected by public subscription, 1896."

A portrait painted by Robert Gibb, R.S.A., was presented by a number of his friends and townsfolk, to Dr. Samuel Laurence, on his resignation as Medical Officer of Montrose, on June 17th. Dr. Laurence, who has spent fifty-four years in practice in Montrose, was a student at Glasgow, and practised in South Shields before settling in Montrose. At the meeting at which the portrait was presented, it is noteworthy that Dr. Johnston, of Kair, attended and replied for the medical profession, he having been fifty-nine years in practice in Montrose.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE FORTHCOMING ELECTION OF DIRECT REPRESENTATIVES ON THE GENERAL MEDICAL COUNCIL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I notice in your columns of last week's issue that Dr. Alderson forwards his replies to the circular letter addressed by the Secretary of some association to candidates for the position of Direct Representative on the General Medical Council. Amongst these replies is one numbered 5, which reads as follows:—"I am strongly opposed to 'Medical Aid Associations' that make a profit of the skill and labour of their Medical Officers, and which canvass from door to door. It is this practice which has proved so inimical to the interests of the General Practitioner." It would be interesting after this very clear statement on the part of Dr. Alderson to know whether he is connected in any way with "F. Herbert Alderson, Southerton House, Glenthorn Road, Hammersmith, W." whose name appears in the much-distributed circulars of the "London and Manchester Industrial Assurance Co., Limited," as one of the "Medical Referees for West London." This Company, in its handbills, which are left at the doors of persons indiscriminately, announces that "thoroughly-qualified medical gentlemen are attached to the different branches throughout the United Kingdom, and are in attendance in the surgery hours at their respective residences to give professional advice and medicine to members, who are also attended at their own homes whenever necessary without extra charge, *thus for the small premium* of 2½d. per week, members receive the best medical attendance and medicine." . . . "The members have a choice of the Company's medical men residing in their neighbourhood: the *names* and addresses in this district are set forth in the *accompanying prospectus*, which also contains the tables of benefits." "The best medical attendance and medicine can be secured for children in illness, and a sum from £1 10s. to £5, increasing to £10, according to age at entry and length of time the policy has been in force, payable at death for a premium of 2½d. weekly each child. A person 25 years of age next birthday at time of entry can secure the best medical attendance and medicine in illness and £7 2s. payable at death for a premium of 2½d. weekly; if a premium of 3½d. weekly be paid the sum payable at death is £14 4s." It is manifest that less than 2½d. or 3½d. a week must be paid to the "Medical Referees" whose names are duly advertised in the handbills referred to for the "best medical attendance and medicine," and if this be not "sweating" of the worst type, I do not know the meaning of the word. In the whole circular, which I enclose, there is not a word about wage limits or conditions of income; it is a Society into which the well-to-do tradesman can enter with his family

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and secure the "best medical attendance and medicine" at his own home, and other advantages, for a sum per week which he would not think a good price for a bottle of Bass. I should like to ask Dr. Alderson if he does not consider this a question of "Medical Aid," and whether should he secure the seat at the Medical Council which he desires, he will bring the matter before the Council "to render such practice illegal" in connection with these associations.

Knowing as I do that many members of the profession intend to direct their voting primarily on the question of Medical Aid Associations, I shall be glad if you will kindly find space for this letter.

Yours, very truly,
A. G. BATEMAN.

49 Devonshire Street,
London, W., June 25th.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—At the dinner, subsequent to the meeting, of the Lancashire and Cheshire Branch at Southport, June 24th, 1896, some gentlemen who were not present at the later stage of the meeting, when Mr. Horsley proposed a resolution (not on the agenda), agreed to, and signed, the following letter:—

To SIR WALTER FOSTER and Mr. WHEELHOUSE.

DEAR SIRS,—We, the undersigned, beg to tender you our sincere thanks for the faithful services you have rendered us for the past ten years as our Representatives in the General Medical Council, and hereby beg you to reconsider your decision as to withdrawing from your present position, and allow us to nominate you for another term of office.

William Stewart, Southport
J. M. Chisholm, Liverpool
J. W. O'Hagan, Garston
B. Marshall, Atherton
Charles Torbitt, Pendleton
William Fraser, Salford
G. H. Broadbent, M'chester
W. H. Wolstenholme, Salford
Colin Campbell, Saddleworth
Lawson Tait, Birmingham
Geo. C. Kingsley, Blackpool
James Robinson, Bolton
Horace Jefferies, do.
Thos. Evans Flitcroft, do.
Charles Macfie, do.
Arthur Jones, Southport
E. H. Beaman, do.
D. A. O'Sullivan, do.
C. B. Barron, do.
Nathan Hannah, Ashton-in-Mackerfield
Charles Pinkerton, Southport
Robert Harris, do.
G. Walker Steeves, do.
W. J. Robertson Dunn, Liverpool
Arthur Wood, Southport
Geo. S. Wild, Bootle
J. Lambert, Birkenhead
G. Hamilton, Liverpool
Henry Halton, Leigh
C. A. Hill, Liverpool
John W. Watkins, Newton-le-Willows
T. E. Hayward, do.
Charles Street, do.
Walter Whitehead, Manchester
D. J. Leech, do.

Copies of the above have been sent this evening to Mr. Wheelhouse and Sir Walter Foster.

I am, Sir, yours, &c.,
COLIN CAMPBELL.

Saddleworth, June 29th, 1896.

THE CASE OF MR. R. B. ANDERSON.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—May I ask the favour of space for a personal explanation?

From time to time I am told that one reason why I do not obtain more general and sustained support from my own profession is that it is considered useless to continue a struggle that can only result in failure; another is that to, even successfully, arraign the conduct of our great judges, creates a scandal that no one desires, and which shocks and alienates well affected minds.

A third is the feeling that the proper course would be to obtain subscriptions to enable me to return to my practice in Tobago.

In the first place I have obtained, and am obtaining, from my profession, a degree of consistent and sustained support for which I am most grateful, and which I say, without hesitation, is producing a very great effect.

I have never expected the profession alone, even the great professional bodies which have given and are giving me such splendid moral support, to bear the whole burden of a very heavy and unusual case; but by their help is gradually, but steadily being secured, a consensus of public opinion that will bring with it complete success. Even members of Parliament are beginning to be interested, to read our literature and to feel that it will not much longer be politic or possible to hold aloof. I have never doubted of success; I cannot now doubt of it, and when once the possibility of success dawns on the mind of those who now think it impossible, none will help more eagerly than they; for their despair arises from the conviction that evil influences are too strong for us. No one regrets more profoundly than I the necessity of questioning the conduct of our judges. I do not seek that most ungrateful task; circumstances have unfortunately placed it directly in my path. I can only avoid it by submitting to ruin, and to such degradation as I do not think even my friends quite realise; the privation in my own person of all the rights of a free man; a privation which applies, but only secondarily, to every man, woman and child in the Empire.

To successfully arraign the conduct of our great judges is a painful office, and there is only one scandal greater or more unfortunate than such an arraignment which I can conceive, and that would be for a great and free people to consciously and deliberately consent to a great wrong, rather than to take cognisance of it and correct it.

As a medical man, my degradation is greater still; for besides the deprivation of all my professional rights, there remains on record against me, and in full force, a judgment of the Supreme Court of Trinidad and Tobago that I was guilty of wilful negligence, to the injury of my patient, and contrary to my duties as a medical man, with punitive damages, enforced by a sentence of imprisonment. This judgment, as well as other illegal judgments and orders, is, as I have said, still in force against me. If, as suggested (probably by those who would gladly be quit of an unpleasant dilemma, either to question high authority face to face or to desert a professional brother) I ask for help and obtain it, to enable me to return to Tobago, in what a position of absolute ruin and destruction should I find myself! I have three secured creditors for moderate, though not large, amounts. The property that secures them is depreciated by the ruin of the island to a fourth or a sixth of its former value. I had three thousand pounds' worth of hard earned debts owing to me, of which fifteen hundred were, or ought to have been, quite good, had I been on the spot to collect them, instead of being forcibly driven from my adopted home, but of which, now, nearly all are statute barred, so that I should return to a foreign and tropical climate, in which the strength of my best years was expended, to begin practice anew in a state of little more than destitution.

Is it the experience of my professional brethren that their practice would wait for them for six years?

One insuperable obstacle to the recovery of my practice is that Tobago has never recovered from the judicial devastation it sustained at the hands of British Judges. Even this is not all, for, as I have stated, those judgments are still in force against me; as effectual as if they were not contrary to every principle of justice, and to the law of the land! At first, no doubt, the very memory of the struggle I have made would keep the judgment creditors, for such they are, at a respectful distance. But the moment they realised that the struggle was over there is no consideration that would, and no power that could, prevent them from putting their judgments in force against me, to recover their damages with heavy costs. I have shown that I have no means to pay such demands, my secured creditors would be therefore driven on, and forced to realise their securities at ruinous depreciation; and I should be compelled to become bankrupt; which as yet, I have successfully resisted, and am, by my present course, actively and successfully resisting. In the meantime, if I had some return of practice, how should I carry it on in a tropical climate when I should not even be able to own a horse? What I have described would, if I now returned to Tobago, be the final result of terrible and continued persecution and of my prolonged and determined resistance to it. Would any member of my profession invite me to accept such a result? Or tell me—"well; pay the damages and costs awarded against you for neglecting your professional duties and breaking your pro-

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fessional obligations" If so, is it not a sufficient answer to say "I did not neglect any professional duty, nor disregard any professional obligation, and he can be no true friend or true man who advises, or would be a party to, acquiescence in such a charge, or the payment of damages under such a judgment?" Whilst these judgments remain in force against me, and indeed without full compensation to enable me to do so, as well as the reversal of those judgments, it is both physically and morally impossible for me to return to Tobago or Trinidad.

That compensation I am in the direct course to obtain; and I believe that with it will come the advantageous solution of some professional and general question that will at least render my sufferings not altogether useless, and afford me some consolation for all that I, and those dear to me, have undergone and are undergoing, of privation, of separation, of grief and of all—except despair.

I am, Sir, yours, &c.,
R. B. ANDERSON.

30 Montague Place, London, W.C.,
June 24th, 1896.

Literary Notes and Gossip.

THE gold medal of the Linnean Society has this year been awarded to Dr. G. J. Allman, Emeritus-Professor of Natural History in Edinburgh University, as a recognition of his distinguished services to Zoology. Dr. Allman took the M.D. degree at the University of Dublin in 1847.

***

GOLD medals and other prizes are being offered by the President and Council of the Animals Institute for improvements in the X Rays, with a view to the better diagnosis of internal disease. Prizes are also offered for the best developed photographs of the organs of human beings and animals.

***

MESSRS. LONGMANS have in the press a new book by Sir B. W. Richardson, M.D., "Memories and Ideals." In this volume the author will give varied chapters on the memories he has formed during the past sixty years, with descriptions of some of the ideals conceived in the course of his long professional life.

***

MR. H. K. LEWIS asks us to announce that he has in the press for early publication:—(1) An important new work by Drs. E. W. Goodall and J. W. Washbourn, "A Manual of Infectious Diseases"; and (2) a fourth edition of Prof. Crookshank's "Bacteriology," which is virtually a new work, having been entirely rewritten; also (3) "Notes on the More Common Diseases of the Eye," by R. W. Doyne, F.R.C.S.; and (4) "Diseases and Defective Sanitary Arrangements," by Prof. W. H. Corfield, M.D.

***

THE Council of the Society of Arts are prepared to award, under the terms of the Benjamin Shaw Trust, a Gold Medal, or a prize of £20 for any discovery, invention, or newly-devised method for obviating or materially diminishing any risk to life, limb, or health, incidental to any industrial occupation, and not previously capable of being so obviated or diminished by any known and practically available means." Intending competitors should write to the Secretary of the Society of Arts, Adelphi, London.

***

WE have received a copy of the "Formulaire Aide-Memoire" of the Faculty of Medicine and of the Medical and Surgical Staffs of the Hospitals in Paris, which has now reached a fourth edition. The editor is Dr. Fernand Roux, and the care and trouble which he has taken over his compilation have clearly had much to do with its success. Under the heading of the various diseases the reader can see at a glance the treatment resorted to by the best known physicians and surgeons in Paris.

***

THE William F. Jenks Memorial Prize—Triennial Prize of four hundred dollars—will be awarded to the author of the best essay on "The Etiology and Pathology of Diseases of the Endometrium, including the Septic Inflammations of the Puerperium." The prize is open for competition to the whole world, but the essay must be the production of a single person, and must be sent to the College of Physicians of Philadelphia, U.S.A., before January 1st, 1898, addressed to Barton Cooke Hirst, M.D., Chairman of the William F. Jenks Prize Committee.

***

MESSRS. BAILLIERE, TINDALL & COX have in the press: (1) "The Objects and Limits of Operation for Cancer," by Professor Watson Cheyne. (2) "Gout and Goutiness and their Treatment," by Dr. Wm. Ewart. (3) The translation of an elaborate work on "Pathological Histology," by Dr. Arnold Brass, assisted by the leading professors in the German universities, with 1,000 illustrations in colours. The same firm announce as just free of the press: (1) A sixth edition of Allingham's "Diseases of the Rectum." (2) A ninth edition of Tyson's "Practical Examination of the Urine." (3) A second edition of Freyer's "Modern Treatment of Stone in the Bladder," and (4) a new edition of "Aids to Medicine," rewritten and brought up-to-date by Prof. Dalton, of King's College.

***

"COTTAGE HOSPITALS, General, Fever, and Convalescent," issued by the Scientific Press, the third edition of which has just been published, has been thoroughly revised by the author, Mr. H. C. Burdett. This work still remains the only comprehensive and practical guide upon the subject, and in its new and enlarged form, a further field of usefulness undoubtedly lies before it. Among the features of this edition is a series of model plans on the straight, as opposed to the pavilion system, experience having shown that the pavilion is in practice too costly a system for so small an institution as a cottage hospital proper. An exhaustive account is also given of the cottage hospitals in the United States of America, and a list has been compiled of all the cottage hospitals in the United Kingdom; these new additions certainly enhance the value of the work.

***

THE Thorpe Triennial Prize of Fifteen Pounds in money, presented by the Medical Department of the Yorkshire College, will be awarded in October, 1897, for the best Essay or Original Research, on some subject connected with Forensic Medicine or Public Health. The competitors must have received all their medical education at the Yorkshire College, and must have completed it and received their degree or diploma not more than three years before the competition. The scope and nature of the Essay or Research may be either physical, chemical, microscopical, physiological, clinical, or statistical, but its subject must have received the approval of the Board of Medicine on or before the 16th of October next, of whom further details can be obtained.

***

AN interesting book by a medical man is to be shortly published by Mr. Fisher Unwin. Its title, "In the Kingdom of the Shah," affords a sufficient key to the nature of the contents. Its special interest, however, lies in the fact that it deals largely with the brother of the new Shah of Persia, Zit-es-Sultan. It is written by Mr. Treacher Collins, who visited the Persian Court in his capacity of ophthalmic surgeon. During his residence in Ispahan, of which province Zit-es-Sultan is governor, he saw a good deal of the country and its people. Indeed, he made the journey across the tableland of Trau from the Persian Gulf to the Caspian Sea by caravan and pack-horse. His book arrives at an opportune moment, for recent events have excited a fresh interest in Persian history. It should command a wide circle of readers, both lay and medical.

***

WE cannot but commend the intelligent enterprise of the Great Eastern Railway authorities in issuing from year to year at the nominal price of sixpence, the very interesting series of "Tourist Guides to the Continent." The one before us, edited by Percy Lindley, is of larger dimensions than its predecessors, and contains a very large amount of useful and readable information, put together with considerable literary ability. Leaving London *via* the Hook of Holland we have succinct but very good accounts of itineraries in Holland, Germany, Belgium, and Switzerland, winding up with some practical hints on cycling on the Continent. This little work is copiously illustrated and is amply provided with maps and plans of the principal towns. The illustrations make one's mouth water to wander in pastures new or to revisit those which they bring to mind.

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THE March number of our contemporary, the *Virginia Medical Monthly*, contains an editorial notice that in future the magazine will appear fortnightly, its name being altered to that of the *Semi-Monthly*. Twenty years ago the magazine was begun by the present editor and proprietor, Dr. Landon B. Edwards to succeed the *Virginia Clinical Record*. Gradually the best men in the South were attracted to the journal, and valuable contributions were made to its pages by Sims, Campbell, Battey, Cabell, Porcher, and Joseph Jones. In its columns Sims told of Long's use of ether as an anæsthetic, and Battey described his well-known operation. Of living authors we make no reference other than to say that at one time or another every well-known specialist in the South has had his name in the list of contributors. We heartily wish Dr. Landon B. Edwards every success in his new venture, and that the *Semi-Monthly* may secure contributions as interesting and as valuable as its immediate predecessor.

* * *

THE late Assistant Secretary of the Royal Society, contributes a very chatty and interesting chapter in the July number of *The Leisure Hour* on "The Presidents" of that august body from the time of Charles II., when Lord Brouncker was chosen first president, to the current year, when a much honoured and distinguished member of our own profession, Sir Joseph Lister, Bart., was unanimously elected to that coveted post. During these two and a half centuries only two other medical men have occupied this position, Sir Benjamin Brodie, Bart., and Prof. Huxley. The writer having had the rare privilege of serving under the last five presidents, can speak with authority of the men "who have combined in a marked degree greatness of intellect with elevation of character." The chapter is illustrated with portraits of the entire series with two exceptions, and many will doubtless be glad to possess this collection of celebrities which has been for the first time brought together.

* * *

THE Eighth Edition of Kelly's "Directory of Chemists and Druggists" is a portly volume, of steadily increasing dimensions, giving ready access to the names and addresses of manufacturing chemists, wholesale druggists, dry-salters, patent medicine vendors *et hoc genus omne*, in England, Scotland, and Wales and most of the principal towns in Ireland. We learn incidentally from the preface that there has been a considerable improvement in both imports and exports. The Directory contains the names of upwards of 40,000 persons, an increase, as compared with the previous edition of about 3,000. There are over 15,000 registered chemists and druggists, of whom 2,360 are pharmaceutical chemists, but, of course, many of these are either not in business or reside abroad or in the colonies. The preface also gives some interesting statistics, showing the quantity and value of the exports of chemicals and chemical manufactures for the year 1894. It is hardly necessary to add that the work is indispensable to those who have business relations with these industries.

* * *

IN "Physics for Students of Medicine," by Alfred Daniell, M.A., D.Sc., F.R.S.E. (Macmillan), we have a compendium of the principles of physics for the guidance of medical students. The work being intended for a special class of students, the subjects which mostly concern them are treated in greater detail than those of less direct utility, but we cannot help thinking that the author has covered vastly more ground than was ever contemplated by the General Medical Council when it introduced physics as part of the curriculum. Regarded as a synopsis, this work is a marvel of comprehensive concision, and there is a very liberal provision of diagrams to illustrate points which no verbal description can adequately render. Another praiseworthy feature is the judicious employment of different types, to enable the reader to distinguish fact from comment, and axioms from their corollaries. This little work, if we except perhaps Peddie's "Manual of Physics," is far and away in advance of any similar compilation which we have seen, and medical students who master its contents will indisputably have laid the ground for a sound scientific education.

* * *

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last monthly list:—Twentieth Century Practice, an International Encyclopædia of Modern Medical Science, edited by Thos. L. Stedman, M.D. Vol. v, The Skin, Clinical Diagnosis, by W. G. A. Robertson, M.D. Vol. I of a System of Medicine by many Writers, edited by T. Clifford Allbutt, M.D., F.R.S. Rheumatism, its Nature, Pathology, and Treatment, by T. J. Maclagan, M.D. (2nd edition). The Hospitals and Charities of 1896, edited by Hy. C. Burdett. Text-book of Histology, Descriptive and Practical, by Arthur Clarkson, M.D., C.M.Ed. Alpine Notes and the Climbing Foot, by Geo. Wherry, M.A., F.R.C.S. The Modern Treatment of Stone in the Bladder by Litholapaxy, by P. J. Freyer, M.D., M.Ch. (2nd edition). The Reduction of Dislocation of the Hip, by Oscar H. Allis, M.D. Hydro-Electric Methods in Medicine, by W. S. Hedley, M.D. Strathpeffer Spa, its Waters and Climate, by R. Fortescue Fox, M.D. (3rd edition). Infantile Mortality during Childbirth and its Prevention, by A. Brothers, M.D. The Pathology of Contracted Granular Kidney, by Sir George Johnson, M.D. Elementary Anatomy and Surgery for Nurses, by W. McAdam Eccles, F.R.C.S. Manuale di Materia Medica, del Dott. Gaetano Malacrida. L'Impiego Ipodermico del Dott. G. Malacrida. "Aids to Medicine," vol. i and ii, by Norman Dalton, M.D., F.R.C.P. Lond.

ASYLUM REPORTS.

ST. ANNE'S HEATH, VIRGINIA WATER.

NOTWITHSTANDING the troubles of the previous year, and the great anxiety and suspense engendered by the Home Office inquiries into the case of the death of Mr. T. Weir, the administration of this Asylum is conducted with the usual energy and zeal which have characterised the Superintendent and the House Committee. We sympathise with Dr. Phillips in the trying time through which he passed last year, and admire his pluck and perseverance, and the interest which he continues to manifest in studying all the details of management of this great establishment. Dr. Phillips is strongly in favour of female medical officers, and, speaking from experience, he seems to have reason to be satisfied. He lays down the opinion, rather dogmatically stated, that the assistant must not only be well educated mentally, but likewise in athletics. To this we must take exception. We grant that the work of the assistant is monotonous, and cannot safely be continued for many years without fear of mental and moral deterioration, but there are recreations apart from athletics for the assistant medical officer who has not in his youth had facilities for developing his athletic instincts, though he may be in other respects better qualified for the work of an asylum. As a matter of fact the athletic side may be developed too much, just as the musical side may be developed too much, and there is no such thing as a hard and fast rule admissible in such cases.

THE LAWN, LINCOLN.

THE latest report of this registered hospital is very interesting. Dr. Russell continues to develop the hospital on sound lines and with very enlightened views. This hospital appears to be conducted more in a homely than in an institutional way, and we should think that the individualising of the patients will, therefore, be attained to a considerable degree. The latest devices for the benefit of the insane of the better class are either introduced or under consideration. The life of the hospital seems to be full of interest to the patients, and there is evidence of many and successful attempts at entertainments, indoor and outdoor. There is a freedom about the whole establishment that takes away very much from any suggestion of restraint or removal from the outside world. Several excellent photographs appear in this report showing exteriors and interiors, giving evidence of good surroundings and very artistic furnishings and decorations.

DERBY BURGH ASYLUM.

WE have read this report with great interest. Dr. McPhail moves well on with the times, and there is evidence of the success of his perfect administration in this report and the reports of the Commissioners in Lunacy. At this asylum the first experiment in the treatment of the insane with thyroid was made, and the results seemed, on the face of the report written by Dr. Bruce, the previous assistant, to have been remarkable and striking.

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Unfortunately, the experience of other asylums has not confirmed these results. The length of service of the staff seems to be very good, and the training of attendants and nurses is prosecuted with zeal and vigour. Several of the nurses have joined the National Pension Fund, and have been presented to the Princess of Wales at Marlborough House on receiving their certificates and badges. The report is altogether a very interesting one.

Obituary.

W. CHOLMELEY, M.D., ST. AND., F.R.C.P., LOND.

WE regret to record the death of Dr. W. Cholmeley, which occurred on the 18th ult. He was born in 1823, and was a son of the Rev. Robert Cholmeley, for many years vicar of Waynflete, Lincolnshire. Educated at St. Bartholomew's Hospital, he graduated at St. Andrew's University, and was admitted a Fellow of the Royal College of Physicians of London. He practised for many years as a consulting physician in London, and for some time lectured on practical medicine at the Grosvenor Place School, and became chief editor for ten years of the now defunct *Medical Times and Gazette*. He was also physician to the Margaret Street Infirmary for Consumption. But the chief labour of his life, in which he spared neither time nor money, was the establishing of the Great Northern Central Hospital to supply a want long felt in northern London. For nearly 40 years he laboured, not only as physician, but as helper and friend, till after many vicissitudes and several changes of site, the building has, largely through his influence, been brought to its present state of completion. Dr. Cholmeley married in 1871 the eldest daughter of the late Lieutenant-Colonel H. Ross Gore, C.B., who survives him.

Medical News.

Admiralty Appointments.

DEPUTY Inspectors-Generals of Hospitals and Fleets:—H. Macdonnell has been appointed to Chatham Hospital; and R. Coppinger, to Haslar Hospital. Both to date June 19th. Fleet Surgeon, T. D. Gimlette, to Haslar Hospital, and Staff Surgeon S. W. Vasey, to *Caledonia*. Mr. A. Murdoch, has been gazetted Admiralty Surgeon and Agent at Hythe.

Society of Apothecaries of London.

THE following is a list of the Examiners of the Society of Apothecaries of London for 1896-7, showing the subjects in which they examine, and the London Medical Schools to which they are respectively attached as teachers. The Examiners in Medicine are all Fellows of the Royal College of Physicians of London, and the Examiners in Surgery are all Fellows of the Royal College of Surgeons of England.

Medicine.—*Sir H. R. Beevor, M.B. Lond., F.R.C.P. Lond., King's College; *C. Y. Bise, M.D Cantab F.R.C.P. Lond. Middlesex Hospital; *Fdc. Havilland Hall, M.D. Lond., F.R.C.P. Lond., L.S.A., Westminster Hospital; *A. P. Luff, M.D. Lond., F.R.C.P. Lond., St. Mary's Hospital; G. Newton Pitt, M.D. Cantab., F.R.C.P. Cantab., Guy's Hospital; *H. D. Rolleston, M.D. Cantab., F.R.C.P. Lond.; St. George's Hospital; *Francis Warner, M.D. Lond., F.R.C.P. Lond., L.S.A., London Hospital.

Surgery.—*W. Adams Frost, F.R.C.S.Eng., St. George's Hospital; *Arthur T. Norton, F.R.C.S.Eng., St. Mary's Hospital; *Bernard Pitts, F.R.C.S.Eng., St. Thomas's Hospital; *Bilton Pollard, F.R.C.S., University College; *C. B. Lockwood, F.R.C.S.Eng., St. Bartholomew's Hospital; L. A. DUNN, F.R.C.S.Eng., Guy's Hospital.

Midwifery.—Wm. John Gow, M.D.Lond., St. Mary's Hospital; *Arthur H. N. Lewers, M.D.Lond, L.S.A., London Hospital.

Anatomy.—F. G. Parsons, F.R.C.S.Eng., St. Thomas's, J. W. S. Boyd, M.B.Lond., F.R.C.S.Eng., Charing Cross.

Physiology and Biology.—P. T. Beale, F.R.C.S.Eng., King's College; H. W. M. Tims, M.D., M.S.Edin., Westminster.

Chemistry.—H. Forster Morley, M.A., D.Sc.Lond., London Hospital; and F. J. M. Page, B.Sc. Lond., King's College.

Materia Medica and Pharmacy.—H. Sainsbury, M.D. Lond., F.R.C.P. Lond., Royal Free Hospital; and J. Galloway, M.D. Aberdeen, London Hospital.

*Marked thus Members of the Court of Examiners.

Scarlatina in Dublin.

THE citizens, having just emerged from the risks of a serious epidemic of small-pox, are now threatened with one of scarlatina, and the health authorities have, very properly, taken steps to meet the enemy at the gate. In the week ending the 20th of June the Registrar-General reported 190 cases under treatment in hospital, and 35 new cases, but the epidemic is not increasing, and it is hoped that it will not reach serious dimensions.

Royal College of Surgeons of England.

THE following gentlemen were at the ordinary meeting of the Council on Thursday, the 11th inst., elected examiners for the ensuing collegiate year in the subjects indicated, viz.:—First Examination—Membership:

Elementary Biology.—Peyton Todd Bowman Beale, F.R.C.S.Eng., L.R.C.P.Lond., of King's College Hospital; George Alfred Buckmaster, M.R.C.S.Eng., M.D., B.Ch., M.A. Oxford, of St. George's Hospital; Thomas William Shore, M.R.C.S.Eng., M.D., B.Sc. Lond., L.R.C.P.Lond., of St. Bartholomew's Hospital; and Thomas George Stevens, F.R.C.S.Eng., M.D., B.S.Lond., M.R.C.P. Lond., of Guy's Hospital.

Elementary Physiology.—John Rose Bradford, M.R.C.S Eng., M.D., D.Sc.Lond., F.R.S., of University College Hospital.

The following candidates having passed the necessary examinations were admitted last week Fellows of the College, viz.:—

Adams, Evelyn G. Beadon, L.R.C.P., St. Bartholomew's Hosp.
Baldwin, Aslett, L.R.C.P., Lond, Middlesex Hospital.
Bryant, Charles Hilary, M.B., B.S.Durh., L.R.C.P.Lond., Durham University and Guy's Hospital.
Campbell, Robert, M.B.R.U.Irel., L.R.C.P.Lond., Queen's College and Royal Hospital
Cavenagh-Mainwaring, Wentworth Roland, M.B.Adel., L.R.C.P. Lond., Adelaide University and London Hospital.
Coaker, Francis William John, L.R.C.P., London Hospital.
Dick, John Lawson, M.B., C.M.Ed., L.R.C.P.Lond., Edinburgh University and St. Bartholomew's Hospital.
Hamilton, George Gibson, M.B.Edin., Edinburgh Royal Infirmary and University, and Royal Infirmary, Liverpool.
Lockyer, Cuthbert H. J., L.R.C.P.Lond., Charing Cross Hosp.
Macnab, Allan James, L.R.C.P.Lond., (Surgeon-Captain I.M.S.), King's College Hospital.
Mahon, Ralph Bodkin, M.D., R.U.Irel., Queen's College, Galway, and Royal University of Ireland.
Maingay, Henry Bertram, L.R.C.P., St. Bartholomew's Hosp.
O'Hea, James Patrick, M.B.Lond., L.R.C.P.Lond, St. George's and St Bartholomew's Hospital.
Moffat, Henry Alford, L.R.C.P.Lond., Guy's Hospital.
Paling, Albert, M.B., B.S.Lond., L.R.C.P., Lond., Middlesex Hospital.
Parry, Leonard Arthur, M.B.Lond., L.R.C.P., Guy's Hosp.
Ray, John Howson, M.B., Ch.B.Vict., L.R.C.P.Lond., Owen's College, and Royal Infirmary, Manchester.
Rayner, David Charles, L.R.C.P.Lond., University College and General Hospital, Bristol, and London Hospital.
Scrase, Frank Edward, L.R.C.P., University College Royal Infirmary, Bristol, and St. Bartholomew's Hospital.
Sharp, Arthur John, M.D.Lond., L.R.C.P., Guy's Hospital.
Smith, William Robert, M.B.Lond, L.R.C.P.Lond., L.S.A.Lond., King's College Hospital.
Stone, William Gream, M.B., B.Ch.Oxford, L.R.C.P.Lond., St. Thomas's Hospital.
Taylor, Edwin Claude, M.D.Lond., L.R.C.P.Lond., Cambridge University and Guy's Hospital.
Tomlinson, William Henry, L.S.A.Lond., Owen's College and Royal Infirmary, Manchester.
Waddelow, John Joseph, L.R.C.P.Lond., L.S.A.Lond., King's College Hospital.
White, Charles Powell, B.A.Cantab., L.R.C.P.Lond., Cambridge University and St. Bartholomew's Hospital.
Wood, John Forrester, L.R.C.P.Lond., St. Bartholomew's Hospital.
Woods, William James, M.B., R.U.Irel., L.R.C.P.Lond., Queen's College and Royal Hosp., Belfast, and London Hosp.

One other candidate passed the examination, but not having attained the legal age of twenty-five years will receive his diploma at a future meeting of the Council. Fourteen candidates were referred back to their professional studies.

PASS LISTS.

Society of Apothecaries of London.

THE Diploma of the Society has been granted to the following candidates entitling them to practise medicine, surgery, and midwifery, and enabling the holder to compete for medical appointments in the Army, Navy, and India Service, also for Poor-law appointments:—

C. H. Dearden, Leeds; P. B. Lowe, Cambridge and Guy's; W. M'Call, Charing Cross; G. H. Ormsby, Westminster; D. F. Roberts, Guy's; H. A. Walker, Manchester; W. J. Lubeck, Madras and University College; W. J. Woodman, St. Mary's; Miss M. K. S. Holst, Royal Free; E. R. Bowen, Bristol; H. Clapham, Sheffield; F. L. Angior, Liverpool.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

THE CHARITY ORGANISATION SOCIETY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Reverting to your comments upon this Society in recent issues, will you allow me a line to suggest that the institution will never be "dissolved" while it can influence sufficient funds to pay a Secretary £300 per annum, and support a staff of assistants of various grades to the total of, I believe, one hundred and fifty. Its defects, flaws, injustices, and so on, have been pointed out by many an authority upon many an occasion, but, while salaries can be paid, it will go on.

I am, Sir, yours, &c.,
ONE WHO KNOWS.

Mr. EDWARD C.—The proposal is under consideration. A private note will be sent you when a decision has been arrived at.

ACADEMY HEADACHE.

MESSRS. ALFRED BISHOP & SONS, of Specks Fields, London, write us that they published so far back as June 25th, 1895, some notes on the use of their Granular Effervescent Citrate of Caffeine, as a remedy for "Academy Headache," and are thus clearly entitled to the discovery of the new malady mentioned in a recent issue of this journal under the above heading, as they anticipated Mr. Simeon Snell, of Sheffield, by twelve months.

Dr. PEARSE is thanked for his note. The custom of one hundred years, is as we anticipated, at the root of the matter, and its incongruity is likely to be perpetuated for another hundred unless some evil-eyed reformer in the meantime puts his finger on the spot.

IRATUS.—The whole system is rotten, but it would not be set right by our publishing letters which border on the scurrilous. In any event, we could not tolerate the personal element which is so marked a feature of your communication.

THE PHYSIOLOGY OF THE HIGH SCHOOLS.

PHYSIOLLOGIGY is to study about your bones, stomach, vertebry Occupations which are injurious to health are carbolic acid gas, which is impure blood. We have an upper and lower skin. The lower skin moves all the time and the upper moves when we do. The body is mostly composed of water, and almost one-half avaricious tissue. The stomach is a small pear-shaped bone situated in the body. The gastric juice keeps the joints from creaking. The chyle flows up the middle of the backbone and reaches the heart, where it meets the oxygen and is purified. The salivary glands are used to salivate the body. In the stomach starch is changed to cane sugar, and cane sugar to sugar cane. The olfactory nerve enters the cavity of the orbit, and is developed into the special sense of hearing. The growth of the tooth begins in the back of the mouth and extends to the stomach.—MARK TWAIN.

CYCLIST.—There is no fear of any such practice being acquired by women who cycle. As our correspondent states that his daughter is in good health, by all means let her take to bicycling.

AN AQUARIUM BY PREFERENCE.

Fashionable Doctor: "My dear young lady, you are drinking unfiltered water which swarms with animal organisms. You should have it boiled; that will kill them." His patient: "Well, doctor, I think I'd sooner oe an aquarium than a cemetery."—*Harper's Weekly.*

Mr. P. E. KINGSFORD.—The subject was fully referred to in our report of the proceedings of "The General Medical Council" a fortnight since.

Meetings of the Societies.

WEDNESDAY, JULY 1ST.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20 Hanover Square, W.)—4.30 p.m. Council Meeting. 5 p.m. Cases will be shown.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m. Specimens will be shown by Dr. Remfry and others. Papers:—Dr. F. J. McCann: The Etiology of Gonorrhœa. Dr. G. F. Blacker, and Mr. T. W. P. Lawrence: A Case of True Unilateral Hermaphroditism with Ovotestis occurring in Man, with a Summary and Criticism of the Recorded Cases of True Hermaphroditism.

FRIDAY, JULY 3RD.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, (11 Chandos Street, Cavendish Square, W.)—8.30 p.m. Card Specimen:—Mr. A. Frost: Pulsating Exophthalmos undergoing Spontaneous Cure. Papers: Dr. C. H. Usher, and Dr. G. Dean: Experimental Research on the Course of the Optic Fibres. Mr. F. R. Cross: Congenital Hydrophthalmos, with microscopic preparations. Mr. C. D. Marshall: Tension in Cases of Intraocular Tumour. Mr. S. Snell: Note on Electrolysis in Detachment of the Retina. The Annual General Meeting for the Election of Officers, &c., will be held at the close of the ordinary meeting.

THURSDAY, JULY 9TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.) 8.30. Specimens will be shown by Dr. Alfred Smith, of Dublin, and Dr. Elder, of Nottingham. Specimens and Notes of Cases by Dr. Macnaughton Jones. Paper: Dr. Edge (Wolverhampton): Cases of Vaginal Coeliotomy.

Vacancies.

Chesterfield and North Derbyshire Hospital and Dispensary.—Junior House Surgeon. Salary £50 per annum, with board, lodging and washing. Applications with testimonials, to the Secretary, on or before July 2nd.

Huddersfield.—Medical Officer of Health. Salary £400 per annum Applications, with testimonials, to F. C. Lloyd, Town Clerk, not later than July 7th.

Kensington Dispensary.—Resident Medical Officer. Salary £125 per annum, with furnished rooms, coals, gas, and attendance. Applications and testimonials to the Hon. Sec., F. Leach, Esq., 7 Stanford Road, Kensington Square, by July 4th.

Newport and Monmouthshire.—House Surgeon. Salary £100 per annum, with board and residence. Applications, with testimonials, to the Secretary not later than July 11th.

Owen's College, Manchester.—A Senior and Junior Demonstrator in Physiology. Salary £150 rising to £200, and £100 rising to £150. Applications to the Registrar.

Sheffield General Infirmary.—Junior Assistant House Surgeon. Salary £50 per annum, with board, lodging and washing; also a House Surgeon at a salary of £120, House Physician at £80, and Senior Assistant House Surgeon at £60. Applications and testimonials to the Secretary, on or before July 16th.

Taunton and Somerset Hospital.—House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications and testimonials to J. H. Biddulph Pinchard, Secretary, on or before July 13th.

Appointments.

BISSHOPP, Francis, B. B., M.A., M.D.Camb., Honorary Consulting Physician to the Uxbridge Union and Infirmary.

BROWN, William, F.R.C.S.Edin., Honorary Assistant Surgeon to the Cumberland Infirmary, Carlisle.

CAREY, Arthur James, L.R.C.P., L.R.C.S.I., Medical Officer for the No. 4 Sanitary District of the Axbridge Union.

FAWCETT, Wm. H., M.D.Brux., L.R.C.P., L.R.C.S.Edin., Medical Officer for the Wimcorne and Cranbourne Union.

FRASER, P., M.D.Edin., B.Sc. (Pub. Health), Medical Officer of Health for the Menai Bridge Urban Sanitary District.

GILBERT, J. K. Martyn, B.A., M.B., B.C.Cantab., Assistant Resident Medical Officer to the Queen Charlotte's Lying-in Hospital.

HARDMAN, F. H., M.B., M.S.Ed., Medical Officer of Health for the Kingston Rural Sanitary District.

MACQUEEN, A., M.D., C.M.Edin., Medical Officer of Health for the Drayton Rural Sanitary District.

PARKINSON, J. Porter, M.D., M.R.C.P.Lond., F.R.C.S., Physician to Out-patients, North-Eastern Hospital for Children, Hackney.

PEARSON, H. Carden, M.B., C.M.Edin., Junior House Surgeon to the Borough Hospital, Birkenhead.

PHILLIPS, Sidney, M.D.Lond., F.R.C.P., Physician to In-patients, St. Mary's Hospital, London.

RICHARDS, H. M., M.D.Lond., B.S., L.R.C.P., M.R.C.S., Medical Officer of Health for the Borough of Chesterfield.

ROWLANDS, Wm. H., M.R.C.S., L.R.C.P., Assistant House Surgeon to the General Hospital, Birmingham.

SOPER, R. W., M.R.C.S., Medical Officer of Health for Dartmouth Borough and Port.

TATE, Walter W. H., M.D.Lond., M.R.C.P., Assistant Obstetric Physician to St. Thomas's Hospital.

WIGHTMAN, J. P., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for the Rawdon Urban Sanitary District.

Births.

BATTLE.—June 21st, at Mansfield Street, Cavendish Square, London, W., the wife of W. H. Battle, F.R.C.S., of a daughter.

MACDONNELL.—June 22nd, at 145 Harley Street, Cavendish Square, W., the wife of Mark A. Donnell, M.D., M.P., of a daughter, stillborn.

PAYNE.—June 24th, at 23 Chichele Road, Cricklewood, the wife of Ed. M. Payne, M.B., C.M., of a daughter.

POWELL.—June 21st, at Brighton, the wife of Walter Powell, M.R.C.S., L.R.C.P.Lond., of a son.

Marriages.

JONES—ATKINS.—June 24th, at Christ Church Banbury, by the Rev. Canon J. Herbert Jones, vicar of St. John's, Waterloo, Liverpool, father of the bridegroom, Clement Royds Jones, M.B., of Calveley, Cheshire, to Ellen, youngest daughter of Edward Atkins, of Banbury.

KIRKPATRICK—KING.—June 17th, at St. Mary's Church, Old Swinford, Stourbridge, William Kirkpatrick, M.D., eldest son of the Rev. G. Kirkpatrick, of St. Catherine's, Rathfarnham, to Agnes Helen, eldest daughter of Charles King, of Oakleigh, Stourbridge.

PORTER—HONEYMAN.—June 23rd, at St. George's, Hanover Square, London, Bruce Porter, Army Medical Staff, son of Captain Porter, late R.A., to Essie, widow of the late J. H. Honeyman, M.D., of Auckland, New Zealand.

Deaths.

BARRATT.—June 23rd, at Netley Abbey, Hants, Joseph Gillman Barratt, M.D., F.R.C.S., M.R.C.P., aged 77.

GAY.—June 23rd, at Southend-on-Sea, Ada Mary, wife of William Gay, M.D., M.R.C.P.

QUALTROUGH.—June 12th, at 2 St. John's Road, Upper Holloway, W. J. Qualtrough, L.R.C.P., L.R.C.S., aged 51.

WATSON.—June 25th, suddenly, at 115 St. George's Square, S.W., Margaret, daughter of the late James Watson, M.D., of Glasgow.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, JULY 8, 1896. No. 2.

Original Communications.

SOME POINTS IN THE PATHOLOGY OF CATARACT. (a)

By WM. JOB COLLINS M.D., M.S., B.Sc. Lond., D.P.H., F.R.C.S., Fell. of Univ. Lond.,

Surgeon to the Royal Eye Hospital, Southwark; Ophthalmic Surgeon to the North-West London Hospital; Surgeon to the London Temperance Hospital.

GENTLEMEN,—It was twenty years ago that I entered for the first time as one of the freshest of first-year's-men the sacred precincts of the ancient and royal Hospital of St. Bartholomew. It is ten years since my official connection with your school ceased. It was, therefore, with very cordial sentiment that I received and accepted the invitation of your Honorary Secretaries, that I should again, and for the tenth time, address a society which for two years I served as President, and of which, in spite of manifold associations into which I have since entered, I am still proud to call myself a member.

When I recall the various topics to which on those ten occasions I have presumed to invite the attention of your honourable society, I confess I must regard the collection as extensive and peculiar. If the range over which I have wandered has been unduly wide, and if I have sometimes strayed into by-ways leading to municipal, ethical, or even political turnings, I will endeavour to-night to atone for the sins of the past by keeping rigidly to the time-honoured pathological rut. I devoutly trust, for the sake of my hearers, the inevitable result may not be, that I shall be intolerably dull.

I have chosen for my subject one of the most important of those connected with that branch of our profession to which I have specially devoted myself, and in which I received my earliest training within these walls, under the genial direction of Mr. Bowater Vernon. I speak of the pathology of cataract, and especially of certain points to which I have devoted special attention.

Taking cataract to mean some departure from normal transparency in the crystalline or its capsule, we must here, as elsewhere, insist *in limine* on the artificial character of any sharp distinctions between the physiological and what we are pleased to term the pathological. Processes which we call physiological or embryological here, as elsewhere, easily pass by almost imperceptible gradations into the pathological.

The correct recognition of the *rôle* of the lens in vision was antecedently essential to an adequate apprehension of its defects or diseases, and the procedure to be adopted for their cure. Yet here, as in other departments of medicine and surgery, we find treatment anticipating pathology, and empiricism directing a line of practice which a latter pathology has justified and approved. Witness the use of cinchona bark in ague by the natives of Peru, and the practice of inoculation by the tribes of Central Africa. So also it would seem that couching for cataract had become an operation of recognised value before it was known that a cataract was an opaque lens, and not a membrane, or humour. It almost seems either that traditional treatment had survived the knowledge on which it was originally based, or that a pre-established harmony guided the practice of the empiric.

(a) An Address delivered to the Abernethian Society of St. Bartholomew's Hospital London.

HISTORICAL.

Thus, Albucasis, the Moor, a skilful surgeon of Cordova, who died in 1106, has a chapter on the cure of cataract by depression, and in a fine edition of his works, in Arabic and Latin, done by Channing, at Oxford, in 1778, you will find a neat representation of the instrument he employed. Yet, he speaks of "de cura aquæ quæ descendit in oculo vel cataracta." Pliny and Galen seem to have been acquainted with "couching." The term cataract appears to have been employed by the School of Salerno, derived from the Greek *καταρρηγνυμι*, but whether used metaphorically as in the quotation I gave from Albucasis, or in the sense of "breaking down" or "confusing" is not clear. The older Greek writers had called it *ὑπεχυσις ὑγρου*, the Latins "suffusio," and the Arabo-barbarians, "gutta in oculo," all terms borrowed from humoral pathology. How indeed was any rational pathology then possible?

Before the time of Alhazen, who died in 1038, vision was held to be a sort of tactile or tentacular process effected by the emission of something or other from the eyes; the lens, so far from being regarded as a mechanical agent of refraction, was sanctified as the seat of the *πνευμα*, and accorded the function of seeing. In the phraseology of the vulgar, the lenses are even nowadays spoken of as the "sights." Alhazen having apparently practised dissection surreptitiously, satisfied himself of the absurdity of the current doctrine, and taught the refractive functions of the media of the eye, and that the retina received and transmitted to the brain the impressions formed on it by light from external objects. From the time of Alhazen to the seventeenth century, little was added to our knowledge of the eye and its diseases. Vesalius (1514-1564), Fallopius (1523-1562), and later, Meibomius (1638-1700), worked out much of the anatomy of the eye as now received, Kepler re-discovered in 1604 the refractive functions of the lens, and with Descartes, Scheiner, and Mariotte founded the science of optics.

With the rapid accretion of knowledge, and the pursuit of the inductive method, the humoral or the pellicular theory of cataract, which had been authoritatively taught from the time of Pliny, and had therefore done duty for 1,600 years, was found not to hold water.

M. Brisseau, of Tournai, appears to have been a gentleman who observed and thought for himself, and when a soldier with cataract died in the Tournai Hospital in 1705 he examined the eyes post-mortem; he thereupon made the startling discovery that a cataract was nothing but an opaque lens, and not a membrane engendered in the aqueous. Much elated, he reported his secret to Duverney, who would not hear of it, and advised Brisseau not to endanger his reputation by publishing so ridiculous a proposition; moreover, the iconoclastic Brisseau was given to understand that his discovery might occasion offence to some members of the Academy who had written on optics.

Such are the perils that await the reformer, even in

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matters of science, when authority is at variance with the facts. The sequel is not uninstructive; poor Brisseau published his thesis, and he was thereupon informed, not that he was wrong, but that it was no discovery after all, in fact, that he had been anticipated by the observations of Messrs. Antoine and Lasnier some forty years before. How true is the observation that the test of Truth is its capacity for re-discovery!

In order to appreciate aright the conditions leading up to lenticular or capsular opacities, which we call cataract, it is desirable to glance at the evolution and life-history of the lens. Derived from ectoderm, it owns allegiance to cuticular tendencies, even when it enters on an independent career in a new situation. It augments by the overgrowth of its deeper cells, which fibrillate, and later assume a definite pattern betwixt tri-radial axes. Indenting the optic cup, an extension of the hollow central nerve system, derived like itself from epiblast, it gets surrounded by a vascular tunic of mesoblastic origin. It secretes for itself a hyaline capsule, as diaphanous as its own texture is eventually. Reefed into place by a corona of delicate fibres attaching the capsule to the ciliary processes, the scaffolding, in the shape of the capsulo-pupillary membrane, is finally cleared away shortly before the birth of the child.

Chemically, the lens is a bag of globulin and water, with a little alkali-albumen and serum-albumen, and a trace of salts. Its globulin differs from other globulins and resembles vitellin in not being precipitated from dilute brine by saturation.

Physically, the crystalline is a bi-convex lens, with the greater convexity backwards, the radius of anterior curvature being 10 mm., that of the posterior being 6 mm., and the mean refractive index 1·3839 compared with that of water. It is, moreover, very elastic.

ANALYSIS OF CATARACT.

The lens grows by super-addition at the equator, the antero-posterior diameter hardly increasing after birth, while the equatorial, from 5 mm. in the infant, may be double that in age. From observations I made on the weight and composition of six fresh clear human lenses, I found the weight at 10 years to be ·163 gramme; at 27, ·188 gr.; at 40, ·217 gr.; at 64, ·247 gr. This is in harmony with Priestley Smith's investigations, which showed an annual increase in bulk of 1·5 cub. mm. The increase of weight is due to an increase of size, and not to increased density, the specific gravity remaining pretty constant through life. The amount of water I found to be nearly the same at different ages, viz., 71 per cent., the limits of variation in the six clear lenses I analysed being 69 and 73. Kuhne, whom most books copy, gives 68 per cent. of water, Schneyder gives 63, and Jacobsen 70·8. Otto Becker, on the authority of Deutschmann, says the solids of the lens increase with age, and Donders hints at the same view; but I submit that Deutschmann's results may have been vitiated, by the fact that the lenses were transmitted long distances (from Wiesbaden and Breslau to Gottingen, between extraction and analysis. Indeed, upon reflection, the fictitious sclerosis of the lens fibres, which has been alleged, in so far as that term suggests dehydration, is in no sense corollary to its derivation from cuticular epiblast or its homologous relationship with the epidermis. Because the latter exposed to air and pressure tends to cornification and dehydration from its surface, that, I submit, is no reason why the lens excluded from air, nay, bathed with fluid, should exhibit a similar change at its nucleus, which is required to make this fallacious analogy complete. The growth and nutrition of the lens are without parallel in any other tissue of the body.

In my observations the lens was, in every case, either placed in a corked, dry, glass test-tube, or sealed up in gutta-percha tissue, and was in most cases on the water-bath in my laboratory within an hour of its removal from the eye

The data which I ascertained in each case were—

1. The weight of the lens.
2. The amount of total solids.
3. The amount of water.
4. The amount of ash.

TABLE OF COMPARATIVE ANALYSES OF SIX CLEAR HUMAN LENSES AND TEN HUMAN CATARACTOUS LENSES.

	Age.	Weight.	Water.	Solids.	Ash.	Per Cent. Water.	Per Cent. Solids.
Clear.	10	·163	·113	·050	·001	69	31
	26	·215	·123	·062	·002	71	29
	27	·188	·136	·052	·001	72	28
	28	·1915	·132	·0595	·002	69	31
	40	·2175	·1575	·060	·001	72	28
	64	·247	·176	·071	·001	71	29
		·2036	·1446	·059	·0013	71	29
Cataracts.	46	·13625	·10150	·03475	·00175	74·5	25·5
	47	·116	·081	·035	·002	70	30
	53	·1351	·0926	·0425	·001	68·5	31·5
	59	·0830	·042	·041	·002	52	48
	60	·128	095	·033	·0015	74	26
	61	·100	·070	·030	·001	70	30
	63	·110	·0725	·0375	·002	66	34
	64	·101	·0575	·0435	·001	57	43
	77	·110	·071	·039	·001	64·5	35·5
	87	·110	·0445	·0655	·001	40·5	59·5
		·113	·073	·040	·0014	64	36

What are the chemical and physical changes which occur in the common so-called senile or hard cataract? I maintain they are not merely exaggerated degrees of the changes which age alone brings. Indeed, it is incorrect to assert that a lens is likely to be hard, if by that we mean denser in the sense of being less fluid, because it is an old one. In one respect a cataractous lens exhibits a change, the inverse of that which age produces; it is lighter in weight and smaller in size than a clear lens of corresponding age. I found, however, that it is a fact that cataractous lenses contain a larger proportion of solids and a smaller proportion of water than clear lenses. My analyses of 10 cataracts averaged 36 per cent. of solids, against 29 per cent. in the normal series. There was, however, much greater variation in individual cases, from 26 per cent. to 59·5 per cent.

In order to eliminate errors based upon the smallness of the material employed, I secured four cataracts, all nearly intact and quite fresh, from persons, æt. 60, 67, 73, and 77, and estimated the water, solids, and ash in the combined lens matter.

The results were 62·14 per cent. of water, 37·86 of solids, and ·83 per cent. of ash.

None of these were what could be termed *cataracta reducta*, and the conclusion to which I am irresistibly led from this and other observations is that, while allowing individual exceptions, *cataractous lenses, as a general rule, contain relatively less water and more solids than non-cataractous lenses, and that this dehydration, associated with opacification, is in no sense a change dependent upon age, and has no parallel in the ordinary changes which age brings with it in the clear lens.*

As to the salts of the lenses, these are mostly Na Cl, the amounts in individual lenses are so small as hardly to permit of any reliable inferences therefrom, though it would seem that the relative proportion of salts and

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ash is greater in cataractous lenses than in clear. Berzelius regarded the cataractous change, chemically as the coagulation of albumenoids. Cahn's analyses show a proportional excess of salts, cholesterin, lecithin, fat, and extractives in cataract, and a relative deficiency of albuminous material. Dextrose has been alleged to have been found in diabetic cataracts by some observers, though others have failed to do so.

In the etherial extract of the dry residue of senile cataracts, I have found under the microscope, fine acicular crystals, some single, some in bundles, but I have not, as yet, determined their exact nature.

BLACK CATARACT.

A certain amount of pigment is noticeable in most hard cataracts, varying from a pale amber to dark brown and even black, but black cataract is a *Rara avis in terris, nigroque simillima cygno.* Its pathology appears to have been somewhat obscurely treated by most English authors. I find no reference to such variety in Nettleship's "Diseases of the Eye" (1887), a passing allusion merely in Juler's Handbook, while Berry observes "often the lens is very darkly coloured, when the cataract is said to be black." If this statement means that black cataracts are often met with, it is at variance with the experience of most oculists: thus Galezowski says, "Quant a ce qui me concerne, j'en ai rencontré jusqu'a present 9 cas." (a)

The "Transactions" of the Ophthalmological Society contain reports of two cases, one by Mr. MacHardy in 1882, and one by Mr. Power in 1885. The latter, in commenting on his case, remarked on "the rarity of this variety of cataract in England. This was the first example he himself had met with."

Dr. Swanzy "had seen a good many cases in Dublin and in Von Graefe's practice. He was under the impression the prognosis was not good." Mackenzie, in his comprehensive treatise (1854), has an apposite observation on the difficulty of diagnosis of such cataracts; he says (p. 751): "I have seen a few cases of lenticular cataract in which the opacity was so very dark that, without close examination, the disease might have passed without detection. On concentrating the light on the pupil the opacity appeared striated, such cases have been called black cataracts. I have not seen the lens after it has been extracted in any of these cases." Prior to the invention of the ophthalmoscope in 1859, accounts of black cataracts must be received with reservation, as there is ground for believing that cases of glaucoma, or "amaurosis," or hæmorrhage into the vitreous were sometimes so-called. Dupuytren had never seen it, and did not believe in its existence, and Delpech, in his great 'Dictionnaire" in 1813, doubted the assertion of the ancients that such a form of cataract existed. Janin, of Lyons, in 1772, records the successful extraction of black cataract, the first he had met with in 500 operations. He noted that after extraction the capsule became opaque and olive-tinted. J. Scott removed one in 1843, which he says was as black as pitch. Graefe, the elder, diagnosed black cataract in the case of the Duke of Cumberland after other surgeons had diagnosed amaurosis. J. Z. Lawrence had a case, the first in 2 100 patients. Nunneley met with one case in 1.200 extractions. A few other scattered references occur, mostly in foreign authors, the earliest I have come across being that of Rolfink, of Jena, in his "Dissertatio de Cataracta" in 1664.

Two cases have come under my own observation, in both of which I performed extraction. The first was in a swarthy woman with raven black hair. Her vision was reduced to counting fingers, but the pupils looked quite black; though the fundus could not be illuminated, it was only by minute examination with oblique illumination that I could convince myself, by observing fine striæ and nacreous lustre, that the defective vision was due to lenticular opacity. I extracted the more mature lens. The operation was uncomplicated, but some weeks afterwards there was a little iritis, though when this cleared up she could read small Jaeger type with a plus 15 D. During the iritis I noticed a very interesting appearance; there were some deposits on the back of the cornea as in serous iritis; with a strong lens I observed that *many of these dots were deeply pigmented.*

What is the pathology of black cataract? What is the nature of the pigment? Macnamara and Hartridge state that it is due to "infiltration of hæmatin into the opaque lens." I do not think that explanation is correct; it certainly will not hold for all cases. I tried soaking extracted cataracts and clear lenses in fresh blood, but found they absorbed hæmoglobin with difficulty. Moreover, the spectroscopic examination in one of my cases, kindly made for me by Mr. Lyle, of King's College, failed to give any evidence of blood pigment. This confirms a similar observation made in Mr. MacHardy's case. In a case recorded by Hulme, Dr. Harley found that, with H Cl and K C N S under the microscope, a red colour was obtained, and that it was to be inferred that iron was present. Hulke examined the lens in Windsor's case, but confessed himself unable to determine the nature of the pigment.

Now I do not think any essential distinction can be drawn between the amber tint of an ordinary cataract when seen by transmitted light, and the "black" cataract; indeed, intermediate examples, running through all the shades of a London fog could be found. Now the lens is of cuticular ancestry, and tissues are apt, under certain conditions, which we call pathological, to revert to ancestral habits. The pigment of the Negro's skin resides in, and is elaborated by, the deepest layers of the cuticle. The lens, therefore, contains the progeny of cells whose homologues produce pigment cells, *A priori* it would appear not improbable that the pigment is the same in each case. In the outer layer of the optic cup, also derived from epiblast, we have evidence of the pigment-forming capacities of cuticular cells when withdrawn from the surface. Indeed, is not the abundant presence of a form of keratin in the brain a curious chemical testimony to its epiblastic derivation? When these reflections are supported by the fact of the spectroscopic and chemical analyses of the lens-pigment differing markedly from those of pigment directly derived from blood, the conclusion may appear to be strengthened that the colour of brown and black cataracts is analogous to that in the rete mucosum, the so-called melanin. Of course, it must not be forgotten that the lens may, in rare cases, be stained by pigment proximately derived from adjacent blood effusion, or that a melanotic sarcoma of the ciliary body may even invade the lens, not to speak of the common attachment of uveal pigment to the anterior capsule consecutive on iritis. That the pigment in question is not any proximate derivative of hæmoglobin, but that it is, the product of cell-activity like the pigment of hair or of the skin is, I think, pretty clear. But whence is it derived? Is it formed by the lens-cells? Or is the lens merely stained by pigment contained in minute quantities, in the circumambient fluid? The fact of the nucleus habitually having a deeper tint than the cortex might, perhaps, suggest the formation of pigment there, on the other hand, it is hardly conceivable that from colourless fluid supplied to it a lens should elaborate colouring matter. There is some ground for thinking that the endosmotic and exosmotic currents on which the nutrition of the lens depends, may permit, in swarthy eyes the filtration and intra-lenticular accumulation of melanin washed in microscopic molecules from deeply pigmented ciliary processes. Given a cataractous change in the lens of such, it is possible that the retentive power of the lens filter may be augmented, and especially in the older fibres of the nucleus. At present, it is scarcely

(a) "Des Cataractes," p. 57.

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possible to speak with greater precision as to the ultimate origin of the pigment which produces what we call black cataract, though the considerations I have alluded to, are suggestive of its real nature, and may contribute to a final solution.

"SPONTANEOUS CURE."

If asked whether cataract can disappear without operation, the orthodox answer would be in the negative, and would not be far wrong in the vast majority of cases. The spontaneous or medical cure of cataract should, no doubt, be taken *cum grano salis*, it savours of the "dispersing" of tumours by the advertising cancer-curer. When one is informed of such a case "on the best authority," one is inclined to regard one's informant with compassionate scepticism, and to retort "I will believe it because you tell me so. but I would not believe it if I saw it myself." While associating oneself with this position, and so holding a candle to the shrine of a wholesome orthodoxy, one may proceed to remark on the logical difficulties of maintaining a universal negative in general, and pass on to consider certain rare and exceptional cases in particular. There is evidence to show that the cure of cataract has been effected by dislocation of the lens, a sort of spontaneous couching. Traumatism, without perforation has, presumably by capsular rupture, eventuated in solution of cataract, and there is less satisfactory evidence of solution without obvious cause, and accordingly accounted idiopathic. Such cases are dependent on displacement of an opaque lens or its dissolution. Can opacity appear and disappear in a lens leaving the lens in normal position and appearance? Such occurrence has been alleged to have been observed in diabetes; though I have not witnessed it myself. I have the notes of a remarkable case I watched with great interest when I was Ophthalmic House Surgeon here:—

Emily W., æt. 28, was walking along Newgate Street when a beam of wood fell from a window above and hit her left eye. She fell down insensible, and on recovering and coming to the hospital was found to be suffering from great pain, bruising of lids, some injection of sclera and, one-tenth of anterior chamber containing blood. The pupil was oval and eccentric, the iris looked green, tension was normal, and fundus returned a red reflex in all directions. Atropine drops and ice-cold applications were ordered. The hyperæmia decreased the conjunctiva becoming "sallow," and the anterior chamber appeared deeper than the other. Four days later, I observed that the lens fibres were preternaturally distinct, and by oblique illumination radial striæ could be detected. With the ophthalmoscope I observed a well-defined nuclear crescentic nebula, which I demonstrated to others. A week after the injury the pupil was regular and central and the lenticular opacity was fading away, vision with correcting glasses being six-ninths in each eye.

This case I hold to have been one of transient nebulosity of the lens, probably due to temporarily disturbed nutrition from slight capsular rupture or slight sub-luxation.

MATURATION.

"Never prophecy unless you know," is advice especially applicable to the speculations as to the rate at which cataracts will mature. Experience may, however, help approximations to accuracy, especially by the careful observation of collateral signs and symptoms. Thus cataracts associated with myopia are prone to slow ripening. Here is a note of an interesting case in illustration. When I was clinical assistant to Mr. George Lawson, at Moorfields, I saw a man, æt. 85, who, contrary to the habit of out-patients, had preserved and brought with him an old out-patient letter bearing Sir Wm. Bowman's name, and the date 24th of July, 1862. The note of that date was "Left eye, cataract mature, fingers within 6 inches; right eye, words of No. 2, myopic." On September 21st, 1886, I noted that the cataracts were partial, in the left there was a very dense white nucleus and cortical striæ, occupying all except the uppermost part; likewise in the right the upper part is alone clear. Through these gaps the fundus of each eye could be seen, and indeed large posterior staphylomata. Here then was a case in which 24 years had witnessed scarcely any ripening.

Cataracts beginning at the posterior pole, or by striæ, with anterior concavity stretching thence to the equator, are often slow in maturing. There may be some fallacy in this statement, by reason of our estimation of maturity by the amount of clear cortex, through which the iris shadow is cast on the deeper opacity. But allowing for such mere verbal fallacy, I believe that the opacification spreads less quickly through a lens under such circumstances than when the first departure from pellucidity is nuclear or is anteriorly placed. As an illustration of what I mean, and of the rapid influence of iridectomy in accelerating maturation, I may cite the case of a gentleman who was the secretary of a well-known microscopical society. He was 51 in 1886, when he consulted me about his eyes, his sight had then been failing for twelve years. His vision was reduced in the left eye to 6/60, and with the right eye he could count fingers at three feet; he was unable to use his microscope, which was to him a great deprivation. His lenses exhibited posterior opacities at the pole, and concave striæ proceeding arc-wise therefrom, there was apparently some axial myopia. The cataracts were in a condition, then accounted too unripe for extraction, but ripe enough to excommunicate their unfortunate possessor from most of the pleasures of his life. On October 8th, 1886, I did a preliminary iridectomy on the right eye, and on January 7th, 1887, the cataract to all appearances being perfectly ripe, I extracted it, with a resulting vision of J. 1, and 6/9, with glasses. I had occasion to see the patient again some eight years afterwards, and found the other eye practically *in statu quo*, red reflex could still be obtained, and the anterior hemisphere of the lens was for the most part pellucid. He had resumed his favourite investigations of diatoms with the microscope with the operated eye, and was so well satisfied with it that he would not yield to my suggestion to deal similarly with the other.

This case enforces the slow maturation of cataracts of this class, and their rapid ripening by iridectomy, and indicates the mode of escape from the intolerable dilemma, wherein the lenses are opaque enough to frustate useful vision, and clear enough to preclude extraction with a clear conscience.

NON-PATHOLOGICAL CATARACTS.

There are a group of opacities found in or about the crystalline and its capsule, to which I have on several occasions called attention, and to which I have applied the term "non-pathological cataracts." I refer to cases in which negative history, as regards antecedent inflammation and collateral evidence arising from the normal appearance of neighbouring structures, compel inquiry for some physiological or embryological explanation.

That such explanation is sometimes forthcoming in the shape of abnormalities arising out of the events consequent upon the formation of the parts adjacent to the lens, I suggested in a paper upon the capsulo-pupillary membrane which I contributed to the Moorfields Hospital Reports some eight years ago.

I then pointed out how by failure of removal of the scaffolding employed in constructing the *entourage* of the lens, which we are pleased to recognise as normal, the following abnormalities might result:—

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1. A persistent hyaloid artery or patent canal of Stilling.

2. Opacities in the hyaloid fossa occasionally seen in children, not improbably due to the retention of, or opacification of, or failure to clarify of, some portion of the posterior part of the capsulo-pupillary tunic.

3. Opaque *plaques* on the anterior surface of the lens, either with or without connecting threads with the iris; also certain anomalous juvenile cataracts, and otherwise inexplicable anterior polar cataracts referable to persistent and more or less altered portions of the capsulo-pupillary membrane.

Most English writers have accepted the usual explanation of anterior or capsular cataracts by way of corneal perforation, and its consequences to an extent which would seem to exclude an embryological explanation of any opacities in that region.

Since my paper of 1888 was published, in which I figured examples of cataract due to capsulo-pupillary remains, there has been an increasing disposition to allow a fœtal origin for central capsular opacities. I have seen several cases of ex-central, some meridional, and some equatorial opacities, in which I believe a similar causation must be accepted.

CLASSIFICATION.

The ordinary classifications of cataract are hopelessly illogical, it is to be hoped the practical man, who scorns logic, finds them proportionately "practical." They lack a common *basis divisionis*. Age, consistence, situation, cause, &c., are invoked as basis in the same classification, with a bewildering effect. No mere dichotomous division as into Hard and Soft, Senile and Juvenile, is satisfactory. Still less is there any special value in distinguishing between nuclear and cortical cataract, and the existence of laminar cataract makes such division non-exhaustive.

Ætiology is doubtless the best basis for classification, but while the pathology remains in part obscure, no complete and satisfactory classification is possible.

As an approximation to such an arrangement, I would submit the following:—

CATARACT—Opacity of lens or capsule attributable to—

1. Developmental causes: (1) Congenital, *e.g.*, dot cataract, remains of capsulo-pupillary membrane. (2) Infantile, *e.g.*, Laminar.

2. Cachetic causes, *e.g.*, toxæmia: (1) From without, *e.g.*, Ergotism. (2) From within, *e.g.*, Diabetes.

3. Secondary results of ocular disease, *e.g.*, some anterior pyramidal cataracts; myopic cataracts; glaucomatous cataracts.

4. Vascular disease (extra-ocular) *e.g.*, atheroma of carotids—aneurism.

5. Nervous disease, *e.g.*, disease of fifth Gasserian ganglion.

6. Traumatism.

In reference to the toxæmic group, I would associate myself with those who think the influence of diabetes as a cause of cataract has been over-estimated. Von Graefe put 25 per cent. down to this cause. Probably less than 1 per cent. is nearer the truth, and the co-existence of the two conditions does not prove their causal relationship. Atheroma of the cervical arteries is, I believe, a true cause, I remember de Wecker demonstrating the fact in his clinique when I was there some six years ago. I once extracted successfully two cataracts from a woman who had a large aortic and innominate aneurism. Ergotism as an alleged cause is interesting in view of its recognised vaso-constrictive action.

Here I must conclude my fragmentary observations, which make no claim to completeness, and I fear, from their casual composing, can scarcely be deemed consecutive.

There is much work yet to be done even in this apparently limited field for pathological inquiry. The chemist, embryologist, physicist, physiologist, can each give his quota towards an adequate pathology. We may not to-day fear the reception that was meted out to poor Brisseau when he hazarded the heretical view that a cataract was an opaque lens, but we may do well to cultivate a mental receptivity towards new ideas on well-worn subjects, to press all methods of research into our service, and while we laugh at the follies of the schoolmen, ourselves avoid an obsequious adhesion to the doctrines of yesterday or to-day.

Medico-Chirurgical Items.

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra; Hon. Fellow of the Southern Surgical and Gynæcological Association, U.S.A.

PREGNANCY FOLLOWING HYSTERECTOMY.

DR. WENDELER (*L'Union Médicale*) reports a case of tubal pregnancy occurring in a woman seven years after the operation of hysterectomy had been performed on her. He was consulted for hæmorrhage, and on examining the patient found the vagina full of blood clots and lying to the right side the pedicle of a cystic tumour, about the size of a hen's egg. The cyst was removed and when examined was found to be a tubal pregnancy.

GONORRHŒAL INFLAMMATION OF THE JOINTS IN A CHILD FIVE MONTHS OLD.

M. Wolf, (*L'Union Médicale*) found the patient, a baby, five months old, suffering from acute gonorrhœal inflammation of the right knee-joint and of the metatarsal phalangeal articulation; there was a profuse gonorrhœal discharge from the vagina. The father and mother were both suffering from the disease.

CYSTOCELE EXCISED BY A PATIENT.

Katingkoff (*Vratch*) states that a robust, healthy peasant woman bore her third child to term and was delivered spontaneously. Two days later, during micturition, she felt something project from the vulva. Thinking it was the afterbirth she took a knife and cut it off. She said the excised portion was a piece of flesh as big as a fist. No pain and but little bleeding followed. On admission to hospital it was found that she had cut off a portion of the bladder, producing a vesico-vaginal fistula large enough to readily admit a finger.

HEREDITARY APPENDICITIS. (?)

At a recent meeting of the Surgical Society of Paris, M. Brun presented a vermiform appendix which he had excised from a man whose brother died of appendicitis. MM. Routier, Jalaguier, Teiffier, Quénu, and Berger cited cases in which several members of the same family suffered from appendicitis. M. Roux (*L'Union Médicale*) published statistics of three hundred cases in which 40 per cent. occurred in near relatives. M. Talamon argues that certain races are predisposed to this malady, and that others are absolutely exempt from it.

Dr. Armstrong, of Newcastle-on-Tyne, in June, 1895, placed on record the fact that three members of the same family—two brothers and a sister—suffered from appendicitis, and there were good grounds for supposing that the father had also suffered from the same malady.

LUMBRICOIDES SIMULATING TYPHOID FEVER.

M. Chauffard (*La Semaine Médicale*) relates the history of an adult patient with the signs and symptoms of typhoid fever; the state of the tongue, and the existence of constipation determined M. Chauffard to try an aperient. He prescribed calomel and santonine, which expelled thirty-nine lumbricoid worms, after which all the unpleasant symptoms disappeared

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M. Chauffard considers that the worms produce a ferment in the bowel of a very virulent and toxic character, which stimulates the activity of the coli bacilli, and that a true worm fever, such as readers of old medical literature are familiar with, is produced.

THYROID TREATMENT OF GOITRE.

Dr. Branthomme (*La France Médicale*) reports the cure of two cases of goitre by thyroid feeding. The first was that of a cowherd, æt. 16. When seen the gland was larger than the closed fist, and quite hard to the touch. Interstitial injections were tried from January to August, without benefit; when they were discontinued, and thyroid medication: minced up veal or mutton thyroids, commenced and continued until the following May, when the boy resumed his ordinary food and occupation. The second case was that of a machine-tending man, æt. 17, who took by direction 5 grammes of mutton thyroid four times a week. In two months the circumference of the neck had decreased from 43 c. to 38·5. And in three months the patient was well and able to resume work.

ARSENICAL STAINING.

Dr. Werman, of Dresden, reports (*El Eco del Consultario*) a case of pigmentation in a man, æt. 25, caused by the internal use of arsenic. The staining gradually disappeared on the arsenic being discontinued.

Wilson ("Lectures on Dermatology") described this condition under the title *melasma arsenicale*. In the MED. PRESS AND CIRCULAR of Dec. 8th, 1886, I copied Guaita's fourteen cases of skin bronzing occurring in infants from the internal use of arsenic; in the same number I copied the case of a Miss Baly whose skin was similarly stained by arsenic. Bazin ("Lec. Théore et Clin. sur Aff. Cut.") has characterised this pigmentation as a tint comparable to the staining of nitrate of silver. Unlike the staining of nitrate of silver the staining is a true pigmentation. Wyss found the pigment deposited as little grains in the lymphatic spaces of the papillæ, and to a less extent in the derma. The more usual forms of arsenical rashes are erythema, papules, urticaria, vesicles, pustules, and ulcers.

Dervergie ("Traite Pratique des Maladies de la Peau") is credited with being the first to notice the fact that the internal use of arsenic may cause cutaneous eruptions.

PUERPERAL ECLAMPSIA.

Dr. Gelli presented to the Medical Academy of Florence, at a recent sitting, notes of six cases of puerperal eclampsia treated by chloroformisation preceded by large doses of chloral hydrate (12 to 24 grammes daily). One case died; of the others two aborted, and in one the forceps were applied. He warmly recommends the treatment.

SERUM THERAPEUTICS IN SPAIN.

At a recent meeting of the Royal Academy of Medicine of Madrid Señor Mariani read a paper on Serumtherapy, which he favours. He tried it in tuberculosis, convalescence from typhoid fever, sciatica, sclerosis of the medulla, chronic pneumonia, and other affections. If the paper did nothing else, it brought out the important statement of Señor Gutierrez, one of Spain's most brilliant surgeons, that he used serum injections "to prevent and combat surgical shock, in the anæmic and neurasthenic; and in cases of peri-uterine inflammations, without hardening."

TRIETHYLAMINE IN RESPIRATORY DISEASES.

Dr. Señor Valenzulla, Physician to the Hospital of St. Fernandez, communicated a paper before the same body on the value of Triethylamine in inflammatory diseases of the respiratory organs. The drug is given by inhalation: pneumonia, bronchitis, laryngitis, and catarrhal troubles yield quickly to the remedy. Inhalations are continued for five minutes at a time. Convalescence is quick and unmarked by any unfavourable symptom.

THE TRAINING OF THE STUDENT IN OBSTETRICS.

By ROBERT REID RENTOUL, M.D.

IN 1890 I prepared a petition which was presented to the General Medical Council, in which attention was called to the dangerously inadequate education of the student in obstetrics. The Recommendation of the Medical Council to the Examining Bodies (which was passed in May, 1888) was, that the student should attend for three months the indoor practice of a lying-in hospital, or have been present at not less than twelve labours, at least three of which he should have conducted personally under the direct supervision of a registered practitioner. This Recommendation the Medical Council re-affirmed in 1890 and in 1891. As the Council refused to perform its duties to the public in this question, I asked the British Medical Association in 1895 to petition the Medical Council, and at last the Council has, in June, 1896, agreed to alter its death-dealing Recommendation. It now recommends that each student "shall have been present at not less than twenty labours, at least five of which shall have been conducted throughout under the direct supervision of a registered practitioner." Thus, the total confinements to be attended by each student has been increased from twelve to twenty, and the number to be personally conducted throughout under the direct supervision of a medical practitioner from three to five. It is to be noted that these twenty cases are the very minimum number which the Medical Council state that each Examining Body should insist upon each student attending. The Medical Council has also recommended that the following form of certificate be used by a practitioner when certifying to the student's attendance:—"I certify that . . . has personally attended . . . cases of labour under my supervision, of which . . . were conducted by him in my presence—also, that he attended under my supervision the women in question during the puerperal period. Signed . . . Registered Medical Practitioner."

I would call attention to some of the words used in the above Recommendation. Thus, what is meant by the words "puerperal period" in the certificate. Is this period seven, fourteen, twenty-one, or thirty-one days? I think it should be taken to mean at least fourteen days. Although the Registrar-General of Births and Deaths defines it as thirty-one days.

Again, what is meant by the words "have been present at?" I noticed the Education Committee asked the General Medical Council to use the words "having attended," instead of the words "present at," and that the Council refused to adopt them. If they mean that three or four students are to be "present at" one confinement—one of them conducting it, then this suggestion is of little practical use; more especially if no practitioner be present to instruct them. Again, what do the words "supervision," as used in the certificate, and the words "direct supervision," as used in the Recommendation, mean? In the latter case, the Council mean that a practitioner should be present with the student during the entire labour; and in the former, that the practitioner should go with the student to each case, but should not stay with him. This is borne out by the Report of the Education Committee, which was adopted (by) as the Report of the Council, which suggests that the student should conduct his first five confinements in the presence of a practitioner, while the remaining fifteen can be conducted under indirect supervision. It is also to be noted that *all* the cases must be attended under the supervision of a practitioner, and that consequently if a student conducts confinements under the supervision of a midwife, or by himself, such attendances will not count. I hope the Deans of the Medical Schools will note this point, as I am told that the Deans, or Lecturers, often fill in the certificate of the attendance when the student has conducted confinements by himself, or with a midwife. I also trust that those practitioners who take a student as a pupil for six months of the fifth year, as recommended by the

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General Medical Council in 1888, will be most careful, as it is to be remembered that this small recognition of a reversal to the apprenticeship system is opposed by a large number of Medical School Lecturers.

I think it a great pity the Medical Council failed to make the minimum number of confinements thirty. But when it is known that a certain number of Members of the Medical Council sneer at obstetrics, and resent its being placed on the same educational level as medicine and, surgery, it is not difficult to understand its apathy. If the Medical Council would remember that from the national and public standpoint, the efficient education of students in obstetrics and in the puerperal diseases of women, and newly born infants, is of much more vital importance than his education in what we call medicine and surgery, we should not have the shocking facts that from 1871 to 1894, at least 50,542 women died in England and Wales from puerperal fever, and 52,819 from the accidents of childbirth, and also, that the infantile death-rate is enormous.

If we look further into the Recommendations of the General Medical Council in regard to (a) the attendance of students on lectures in obstetrics and puerperal diseases of women, and newly-born infants, and (b) on clinical instruction upon these, we find the General Medical Council simply recommending, in their issue on "Professional Education," that no candidate should be qualified without a sufficient knowledge in midwifery including diseases peculiar to women and to new-born infants; while in their issue on "Professional Examination" they recommend "that the candidates should have been tested" in these subjects. What is the result of this slovenly system? It is, that some Examining Bodies require the students to attend *lectures* for six months in obstetrics, others for three months, and others again, "one course," while as regards "clinical instruction" in these subjects some require six months, some three, and some no such instruction. It is very difficult to understand why the General Medical Council suggest this "go-as-you-please" style to the examining bodies. If the General Medical Council is to be something more than in name, the supreme "General Council of Medical Edubation" it must surely prove its right to this title. In 1895, I called attention to the fact that the University of Oxford did not require of candidates for its M.B., any attendance whatsoever on lectures, or clinical instruction or on confinements—a serious lapse now rectified.

For, so far, the Medical Council has failed in its duty to the public in this question of obstetric education. The present down grade competition between not a few of the Examining Bodies, and the search for cheap education should make the Medical Council see it to be their duty to "whip up" the educational laggards, and watch carefully the back-door Examining Bodies. It is pleasant to note that lately in Aberdeen a Maternity Charity has been established, while a similar institution will soon be opened in Dundee. If our Poor-law Infirmaries were utilised for the education of students in obstetrics, and if a modified plan of apprenticeship were adopted, obstetric education would advance, and thirteen women in England, would not, each day, lose their lives owing to the so-called "accidents" of childbirth.

I would suggest to the Medical Council and Examining Bodies that they adopt the following as their Recommendation, in obstetric education:—

(*a*) Each candidate before presenting himself for his final examination shall produce proof that he has personally conducted throughout at least thirty confinements under the immediate supervision of a registered practitioner and has attended such mothers and infants for at least fourteen days after the confinement, under the supervision of a registered practitioner.

(*b*) That he has diligently and continuously attended for at least six months in a lying-in hospital, or the maternity department of a general hospital, or dispensary, clinical instruction in the diseases of women and infants.

(*c*) That each candidate shall have attended a course of at least six months lectures upon obstetrics, puerperal diseases of women and infants.

(*d*) That the certificate of attendance upon confinements shall include the names and addresses of the women attended by the student and the date of each confinement; as well as the signature(s) and address(es) of the practitioners under whose immediate supervision the student conducted such confinements.

(*e*) That when the student has conducted any of the thirty confinements under the supervision of any unqualified or other person whose name is not in the *Medical Register*, such certificate shall not be accepted by any Examining Body.

(*f*) That when the number of hospital maternity patients is limited, the Examining Body shall accept the certificate of the student's attendance upon confinements when such have taken place under the immediate supervision of Poor-law Medical Officers or other medical practitioners recognised for this purpose by the Examining Body.

(*g*) That no Examining Body shall accept any certificate of attendance upon confinements whenever his certificate shows that the student has been engaged in dissections, or attending post-mortem classes, or fever patients, during the same time as that in which he has attended confinements.

I feel certain that if the General Medical Council and all the Examining Bodies will go one step further, and accept the above suggestions, a very marked public health gain will follow. It is of much greater importance to pay more attention to the *education* than to the *examination* of medical students, as it is very difficult to test the knowledge which a student may have, either in a written or oral examination.

The alteration already made in the Recommendation of the General Medical Council is largely due to the labour of our Direct Representatives, and to them, and especially to Mr. Wheelhouse, our earnest thanks are due.

NOTE ON PARKNASILLA AS A HEALTH-RESORT. (*a*)

By D. EDGAR FLINN, D.P.H., F.R.C.S.I., M.R.C.P.I.,

Examiner in State Medicine, Royal Colleges of Physicians' and Surgeons, Conjoint Board.,

THERE are few wants more sensibly felt in this country than that of a suitable health-resort to which, without leaving their own country, persons suffering from chronic forms of disease, or convalescing from some acute form of illness, may have recourse without undue expense or need of long travel; and my object in this short communication to this Section is to draw attention to a hitherto comparatively unfrequented district in the south-west of Ireland which has been lavishly endowed by nature, and possessing most of those advantages which make a health-resort salubrious and attractive.

Where is Parknasilla? is a question that will naturally arise in the form of inquiry by many. Parknasilla is situated on the northern shore of Kenmare Bay, a bay rich in beauty, and with singularly indented coast lines. Its well-sheltered position amidst a number of islets, thickly wooded down to the water's edge, has endowed it with unique advantages. This protective area gives to Parknasilla claims of a special character, and prevents the access to it of all winds except those coming from the warmer points—viz., South, and South-west, these winds, before reaching the southern coast of Ireland, having travelled over the Gulf Stream, and being thus subjected to its moderating and balmy influence.

We all recognise what elevation of the land will do for any place, particularly if it shelters that place from winds blowing from the cold quarters. Thus mountain protection is of supreme importance in the choice of a health resort, more especially in the winter and spring seasons of the year. In this regard Parknasilla is exceptionally favoured, a mountainous range closely guarding and protecting it from the northerly and easterly winds. The combination of mountain, wood, and water gives a special charm to this locality; and a convincing evidence of the mildness of the winter and early spring here is the forward character of the vegetation, the early budding of the trees, shrubs, and flowers, all bearing testimony to the mildness

(*a*) Read before the Section of State Medicine of the Royal Academy of Medicine in Ireland,

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of the climate. Temperature rapidly tells its tale on the vegetable world, and there can be no more reassuring proof of the equable and balmy character of the climate of a district than the early growth of flowering shrubs, plants, and table produce.

The position of this favoured and sheltered sea inlet upon the isothermal map shows it to have a mean annual temperature of 52°, being similar in this regard to its neighbour, Glengarriff, and registering a higher mean annual temperature than Ventnor or Torquay. The mildness of the climate in the earlier spring months is of such a character that exercise can be freely partaken of in the open air daily, without risk of chill, and this to the invalid is of paramount importance. No record has, as yet, been regularly taken of the daily sunshine, or of the rainfall, but so far as could be ascertained, the rainfall does not appear to be excessive. To sufferers from chronic or recurrent affections of the respiratory organs, Parknasilla in the winter and early spring months would appear to be indicated as a most desirable place of residence. I have had the advantage of two recent visits to this district, and feel convinced that when it becomes better known Parknasilla will prove a veritable haven of health and rest to the chronic invalid and the convalescent, as well as a delightful retreat to the busy man of the "world's mart," who may need a temporary repose from the worries and cares of daily life. Parknasilla is about a two-hours' drive or thereabouts from Kenmare, the drive being one of exceptional beauty and interest.

The number of health-seekers and invalids who annually leave our shores is very large, and the amount of capital that is thus lost to the home health resorts is very considerable. Here at our very threshold we have several health resorts—notably, Glengarriff, Parknasilla, and Rostrevor, which, from a climatic point of view, afford special advantages to the invalid world at the more critical seasons of the year, and they are justly entitled to our warmest consideration and support.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, JULY 1ST, 1896.

The President, Dr. CHAMPNEYS, in the Chair.

THE ÆTIOLOGY OF GONORRHŒA.

DR. F. J. MACCANN read a paper on this subject containing reference to previous observations which had been made, with the object of throwing additional light on this complex question. He pointed out that many workers had confined their attention chiefly to one group of cases, or had drawn conclusions from a single case, methods which were eminently fallacious. As a true understanding would only be arrived at by studying the gonococcus as it occurs in the discharges, abscesses, and the like in the male suffering from gonorrhœa, in the female, and in the eyes of the newly born, together with cultivation and inoculation experiments, an investigation had been carried out on these lines, the results of which were detailed. After describing the method of investigation he defined the gonorrhœal organisms as a diplococcus, each half bean-shaped or reniform, with the concave surfaces looking towards one another. It generates by fission and has a highly refractile envelope. The majority of the organisms measure over 1 μ in length, but he pointed out that size was not of much importance as an aid to diagnosis. Fuchsin was the best stain by reason of its: (1) rapid action; (2) small risk of over-staining; (3) strong solutions may be used. Contrast stains could be obtained by using an alcoholic solution of eosin and methylene blue. Gram's method was not a conclusive test, diplococci simulating the gonococcus. The essential points to be remembered in staining specimens, whether cover-glass preparations or sections, were. (1) to use fresh staining reagents; (2) to filter all stains before use; (3) to allow specimens to stain for a definite time until sufficient experience was gained to differentiate the exact colouration required. Gonococci were seen lying free either in colonies or as separate and distinct diplococci. They never formed chains. They surrounded the pus cells and lay on their surface. The greater number were contained within the pus cells. The arrangement in relation to the nucleus was not characteristic as stated by Bumm and others. The author then described the gradual process of pus-cell destruction, and described in detail the relation of gonococci to epithelial cells and the stages of epithelial cell destruction. He insisted on the occurrence of true gonorrhœal vaginitis, adding that pregnant women were especially liable to be thus affected. The vulvo-vaginitis of infants and children, he classified as gonorrhœal and non-gonorrhœal. He explained how the sound and other instruments might act as causes of the upward spread of the gonococcus, ending in implication of the Fallopian tubes and ovaries. In respect of the recognition of the gonococcus by the aid of the microscope he said that its form was not characteristic nor its size trustworthy. The action of staining reagents was useful as a confirmatory test, a third test being the arrangement of the gonococci in relation to the pus-cell nuclei. Although no one of these three signs was characteristic, yet when they occurred together there was strong presumptive evidence of the organisms being the gonococcus. He stated that gonococci were present in the pus of every untreated case at some period or another. Secretion free from gonococci did not cause a gonorrhœal inflammation, but secretion containing gonococci even in small quantities affected sensitive mucosæ with absolute certainty. If no gonococci were found they could not say the disease had not been gonorrhœal, clinical evidence being relied upon to decide this question. Before concluding that gonococci were absent from a discharge, certain sources of error required to be avoided, viz.:—1. Small, ill-developed examples might be observed (Involutionformen). 2. Owing to the scarcity of gonococci in the pus, they may be overlooked, especially where only one or two preparations are made. 3. Where numerous other organisms are present, *e.g.*, in pus from the cervix uteri, the gonococci may be hidden. 4. The gonococci may be embedded in the mucosa, appearing only at intervals in the secretion. He insisted on the practical importance of Neisser's discovery, and gave the results of certain inoculation experiments.

DR. HORROCKS asked whether the author wished them to understand that a previous attack of vaginitis predisposed to gonorrhœa, or whether he meant that an attack of gonorrhœal vaginitis predisposed to other forms of vaginitis. It used to be taught that repeated attacks of gonorrhœa in the male not only did not predispose the subject to further attacks, but that, in the long run, a certain degree of immunity was acquired. There were certain facts in pathology which tended to support such a view. What they greatly wanted was a simple and easy means of discovering the presence of the gonococcus. At present, even if the gonococcus were not found in the discharge, it was not absolute proof that it was not due to gonorrhœa. He asked the author to state definitely whether gonorrhœal discharge freed from the gonococcus was still capable of giving rise to gonorrhœa.

DR. EDEN also raised the question whether gonorrhœal secretion freed from gonococci did not give rise to inflammation at all, or that it did not cause gonorrhœal inflammation.

DR. DAKIN asked how long the author supposed that endometritis or salpingitis might be caused after a given attack of gonorrhœa.

DR. CULLINGWORTH asked the author what he considered to establish satisfactorily the gonorrhœal origin of a given attack of salpingitis, especially in cases in which the diagnosis was based on purely clinical data, and in which they were not privileged to examine the contents of the sac bacteriologically.

DR. MACCANN in reply observed that it had been held for a long time that there was no such thing as gonorrhœal vaginitis, mainly on the authority of Baum, but this view had since been disproved. His view was that a previous attack of vaginitis would predispose to gonorrhœa. In the present state of their knowledge of the subject one can only apply the term gonorrhœal to secretions in which the gonococcus could be detected, this allowing them to distinguish such inflammation from inflammation due to septic causes. Although the secretion free from the gonococcus did not give rise to gonor

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rhœa it very often caused septic inflammation. In this way a woman might contract a septic endocervicitis from a man who had a non-gonorrhœal puriform discharge. He thought a year would be about the limit he should put in ascribing a given case of salpingitis or endometritis to an attack of gonorrhœal vaginitis. Personally, he had never been able to find the gonococcus in cases of over a year's standing. He urged that all cases of pyosalpinx ought to be examined for the gonococcus. It might not be found in a certain proportion of the cases, but in that case they would have to rely mainly upon the clinical history.

A CASE OF TRUE UNILATERAL HERMAPHRODISM WITH OVOTESTIS.

Dr. G. F. BLACKER and Mr. T. W. P. LAWRENCE showed a specimen obtained from a 8½ months fœtus. No other deformities were present. The external genitalia consisted of an imperforate penis-like organ surrounded by folds of skin like labia minora. The internal genitalia consisted of a unicornuate uterus with, on the right side, a well-developed Fallopian tube, ovary, parovarium, broad ligament and round ligament. The left broad ligament, less well-developed, contained a left genital gland with a tongue-like process, a rudimentary Fallopian tube and a patent Wolffian duct, convoluted at its outer end and representing an epididymis and vas deferens. The latter passed into the upper part of the vaginal wall. The small tongue-like process portion of the left gland, the ovarian part, was attached to the Fallopian tube by the ovarian fimbriæ, and the main part of the gland was connected with the epididymis by fine tubules running in the fold of peritoneum uniting the two. Microscopical examination showed the right genital gland to have the structure of a mal-developed ovary. The tongue-like process and adjoining part of the left gland presented a similar structure, while the remaining portion of the gland showed distinct tubules running from the periphery to the hilum, where they formed a species of rete. From a consideration of the anatomical relations and microscopical structure they had come to the conclusion that the right gland was an ovary and the left an ovotestis. The specimen, therefore, was an undoubted example of true unilateral hermaphrodism. This appeared to be the first case of the kind occurring in man recorded in the literature of the subject.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF PATHOLOGY.

MEETING HELD FRIDAY, MAY 29TH, 1896.

The President, DR. CONOLLY NORMAN, in the Chair.

CHRONIC RHEUMATIC ARTHRITIS IN BALENOPTERA ROSTRATA, THE RORQUAL.

DR. E. H. BENNETT exhibited part of the skull and first cervical vertebra of a rorqual, balenoptera rostrata, which had been dissected by Dr. Dixon on the shore of Achill Island. The articular surfaces showed the eburnation and polish of chronic rheumatic arthritis. Dr. Bennett enumerated a great number of mammals in which he had observed the disease, and discussed the grounds on which he made the diagnosis in this rare instance.

The PRESIDENT asked whether any other joints were affected.

Sir W. STOKES wished to know whether there were any other evidences of chronic rheumatic arthritis present besides the polished condition of the bone, as that was met with in such a variety of circumstances.

Dr. DOYLE said a section had been made through the bone with a saw, which showed that the ivory condition was not confined to the surface of the bone, but was also present in the substance of it, and the bone was very dense in that part. The amount of animal matter in bone diminished with age, and so it was more likely to take a polished condition.

Dr. DIXON said there was a considerable amount of intervertebral substance between the bones when he got the specimen, and so the polish was not due to the sand acting on it. The stones by the seashore never got so bright a gloss, although they were harder. No other joint was affected. They were all examined. The vertebræ of the neck were degenerating structures in this species. This was shown by two of them being often fused together. Perhaps as degenerating structures they were more liable to disease.

Dr. BENNETT said besides the three causes he had mentioned he did not know of any others which would produce this kind of polish. The bones had not lain long across each other, and there was no evidence of suppurative arthritis, and so it was due to chronic rheumatism. A saw cutting through dense bone would give it a polish.

CHRONIC RHEUMATIC BURSITIS AS A PRIMARY DISEASE OF THE BURSÆ

Dr. E. H. BENNETT presented a pelvis with the lumbar vertebræ attached to it and the upper part of the left femur with the hip-joint. He demonstrated the existence of chronic rheumatic bursitis in the bursæ, beneath the tendons of both the internal obturator muscle and the pelvic attachments of the hamstring muscles to the ischial tuberosities, and also in the bursa of the great trochanter. He referred to his previous publication in 1882 of similar specimens in which the bursal disease occurred as primary disease, independent of disease of the neighbouring joint. These sites of the disease in which there are no cartilages, prove that it is not an essential disease of cartilage.

Sir W. STOKES said the late Mr. Adams had a great dread of interfering with these bursal tumours associated with chronic rheumatism, especially when in association with the knee-joint. He wished to know whether Dr. Bennett thought they should be interfered with.

Dr. BENNETT said he greatly favoured Mr. Adams' views. No very active interference should be attempted. In a case he saw, where both patellar bursæ were affected, treatment by pressure caused the fluid to disappear. He did not know whether it afterwards returned. In a case of suspected sciatica, this disease of the bursæ, without any signs of disease of the neighbouring joints, should be kept in mind. It was not mentioned in any text-book, but he had seen it several times in the dead body.

Dr. O'CARROLL exhibited a case of retro-peritoneal sarcoma.

Dr. PARSONS related the "Sequel to a Case of Arsenical Multiple Neuritis."

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, July 4th, 1896.

ARTIFICIAL SERUM.

M. Pozzi read at a meeting of the Academie de Médicine, a paper on Subcutaneous Injections of Serum in Operative and Puerperal Septicæmia. Their efficacy was particularly marked in cases of hæmorrhage, of shock succeeding operations, nervous depression, &c., and when employed at the outset of septicæmia following operations or delivery, the penetration of massive doses of the saline solution was in many cases beneficial. To prepare these injections, sterilised water should be used, to which is added from 7 to 10 per cent. of chloride of sodium and raised to a temperature of 104°. From two to three litres could be injected in the twenty-four hours at different times; the effect began to show itself after a quarter of an hour.

What was the mode of action of those injections? It was certainly somewhat complicated. First, by raising the intravascular pressure, they increased the strength of resistance of the patient gaining him time to continue the struggle. In cases of septicæmia, it might be supposed that new corpuscles were formed and that the kidney by its increased secretion provoked the elimination of the toxines. It was consequently very important to assure oneself of the integrity of the renal organ before having recourse to the injections.

M. Reclus said that he recently practised an intravenous

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injection of artificial serum in a case of rabies in a boy of fourteen. The general condition of the patient seemed to have been improved after the operation, but the boy died in two hours.

M. Lucas declared that several times he obtained good results in grave hæmorrhages from the employment of subcutaneous injections of artificial serum. As to septicæmia, he had never witnessed any good effects from the operation. In any cases the injection should not be made by the veins as œdema of the lungs might be the result.

SCIATICA.

At the meeting of the Societé de Chirurgie, a member related a case of sciatica rebellious to every kind of treatment, which he succeeded in curing by laying bare the nerve and separating its fibres to a certain extent; the nerve was found thickened by the dilatation of multitudinous veins. These vessels were broken down by the point of a forceps and a solution of chloride of zinc (1 per cent.) applied.

RESECTION OF THE RECTUM.

M. Chaput announced that out of ten resections of the rectum according to the Kraske method, and performed by him, eight were successful. Six of these were followed up closely, in three of which a relapse occurred very quickly; the remainder, operated two, three, and five years ago, were doing well. Prolapsus was a frequent sequence to resection of the rectum, but in two cases, at least, he was able to avoid it by twisting the upper end of the intestine, as recommended by Gersung.

The Kraske operation consequently appeared to the speaker to be attended with little danger, and according to his experience cancer of the rectum relapsed less frequently than elsewhere.

As to the operation, he advised making the anus on the transverse colon two days previously. He made the incision in V, resecting the coccyx, but respecting the sacrum. When possible he sutured both ends; otherwise he fixed to the skin the upper end twisted, according to the method of Gersung.

A DIAGNOSTIC SIGN OF AGUE.

A military surgeon, established in a malarial district in France, draws attention to a particular slate colouring of the nails occurring only in persons subject to intermittent fever, and of considerable value for the diagnosis of the latent form of ague. This special colouration appears before the rigor and attains its maximum about the middle of the hot stage, decreasing afterwards progressively until it disappears altogether towards the end of the sweating and last stage.

Different clinicians have already drawn attention to the cyanotic colouration of the nails in intermittent fever but no one had thought of ascribing it any particular signification, putting it down simply to troubles of the circulation engendered by the rigors.

According to the eminent French surgeon this "nail sign" is never absent in true attacks of ague; he attributes it to some modification in colouring qualities of the hemoglobine.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, July 3rd.

THE TUBERCULINE TREATMENT OF PHTHISIS.

THAT the tuberculine treatment of phthisis has not been altogether abandoned as a failure is shown by an article on the subject in a recent number of the *Deutsche Med. Zeitung* by Dr. Kaatzer, Badearzt, in Bad Rehburg, in Hanover. For five years Dr. Kaatzer has been carrying out this treatment, and his conclusions are, on the whole, in its favour. It is to be borne in mind that cases of mixed infection, those in which suppuration is actually taking place, must be sharply distinguished from cases of simple tuberculous infection. In the former class the suppuration must be overcome before the tuberculine treatment can be effective, and it is well to bear in mind that it was in that class the alleged failure occurred. Because the treatment was found to be of no service in mixed cases, the conclusion was perhaps rashly arrived at that the treatment was a failure altogether. Koch himself never claimed that tuberculine was a remedy for staphylococcus and streptococcus infection, nor, indeed, for any infection but that of pure tubercle.

The duration of the treatment was:—

6 weeks in	1	patient.	16 weeks in	2	patients.
7 ,,	1	,,	17 ,,	2	,,
9 ,,	2	,,	18 ,,	3	,,
10 ,,	4	,,	32 ,,	2	,,
11 ,,	3	,,	51 ,,	1	,,

A striking symptom was the increase in weight observed in the cases treated, amounting on an average to as much as 13½ lbs. per head. This showed at the least that the tuberculine has no bad effect and that it can be used without harm to the patients. The usual treatment was not omitted in any of the cases, and the author claims that by the combined method recovery is brought about more quickly, more certainly, and more agreeably than by treatment without tuberculine.

He summarises his conclusions as follows:—

1. The tuberculine treatment of pulmonary phthisis is, so long as proper individualisation is observed, and there are no complications, free from danger and successful.

2. Mixed infections must be overcome by hygienic, dietetic, and climatic treatment before the tuberculine treatment is begun.

3. The nutrition so far as it is expressed by the varying body weight is not influenced in the least unfavourably by the treatment.

4. By the combination of the tuberculine treatment with that hitherto recognised recovery takes place, more quickly, more certainly, and more agreeably than was the case formerly.

5. Treatment in institution of proper cases under direct medical supervision and in suitable localities affords the greatest certainty.

6. The rejection of tuberculine treatment is not justifiable.

THE SURGICAL CONGRESS.

Hr. Angerer, Munich, discussed the

PERMANENT RESULTS OF THIERSCH'S NERVE EXTIRPATION.

Out of twenty-six cases on whom fifty-two operations had been performed, the neuralgia recurred in seven. He thought a case could not be considered as permanently cured until after the lapse of four years. In one case that had been operated on by Gussenbauer, and in which there was a return of the disease, he found no nerve in the infra-orbital foramen, but in the supra-orbital there were some thin nerve branches, and after the extraction of these the patient remained free from further attacks. It was very important to extract the nerve very slowly, as otherwise large pieces might be left in. In one case he

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had succeeded in extracting a piece 20 ccm. in length. He would not be satisfied with extracting only the offending branch, but he would advise the removal of all the branches of the side affected. If attacks persisted after that the only resource then left was intra-cranial operation, of which Krause's method was the best.

Hr. Krause, Altona, had frequently seen attacks recurring after Thiersch's operation.

Hr. Credé, Dresden, addressed the meeting on

Silver as an Antiseptic.

He said the bactericide action of pure metals had been determined by Miller and Behring, and confirmed by himself. Lactate of silver was a white amorphous powder soluble in 15 parts of water, citrate of silver was soluble in 3,800, and therefore did not admit of dangerous absorption of the metal. It had been introduced into commerce under the name of "Itrol." Silver acted antiseptically in dilution of 1 in 80,000, whilst a dilution of 1 in 20,000 of sublimate had no antiseptic properties. He had now been working with silver citrate for 7 months and had been extraordinarily satisfied with the results; it did not produce the slightest symptoms of an irritant and rendered possible a course perfectly free from reaction. Metallic silver was the best protection for small wounds, which could be left to heal up quickly under it; for if infection set in secondarily the lactate of silver produced by the bacteria, prevented their further growth. As silver leaf stuck to the hands, and was used with difficulty he had had it pressed upon linen, and rolled up. In order to permit of cavities being packed with it, he had had gauze impregnated with the finest leaf, and used as tampons for wounds, in the same way as iodoform gauze. Seeing its effects on external wounds, led to the thought that it would also be useful in the treatment of acute infectious diseases. He would report on this in a pamphlet that was appearing shortly, that was being published by Vogel, Leipsic, and would only mention then that he had treated 5 cases of erysipelas with silver lactate, that at first he saw no effect, because the doses were too small, that a decided effect was produced, however, when he gave larger doses, 0·5 to 1·0 grm. of the lactate and that it was well borne, both by the mouth and subcutaneously.

Hr. Kölliker, Leipsic, recommended iodoform.

Hr. Saniter, Königsberg, said the best method of skin disinfection was by soap and water, washing afterwards with alcohol and then carbolic acid or sublimate. There might still be a germ present by accident, but it was questionable whether it was of much importance, as within twenty-four hours the sutures and secretion from the wound would be full of bacteria.

Hr. Lexer, Berlin, followed with a paper on

Experiments on Osteomyelitis.

By injections of weakened cultures of staphylococcus pyogenes aureus into animals he had succeeded in producing an osteomyelitis extraordinarily like that of the human subject. In two cases the bone disease was the only effect of the injection. He next succeeded in setting up osteomyelitic changes by injecting staphylococcus pyogenes albus, but in this case they did not appear until after the lapse of some weeks. In some cases he saw inflammatory processes in the medulla of growing bones. He mentioned two cases in v. Bergmann's Klinik as peculiar. In one streptococci was the excitor of the disease, and in the other it was due to pneumococci

Death Rate in the German Army.

Improved hygiene and sanitation have reduced the death rate in the German Army from 6·9 per thousand in 1870 to 2·4 in 1894. During the Franco-German War the the French lost 23,40o men from small-pox, while the Germans, who had strictly enforced vaccination for thirty years, lost only 300 men from this disease. Since 1873, only two soldiers have died from small-pox in the German Army.

Austria.

[from our own correspondent.]

Vienna, July 3rd, 1896.

Ecchinococcus.

Prof. Weinlechner showed a patient, æt. 48, who was received into Neusser's wards complaining of swelling on the right side, which was subsequently diagnosed as ecchinococcus. On her reception into the wards she had icterus, swelling over the stomach, and a temperature ranging between 30° and 40° Centigrade—86° and 104° Fahr. He operated and removed two litres of fluid of a thick decompesing character; washed twice daily with a solution of common salt till the wound healed. During this period a third of a litre of sherry was thrown in to assist in the disinfection, as well as aid in the removal of the larval sacs, of which there were about 400 grms. taken from the wound. The patient is now hale and hearty. with nothing more than a crescentic scar under the xyphoid process.

Pelvi-trochanter Osteotomy.

Lorenz showed to his clinic another case of orthopædic surgery which he is pleased to call Pelvi-trochanter Osteotomy. The first principle of his operative treatment for ankylosis is to avoid interfering with the bone in the correction of the deformity. Where the bones are firmly ankylosed the linear osteotomy may be practised in order to reach the internal fixture, where the chisel may be required to separate the adhering structure. His method of procedure in ordinary cases is to liberate the soft structures on the highest point of the ankylosed joint, which is sufficient to correct the malformation without inducing any other displacement which often occurs in excision or resection. The advantages for this operation are: its complete restitution of a deformed joint without the danger incidental to major undertakings; the patient need not be confined to bed, as a properly applied "stirrup" apparatus will admit of walking about on the following day; the result is a useful limb, not one swinging about like a garment on a line, which frequently occurs when the supports have all been removed; while recurrence of any future contractions are not so likely to appear from auto-movement, and the minimum of surgical operation, which is mostly performed subcutaneously.

Acute Yellow Atrophy of the Liver in a Child.

Merkel records an interesting case of this disease which occurred in a child, æt. 6, after eating two unripe apples. The proximat cause of the disease being uncertain, any immediate or hypothetical cause is usually acceptable for a beginning. The clinical symptoms always herald an intractable form of hepatitis, terminating fatally. According to Merkel's literature of the subject only 220 cases of the disease are at present on record, but the assumed causes are so varied in all that no trustworthy data can be deduced. The ages range from

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15 to 35 years. According to the history of his own case, which is far below the average age, the child became ill on the following day; no appetite, heavy and dull, with marked icterus. On the seventh day the skin and conjunctiva were deeply stained, pulse slow but strong, tongue foul, with a temperature of 37·4° Cent. (99 3° Fahr.). The spleen could not be palpated, the liver appeared to be two finger breadths above the margin of the ribs, while the urine was icteric but no trace of albumen. Eight days later the liver was only one half the size it was on the first examination, while the spleen could be easily mapped out. In the evening, convulsions commenced, unconsciousness supervened with the occasional protracted screams.

The cerebral conditions increased till the child died in a comatose state two days later.

Post-mortem: A tablespoonful of yellow fluid was found in the abdomen, mucous membrane of stomach, and duodenum swollen; gall-bladder easily emptied into duodenum, which was of a dark mucous character; the liver was granular on the surface, yellow generally on section, though reddish patches were present, which exuded a dirty brown fluid; when washed the substance was soft and friable; the organ measured 10 centimetres in breadth (3·937 inches), 13 centimetres in length (5·118 inches), 3 centimetres in thickness (1·181 inches.)

The microscope exhibited fatty degeneration of the liver-cells, surrounded by bile-colouring material; in the neighbourhood of the blood vessels there was a large accumulation of round cells.

GASTROTOMY.

Wölfer reviewed his favourite subject before the Congress from two points of vantage, viz., the past and present technique, and the influence the operation has on the disease in arresting its progress or relieving the patient.

The second part contained the greatest interest as it dealt first with the mortality which he said was 39·5 in the early operations, but had been reduced 6 per cent. within the last seven years by the improved methods in operation. He thought the success of an operation was in proportion to the shortening of the mesentery, although the nature of the disease would have a powerful influence over the recovery. In the case of Anus præternaturalis the recoveries were 78 per cent.; in tuberculous diseases the recoveries were 73 per cent.; cicatricial structure 65 per cent., while those operated on for new growths in the bowel had recovered only 46 per cent., in his own cases of 114, but most of these were carcinomatous. In resection of the pylorus, carcinoma is the common cause, and therefore tends to swell the mortality. Another fertile cause is the period of operation. It is usually late before this is undertaken, which greatly reduces the chance of recovery. Notwithstanding these adverse circumstances, Mikulicz, Krönlein, and Kocher have recently shown a very low mortality, but their individual cases do not exceed 10 or 15. Wölfler said his own cases numbered 92 with a mortality of 56·4. He observed 173 cases were operated on between 1888 and 1896 with a mortality of 31·2 per cent. For simple pyloric cicatrices the result was 10 per cent. better. The method of operating does not appear to affect the results. It may be ante-colica or retro-colica, intra-peritoneal or extra-peritoneal, without materially affecting the mortality.

The period of life after the operation is also variable. Among 120 cases operated on successfully 36 died within the next 11 months, 43 within 2 years, 28 within 3 years, and 18 lived between 3 and 6 years after the operation.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

AMPUTATION AT THE HIP-JOINT.—MR. BATTLE operated on the case of a girl, æt. about 24, the subject of disease of the hip-joint of four years' standing; she was admitted to the hospital towards the end of last year from the country, and appeared to have undergone surgical treatment in a provincial infirmary, there were numerous scars about the hip which were said to have resulted from operations. The left hip-joint was fixed in a straight position, and the patient complained of pain on attempted movement. There were several sinuses about the hip, the largest being over Poupart's ligament; through this bare bone could be felt; bone could not be felt from the other sinuses. The tissues between the scars were hard and œdematous. There was a good deal of discharge from the sinuses. The patient was pale and rather thin, but presented no signs of visceral disease, and there was no albuminuria. An exploratory operation was performed in February, and a good deal of carious bone gouged away from the pelvis. An abscess formed a few weeks' later in the adductor region, and latterly the patient had begun to suffer from a good deal of pain at night; there had also been slight hectic, the anæmia appeared to be increasing, and evidence of early amyloid change in the viscera was afforded by enlargement of liver and spleen with albuminuria. It was recognised that the patient could not long survive the prolonged suppuration which she had undergone, and it was proposed to remove the limb at the hip-joint. The risks of the operation were explained to her, and she expressed her desire to have it done. Furneaux-Jordan's method was adopted by Mr. Battle. The limb was bandaged with an elastic bandage to a point about the middle of the thigh, where the elastic band was put on; amputation by the circular method was performed in the lower third of the thigh, and the vessels secured in the flap; an incision was then carried along the outside of the limb from the top of the femur down to the point of amputation; this was deepened down to the bone, and the femur rapidly freed from the soft parts, no attempt being made to keep within the periosteum. The head of the bone, which had been partly destroyed, was found to be fixed in the acetabulum, there being a complete but irregular bony ankylosis; this broke down readily on pressure in the direction of adduction made by the dresser in charge of the limb, and the operation was rapidly completed. The patient lost comparatively little blood, forceps being quickly applied whenever a vessel of any size showed itself. The wound was washed out with perchloride solution and closed with interrupted fish-gut sutures, a drainage-tube being placed in the middle of the incision through an old sinus towards the hip-joint. Bicyanide dressings were applied, and the patient, who bore the operation extremely well, sent back to bed. Mr. Battle remarked that amputation at the hip-joint was rarely required in cases of hip-joint disease; he did not consider that this case was a particularly favourable one for the operation, as the disease of the pelvis was very extensive, but the indications that amyloid disease was supervening made it imperative that operation

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should be done at an early date, as otherwise there was not much chance of recovery. He had known of one or two cases of amyloid disease consequent on the prolonged suppuration produced by tuberculous disease of the hip-joint to terminate favourably, but they were only one or two; he had, however, known very many more die from the disease. It might be taken for granted that a child or even an adult would die within a few weeks if the cause of the disease was not arrested. It was well recognised, he said, in the profession that Furneaux-Jordan's method of operating for amputation of the hip-joint, when it could be employed, presented advantages over all others, as by it the shock was lessened, and the loss of blood diminished. There were sometimes advantages to be obtained by subperiosteal resection of the femur, as first recommended by Mr. Shuter, but Mr. Battle had purposely not adopted it in this instance, as there were numerous sinuses and somewhat extensive disease of the upper end of the femur, making it very probable that the wound would become infected by the tuberculous process. At the operation nothing was done to remove the disease of the acetabulum or of the pelvis, as it was not considered advisable to prolong the operation more than was absolutely necessary.

Acute Necrosis of the Diaphysis of the Tibia—Removal of the Entire Diaphysis.—The same surgeon operated on a case of necrosis of tibia, in which the whole diaphysis of the bone was necrosed. The boy, æt. about 8, had been admitted with a large abscess of his left leg, which was supposed to have resulted from a slight injury four days before. The case was evidently one of acute osteo-periostitis, and appropriate incisions were made on the inner and outer sides of the leg. The case did well, the sinuses diminished in size, and the upper epiphysis which a few days after the admission of the patient had been found loose, became firmer, as new bone was thrown out. The boy, however, appeared thin and white-faced, although his appetite was enormous, and it was considered advisable to remove the sequestrum rather than wait for a further development of new bone. The old sinus on the inner side of the leg was used as the centre of the incision, which was made about 4 inches in length; the new bone was peeled off the sequestrum with a raspatory, and after division of the shaft with large cutting forceps, the upper part was withdrawn, and then the lower, leaving a long trough which extended from the upper to the lower epiphysis. A carbolic plug was placed in the wound, and in the cavity from which the sequestrum had been removed, a firm bandage applied round the limb, and Esmarch's band, which had been applied from the beginning of the operation, was taken off the thigh, and the patient sent back to bed. Mr. Battle pointed out that it was unusual to meet with a complete necrosis of the diaphysis of the tibia. By far the larger proportion of severe cases ended in but partial necrosis; in the case of the tibia, the shaft might be removed at an early date, because the fibula acted as a splint in retaining the length of the tibia whilst the new bone was being thrown out. If, however, by any chance, suppuration extended to the tibio-fibular joint, the ligaments would soften, and corresponding shortening of the limb follow. This had actually occurred in a similar case which had been under his care some years ago, but the ultimate result had been very satisfactory, although the shortening of the limb was considerable as a result of the growing line at the epiphysis, yet the limb was strong and useful; the shortening due to weakness of ligaments was overcome by extension. There would be a tendency for the foot to fall inwards with the lower epiphysis of the bone, and careful attention would be required to prevent the shortening, which would otherwise ensue in consequence of the tonic contraction of the muscles.

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The Medical Press & Circular.

"Salus Populi Suprema Lex."

WEDNESDAY, JULY 8, 1896.

WHY MEDICAL LEGISLATION MAKES NO PROGRESS.

The voice of the grumbler is usually to be heard, noisy, and raucous, when legislative reforms are not effected in the law which governs his own interests, and it seems to us that it is well that the medical public, who think that such reform is easy, should be reminded that, under the existing Parliamentary system, it, as Mr. Gladstone said, "beats the wit of man" to forward an opposable class measure of any sort through the House of Commons. So little is known of the method of making laws and of the difficulties which beset those who undertake that disappointing *rôle*, that it seems to us worth while to explain to our readers why it is that medical organisations can do, and have done so little, considering the immense volume of energy which has been expended in trying to improve the condition of all classes of our profession. During a long series of past years "class" legislation has been almost impossible. The usual procedure is that, for a couple of months before the February meeting of the House, the "classes" are engaged in preparing Bills which seem likely to evoke the largest quantity of efficiency

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with the smallest quantity of opposition. They then try to get the Government to take up these Bills, to which a sternly deaf ear is generally presented, unless the measure is non-contentious, which no measure worth anything ever is. The measures are thus relegated to the cold shade of private Bills, and they may or may not receive the approval of Government, if they ever become subjects of "practical politics." Under these circumstances, the fate of a Bill in the approaching session depends in the greatest degree upon its "getting a place on the Notice Paper." The extreme importance of this achievement arises from the fact that, when Big Ben strikes midnight, any one M.P. can stop the progress of a Bill by simply rising in his seat, taking off his hat, and saying "I object." Out of the 650 Members there is almost always certain to be two or three who, though they may scarcely know the title of the Bill, not to speak of its merits, will stop it because it does not emanate from their own party, or because, more reasonably, they object to any legislation without sufficient discussion. The net result is that unless a Bill can get such a place on the Notice Paper that it will come on before midnight it cannot stir a step no matter what its merits may be. Now the position of a Bill on the Notice Paper is primarily at the discretion of Government, who can either favour a Bill by giving it priority, or can preclude its discussion by placing it tenth on the Notice Paper. The position of a private members' Bill is, however, supposed to be decided within the first two or three days of the session by the ballot. Each M.P. who puts his name down for ballot may, if his name luckily comes first out of the box, name the Bill which he wants to bring under discussion, and, if he does, the Bill so named has priority on private members' days as long as the Government pleases to allow private members to have any days at all. But it is the rarest chance for any one member to be successful in the ballot, and, if he is not successful, his little Bill is practically adjourned until next session. To avoid this an expedient is adopted, due to the fertile brains of Mr. Parnell and "Joey" Biggar. The whole of the members of a party, or a large number of members interested in some particular Bill agree together that they will all put their names down for the ballot, and that any one of them who is fortunate enough to be called shall nominate the desired Bill as his first measure. Thus, if, say, thirty members agree to act together, they can multiply thirty-fold the chances of a measure of being considered by the House.

But even supposing that a Bill is so happy as to secure a good place on the Notice Paper, it by no means follows that it will ever come before the House for discussion. Its best chance is when it is on the "Orders of the Day" for a Wednesday, because the House meets on that day at noon, and the rule which allows a member to block a Bill at midnight is inoperative. But even then the measure, when it has been read a first time, has all its troubles before it. Supposing it to have 90 per cent. of the House in its favour, it still has to face the danger of being "talked out" by someone who takes this means of extinguishing it, and who if at all fluent, and if the time is at all short, can easily keep the oratorical ball rolling until the Speaker is by rule compelled to adjourn the House. Then again, even if a measure is practically unopposed, its chances of getting along may be totally extinguished by the Government "taking private members days," *i.e.*, giving priority to Government motions on every day in the week. In that case the private members' day ceases to be available, and the Bill disappears from the Notice Paper unless the freak of nature occurs when the Government cares enough about the measure to give it a place on that document. The appropriation of private members' days by Government has come to be the rule rather than the exception in recent years, because the discussion of Government measures has come to be so acute and prolonged in comparison to what it once was. The waste of time and hurry-scurry in the House of Commons is difficult to appreciate. When Parliament opens the first business is the debate on the Address to the Queen, this being an opportunity for every individual with an idea to move the insertion into the Address of a paragraph embodying that idea, and thus discharge his duty to his constituents, and to advertise himself. Three weeks are usually occupied with this totally unproductive evolution of constitutional steam, but the time is not absolutely wasted because it serves to blow off the energies and extinguish the hopes of an army of political faddists. Next, the Government measures are introduced and read a first time, and this formal process often costs valuable days. Then comes Easter and a loss of ten days, and after Easter, the first business of Government is to get money. The Budget is introduced, and an oratorical conflagration ensues which gradually but certainly presses back the chances of the unhappy Private Member's Bill. Then comes the consideration of the Estimates and it is the usage that, on the motion that "Mr. Speaker leave the Chair and that the House do resolve itself into a Committee of Supply," and on every subsequent stage of Supply any or every question may be raised and prolonged debate instituted thereon. Eventually the Government gets into such straits in consequence of this frequently recurring waste of time that it has to seize private members' days and every other available opportunity, and, after all, to drop its own measures. Needless to say, that long before the slaughter of the Government innocents comes about, usually in the first week in July, the Private Members' Bills have undergone extinction. The Medical Profession, in common with all others who seek legislation for the improvement of the laws which govern their own speciality, will learn with much satisfaction that effectual means are likely to be adopted to clear away the obstructions to law-making interposed by the existing Parliamentary arrangements. The crumb of comfort above referred to, which we can offer to medical reformers is the probability that Government will have to agree to the adoption of some method or the suspension of Bills at the stage at which they are dropped and th

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discussion of them at that stage in next Parliament. At present, it is scarcely necessary to explain that a measure which fails to pass even at the ultimate stage in either House of Parliament has to be taken up *de novo* in next Parliament session and has to be re-discussed if it gets the chance. It has been many times proposed that measures shall be taken up in the House at the stage at which they have reached in the previous session, a suggestion which would commend itself to all business-like minds. That suggestion has assumed practical and influential form, and though there is a considerable class of politicians who object to piecemeal legislation, and think that the more class legislation can be obstructed the better, yet the chances of reform in this direction are slowly but certainly nearing us. It may be that very great constitutional measures shall be discussed and re-discussed many times before they are adopted as part of the law under which the British nation is governed, but it can scarcely be right or even reasonable that a parliamentary system should be maintained by which every measure which is open to criticism by even one M.P. should be excluded from consideration by Parliament, and that great interests should be thus compelled to stand aside year after year, and eventually to fall to the ground because Parliament is unwilling to give attention to their subject-matter.

HOLIDAYS.

IT is one of the fashions of the times to assert that holidays are more necessary now than they were not so many years ago. The reason usually alleged is that, owing to the high pressure and hurry of the present day, the human brain requires longer and more frequent rests than formerly, and that competition is so great, that a larger number of "days off" are absolutely necessary to repair the waste of grey matter used up in the inevitable struggle. We are inclined to think, however, that the holiday craze is going too far. The best mode of giving the brain tissue its required rest is not to indulge in furious "biking," nor yet to drowse away a week or a month in a sleepy hollow. The brain does not need, when healthy, even a week's rest: a good night's sleep is much more to the purpose. Still better is a hobby, and especially one which calls for some mental effort different from that required in the daily work. Any professional man who has no interests beyond his profession, or no chance of varying his daily duties, has our sincerest pity. To take the case of medical men themselves, the day's work is far more fitly ended by mental exercises of some difficulty rather than by desultory reading. In the first instance, the brain works in another groove to the benefit of all its functions; in the second, it may be said not to work at all, in the proper sense of the word, most of that which is read never reaching the higher centres. To turn again to the more general aspects of the case, how many business men now require their afternoon off, and their Saturday's and, it may be, their Sunday's stay in the country as well? For the benefit of the family, also, a house is taken in the country for two to four months, where the children learn to idle, and the breadwinner journeys long distances several times a week to town to do his work. The common sense expediency of this is not always obvious. We are not at all sure that holidays of more than ten days or a fortnight at a time are good for anyone who is in health and has work to do. For those who never do any real work all time is practically a holiday, and it is immaterial where it is spent. The return after a long holiday is usually signalised by restlessness, inability to concentrate the mind to the details of work, and, though this may appear paradoxical, by a proneness to attacks of disease. It would be quite worth while for someone to investigate the statistics bearing on this point. We ourselves have often noticed that more visits have to be paid in October and November, shortly after the holiday season, than in any other time of the year, except the end of February and the whole of March. Some may be disposed to ascribe this to increased liability to infection from insanitary houses or convalescent fever patients. But it is not fever cases to which we refer—they increase, indeed, at that time owing to the opening of the schools—but to the ordinary complaints of the respiratory and nervous systems. These are probably caused by recklessness with regard to rain and damp, innocuous in the country from the more active habits, and by the greater and sudden confinement to the house for a large part of the day. Short holidays two or three times a year are probably of more use than one long one, while, if the week-ends are often spent out of town, less than that is enough. The constant wish to get away from work, which is so characteristic of the present day, indicates little love for it, and that little love betokens degeneracy. Turning again to the medical side, those whose practice lies in the richer parts of a city often find now-a-days that the majority of their patients have flown to pastures new on the advent of summer. In some of the more residential districts, such is the passion at present for prolonged holidays, that families rent a country house for four months, and the doctor finds little to do. It is a fact that in one town, with a favourite watering place within an hour's journey by train, a fashionable physician finds it worth his while to go down in summer within easy distance of the pleasure resort, visit those of his patients who are living there, while he comes up to town daily to continue his ordinary work. It is a question whether the doctors who live in the west end of cities will not soon have to copy the habits of the British practitioners in the Riviera and practise in the favourite watering places of their patients in the summer months, returning to town at the close of the season. So extensive is the efflux of the monied classes from some cities that their physicians can only count on seven or eight months annually in which to make their bread and butter.

THE ORGANISATION OF DUBLIN STUDENTS.

A MEETING of the students of the Royal College of Surgeons, Ireland, and the Catholic University School was held on the 30th ult., for the purpose of considering the reply of the Council of the College to their memorial.

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That memorial, it will be recollected, protested against the appointment of a lady as Examiner in Midwifery and Gynæcology, and demanded that a male examiner should be substituted, and the answer of the Council was that, as it had duly elected a Fellow of the College who seemed to it the most capable of performing the duty, it could not accede to the request of the students. At the meeting there was, as might have been expected, a good deal of "tall talk" about the "boycotting" of the College, but a large majority of those present seemed to realise that to do this effectually was practically impossible, and, eventually, it was decided to form a Students' Association for the safe-guarding of Students' interests and for joining them together for social and athletic organisation. Everyone connected with the College and the profession ought to welcome such a proposal, and encourage its realisation. In matters of teaching, examination, and curriculum the students have a perfect right to their own opinion, and to express that opinion, and it is to be regretted that, when they have attempted to assert themselves, it has always been about something insubstantial or unattainable, while matters in which they have a real material interest have been allowed to pass without notice. For instance, when the General Medical Council burthened them with the incubus of courses on vaccination and psychology involving much waste of valuable time and hardly-earned money, when the same Council, at the instance of the Dublin dental apprentice-farmers, imposed a three years' apprenticeship on dental students at a cost of £150, and when the same Council insisted on interpolating a waste year of comparative idleness between their third and fourth examinations, the students seemed to be totally unconscious, and afforded no aid to the Council of the College of Surgeons, which, persistently and consistently, resisted all these valueless innovations in their interest. Furthermore, we have not observed that the Dublin students have ever made manifest, in any form, their indignation at the continuance of the system of wholesale rejection in physiology and histology at the collegiate examinations, which system has exalted these subjects far above anatomy, medicine, or surgery in the examination system, and has year after year stopped the progress of the students in Dublin towards their professional goal. We hear with great satisfaction that some of the purposes of the new students' organisation in Dublin will be to establish football, cricket, and other athletic clubs, and otherwise to improve the social and domestic life of the student. Might we venture to suggest that a chief part of their work ought to be to organise some improvement in their domestic conditions, to agitate for the establishment of residential colleges or homes, where they might live together in something like sociability and comfort, and thus extinguish for ever the abominable system under which a young fellow fresh from the country is relegated to a miserable lodging with the alternative of dozing away the evening after his day's work is over, or going forth to "do the town," a process perilous to him personally, professionally, and morally. We invite the Dublin students to act for themselves in these matters and not to waste their energies upon matters which, except as questions of sentiment, scarcely concern them, and we promise them that in any well-directed effort to reform the many salient abuses of their school they shall have the warm advocacy of the MEDICAL PRESS AND CIRCULAR.

Notes on Current Topics.

Wood and Rubber Deafness.

To the normal healthy individual the change in the conditions of life in big cities which has been brought about by the introduction of noiseless pavement is an unmixed boon. The "roar of a great city" has been toned down well-nigh to a lullaby wherever wood and asphalte have taken the place of the granite setts, and the almost universal use of rubber tyres on the swiftly travelling cab has further reduced the volume of noise. The citizen of the present day shudders to think of the time when the main thoroughfares were paved with blocks of stone, rattled over by iron-shod wheels. If, however, the comfort of the multitude has been secured, it must not be forgotten that additional risks have been created for the less fortunate of our fellows whose hearing is below the normal standard of acuity. An auditory apparatus which is fully equal to warning its possessor of the approach of a mediæval cab over mediæval paving, may fail to be impressed by the hum of a rubber-tyred vehicle over a wooden pavement. The result has been to very largely increase the proportion of persons who, for practical purposes, are to be considered as deaf. Then, again, the ubiquitous cycle, with its flash-like rapidity of motion and total absence of sonorous vibration, is a standing menace even to those whose hearing is fully up to the normal and the regulation tinkle is more calculated to startle than to afford adequate warning of impending disaster. It follows that greater reliance must now be placed on sight than on hearing, though, so long as vehicles are permitted to circulate after dark without carrying lights, even sight itself may not secure immunity from mechanical injury. These facts amply explain the steady increase in the number of pedestrians who are annually reported as killed or wounded in our streets. Slowly, but let us hope surely, a movement is gaining ground in favour of providing greater protection to pedestrians called upon to face the dangers of the streets in the shape of underground or overground passages. We shall probably soon see the first step in this direction at the Mansion House where the difficulty of crossing the congested lines of traffic reaches its maximum, and when the example has been given, we hope that it will be extensively followed at other centres of traffic. Another way of protecting inoffensive pedestrians would be to compel all noiseless and quickly-moving vehicles to carry a "jingle" of some kind, thus affording an indication of approaching danger automatically graduated in proportion to its imminence. In the interest of the infirm and the aged, this matter ought to receive attention at the hands of urban authorities.

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A Bone-Setter's Diagnosis.

A CASE which illustrates very well the practice of bone-setting has just been made public through the medium of the county court at Beverley, Yorkshire. Mr. W. Stephenson, a practitioner in the town, sued a tradesman for the sum of four guineas in respect of professional attendance upon his son. In November, 1894, the plaintiff was summoned to attend the latter for fracture of the left leg. In discharge of his duties in connection therewith, it was necessary to visit the patient altogether about twenty times. Ultimately the account was sent in to the defendant, but it afterwards transpired that the latter would not pay until he was compelled, by reason of the fact that he had consulted a bone-setter who stated that there had never been a fracture of the leg. The defence was that after the plaintiff's attendance the patient could not put his foot on the ground, but that after the bone-setter had seen him he was able to dispense with both crutch and stick. In support of this statement, the bone-setter himself gave evidence. He asserted that he had been a bone-setter for fifty years, and that when he examined the patient he found that there was an unreduced dislocation of the ankle-joint. He reduced the dislocation, and the patient at once walked without difficulty. His opinion was that the leg had probably not been broken. The patient, then, explained that it took him an hour and a half to walk from his house to the bone-setter's, a short distance, while after the bone had been put in its place he walked back easily. We have at some length entered into the details of this circumstantial case, and we have done so for the purpose of showing more prominently the sound common-sense of the verdict of the judge. The latter admitted that it was the most extraordinary case of which he had ever heard. There was no evidence that the bone had not been broken; on the other hand, there was the evidence of the doctor that a fracture had occurred. The dislocation of the ankle, he held, might have ensued afterwards. Consequently, he found for the plaintiff with costs, including the plaintiff's professional fee.

A Triumph for Mr. Anderson.

EVERYONE who has paid the least attention to the subject must admit that Mr. R. B. Anderson, from whom we published a pathetic letter in reference to his case last week, is fighting an uphill and arduous contest with the sound pluck of an Englishman. However, in the face of almost insuperable odds he is gradually making headway, and it would seem that only a little more perseverance and pertinacity is needed when the iniquity of the treatment that he has received will be understood by the public, and that a loud outcry will be raised on his behalf, which will not cease until justice has been done. The vitality of his case is not so much in his personal grievances, as in the fact that he is contending for rights, which violated with impunity in his case, could be equally violated in the case of any other subject of Her Majesty the Queen. Consequently the constitutional questions involved, for which he is striving, are those in which every Englishman is concerned. It may here be observed that Mr. Anderson achieved a notable triumph at the half-yearly meeting of the Fellows of the Royal College of Surgeons, England, on the 2nd inst. The following resolution, moved by Mr. Holmes and seconded by Mr. George Jackson (Plymouth), that—"The Council be requested to instruct its Representative on the General Medical Council to forward in every way which seems feasible the objects of the Civil Rights Defence Committee in the case of Mr. R. B. Anderson,"—was carried unanimously. Here is another instance of the practical support which Mr. Anderson has so far received from his College, of which he is a Fellow. We trust that the Apothecaries' Society, of which he is a Licentiate, will not be slow in emulating this good example.

The Council Election at the College of Surgeons, England.

THE annual election to fill the vacancies on the Council of the Royal College of Surgeons, England, took place on the 2nd inst., at the College in Lincoln's Inn Fields. The most remarkable feature of the ceremony was the utter absence of any apparent excitement in the contest. Perhaps on no previous occasion has there been so few a number of Fellows attending in person to record their votes. Doubtless, all this was due to the greater use which is being made of the voting papers, by which the necessity of attending at the College has been dispensed with. The poll was open from 1.30 p.m. to 3.30 p.m., and soon after four o'clock, the following were declared duly elected Members of the Council. Mr. Thomas Bryant (291), Mr. Davies-Colley (254), Mr. Pickering Pick (238). The unsuccessful candidates were Mr. George Pollock (206), Mr. Edmund Owen (182), Mr. Clement Lucas (173), Mr. W. J. Walsham (128), Sir William Dalby (88). From a political point of view, the result of the election may be said to be the loss of a seat to the reforming section on the Council, inasmuch as Mr. Colley takes the place of Mr. Cadge, whose vote was usually given in favour of the reforms now being advocated.

The Odours of Disease.

IT is well known that certain diseases have certain "smells" about them, which are more or less characteristic, but that many diseases are so distinguished is scarcely supported by clinical experience. However, an American practitioner has boldly attempted to give a long classification of maladies with which a pronounced odour is associated, and has also asserted that under these circumstances the exercise of the olfactory sense of the medical man would prove of great service in arriving at a differential diagnosis. These are the diseases especially mentioned, with their "smells":—Favus has the smell of mice; rheumatism a copious sour-smelling acid sweat a person with pyæmia has a sweet nauseating breath; the rank, unbearable odour of pus from the middle ear tells the tale of the decay of osseous tissue. In scurvy the odour is putrid, in chronic peritonitis musky, in syphilis sweet, in tuberculosis like stale beer, in intermittent fever like fresh-baked brown bread, in fever

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ammoniacal, in hysteria like violets or pine-apple. Measles, diphtheria, typhoid fever, epilepsy, phthisis, &c., are also mentioned as having characteristic "smells," but no attempt is made to define what their odours are. In reflecting however, upon this list, some measure of misgiving obtrudes itself as to whether the statements therein contained would be likely to meet with much acceptance. Speaking generally it is scarcely to be believed that many medical men could, as a matter of experience, agree with them. For instance, it will probably surprise a good many to learn that their hysterical patients are endowed by their disease with the seductive charm of the scent of violets. Again it may prove some consolation to the hapless syphilitic person that he has a sweet smell about him. But we doubt exceedingly whether the smell of a syphilitic patient can be called sweet. On the contrary our experience is that such a patient has a particularly disagreeable "earthy" odour, which is fairly constant. It would, also, be interesting to know when the "stale-beer" stage of tuberculosis supervenes, or whether it continues throughout the disease. In phthisis this odour might be expected to be well marked, but we cannot remember to have ever recognised its presence in these cases. Upon the whole, it may be questioned whether a good many of these odours referred to above are not largely the result of imagination on the part of the observer or due to the want of cleanliness in the persons affected. At all events, it is difficult to believe that they could, even if really existent, be utilised in arriving at a differential diagnosis.

New Specimens recently Added to the Museum of the College of Surgeons, England.

DURING the past few years it has been the custom to exhibit, at the annual election of members to the Council, all the new specimens which have been added during the past year to the Museum at the College of Surgeons. Upon the occasion this year some notable specimens were on view. The most noticeable addition to the department of human and comparative anatomy was a magnificent specimen of the gigantic extinct bird the Moa (*dinornis maximus*) from the South Island, New Zealand. The bones, as received at the College, did not belong to one bird, but they have all been carefully matched as regards size, and the few not present have been supplied by accurate casts made from real bones. The skeleton is especially interesting, as possessing both coraco-scapulars and both big toes; neither of these are present in the specimen displayed in the British Museum. Among the pathological additions may be mentioned a skeleton from a case of osteitis deformans, showing in a marked degree the changes characteristic of that disease. Also an important collection of cystic and other tumours originating in or around the kidney, a roll of indurated omentum, more than a foot long, which was removed from the sac of a scrotal hernia, and a large squamous-celled epithelioma arising from the nipple and areol of a breast and deeply penetrating the substance of the gland. Among the teratological additions the dissected legs and feet of a case of congenital absence of the tibia were worthy of note. The collection was on view from July 1st to 4th, inclusive, in the Council Room of the College.

Tetanus following Repeated Injections of Morphia.

CASES of tetanus following injections of morphia have been recorded on many occasions, so much so that the association of this fatal disease with so simple an operation as that of the use of a hypodermic needle is well known. After all, however, there is nothing very surprising in the fact that tetanus should be caused in this manner. The disease is an infective one, depending upon bacilli whose existence has been definitely determined. Owing entirely to the carelessness and negligence of the person using the hypodermic needle, some of the infecting bacilli are allowed to remain upon the appliance, and when the injection is made, the bacilli are brought in contact with the slight wound in the tissues, and thus inoculation is brought about. In most of the cases in which tetanus has been thus caused, the victims have been persons addicted to the habit of self-administration of morphia. Doubtless, repeated injections of the drug render them careless in attending to the cleanliness of the hypodermic needle. However, the warning should not be lost upon medical men generally. It is beyond dispute that even many medical men are by no means as careful in cleansing their hypodermic syringes and needles as they should be. Frequently, the little appliance is returned to its case without any antiseptic having been used to thoroughly cleanse it, a distinctly inexpedient oversight, in view of the fact that the hypodermic syringe comes in for almost the same varied use as does the tongue spatula, and for this reason, demands nearly the same attention to cleanliness.

A Remarkable Injury.

A REMARKABLE case of injury to a boy is recorded in the June issue of the *Indian Medical Gazette*. The boy, aged 12, fell from a tree on to an upright stick. The latter entered the scrotum from below, behind the left testicle, which was forced out of the wound, and, passing upwards, entirely traversed the anterior wall of the abdomen without entering the abdominal cavity, the point of the stick finally resting over the sternum about its junction with the fourth costal cartilage. The patient was brought to the hospital with the stick *in situ*. Under chloroform it was extracted, the testicle replaced in the scrotum, the wound dressed and a drainage tube inserted. Two days later an abscess formed over the sternum, which was treated in the ordinary way. Subsequently another abscess formed in the left groin, but this the boy refused to have treated. Two months afterwards the boy was heard of as quite well. The stick measured three feet and a half in length, and about three quarters of an inch in diameter. The track that it had made for itself was between the muscles of the abdominal wall. There were no abdominal symptoms throughout the case, and recovery was complete.

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The Etiquette of Lady Medicals.

A few weeks since, we pointed out in a leading article that women, admitted to the medical profession, became subject to the same ethical laws as governed the male element. Shortly afterwards, a Carlisle correspondent wrote stating that before the opening of the present summer session a notice appeared giving particulars of a class, formed in Edinburgh, for lady medicals by Dr. Sophia Jex-Blake. This statement was traversed by the latter, and it certainly seems to have been inaccurate in several minor points. At our suggestion, Dr. Jex-Blake has courteously sent us a copy of the original advertisement, which appeared in the *Scotsman* of April 4th. It runs as follows:—

"Science Classes for Ladies.

"Separate Classes in Botany, Zoology, and Practical Chemistry at Edinburgh School of Medicine for Women, Surgeon Square, Qualify for Arts and Science Graduation at University Fees. Apply to Dr. Jex-Blake, Bruntsfield Lodge, Edinburgh."

As regards this advertisement we feel bound to say that we think the addition of the private address unnecessary. In her letter of the 24th June, Dr. Jex-Blake says she inserted the notice officially as Dean of the School, by direction of the Executive Committee. If so, it should surely have been signed by the Dean of the School, and not by a person writing from a private address. We cannot imagine that the Committee sanctioned a course which would fail to convey the requisite information to the outside public. The advertisement, as it stands, might easily be construed to refer to private classes held at Bruntsfield Lodge. The appearance of a private address under similar circumstances in the case of a male Dean would certainly excite no little adverse criticism. These remarks we make in a spirit of entire friendliness to the women doctors, who have always commanded our sympathy and support.

A Deadly Nostrum.

Some weeks since, a young woman living at Howden took a certain "Daisy Powder" with the object of relieving a severe headache from which she was suffering. Shortly afterwards she became very excited and died a prey to violent convulsions. According to the evidence at the adjourned inquest, which was concluded a few days since, these "Daisy" powders contained antefebrin or acetanilide, so unequally distributed that the dose in each powder varied from 4·60 to 10·89 grains. No clearer evidence could possibly be forthcoming of gross carelessness in the dispensing of these powders. Yet all that the Coroner's jury saw fit to do was to embody an opinion to that effect in their verdict. In any other country than this the person responsible for such a catastrophe would receive condign punishment, but the life of one of Her Majesty's subjects is thought of so little importance that no proceedings are apparently deemed necessary. The moral to be drawn from this unfortunate occurrence is that acetanilide is a very dangerous remedy to employ even in medicinal doses, and inasmuch as it rejoices in no therapeutical properties which are not possessed to the full by other, less risky, drugs, there is really no excuse for continuing to employ it. Under any circumstances its indiscriminate administration by ignorant persons ought to be rendered impossible.

Mr. Lawson Tait and the "British Medical Journal."

"Coming events cast their shadows before." Judging from a circular letter which has reached us, Mr. Tait intends to make things lively at the annual meeting at Carlisle of the British Medical Association. The plan of campaign is based on the collapse of the *British Medical Journal* in the Kingsbury *versus* Hart case, and doubtless material will be found therein to point a sufficient number of rhetorical darts. These general meetings are, as a rule, so deadly dull, and so ill-attended, that Mr. Tait will confer a benefit on the Association if he can, by any means, contrive to make one of them interesting. We have reason to believe that Mr. Ernest Hart's state of health will preclude his taking up the challenge to tread on the tails of Mr. Tait's fighting coat, and this must necessarily deprive the proceedings of a large part of their interest. The voting arrangements at the annual and other meetings are so well organised that there is little danger of a motion adverse to the Council, and even if such a motion were carried it is open to question whether the Council would take it seriously to heart, being, as they are, "broad based on the members' will, and encompassed by a supreme contempt for inoperative criticisms."

Barnstaple Notifies.

Those who are interested in sanitary progress will be glad to hear that Barnstaple, to use the words of the *Western News*, "has at last fallen into line with the rest of North Devon in the matter of notification." This decision was arrived at by a majority of two to one of the Town Council. It was no doubt greatly influenced by the pressure lately brought to bear on members of that body by the Local Government Board. The extraordinary fact is stated in the newspaper above quoted that during a recent epidemic at Barnstaple an official had to discover from the school-attendance books where the cases were situated.

The Broadbent Testimonial Fund.

It has been decided to raise a Fund for the purpose of presenting Sir William Broadbent with a testimonial. The occasion being his retirement from the post of Senior Physician to St. Mary's Hospital, Paddington. There can be no doubt that Sir William has rendered invaluable services to the institution with which he has been so long and so honourably connected. His position in the medical world, however, constitutes a claim to that wider recognition, which we have no doubt will be freely bestowed in the present instance. Intending subscribers should communicate with the Secretaries of the Fund at St. Mary's Hospital.

Personal estate valued at £13,457 13s. 9d., was last week proved under the will of Sir George Johnson, M.D., F.R.S., Physician Extraordinary to the Queen, who died on the 3rd of June last, aged 78.

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Coppered Peas Again.

THE Board of Guardians of St. Saviour's, as, some readers will doubtless remember, was lately successful in the higher courts in its prosecution of a vendor of coppered peas. On the strength of that success it has taken proceedings in another similar case. We feel bound to say that this course, in our opinion, can hardly be commended. There is no doubt that tinned peas are systematically coloured by sulphate of copper, and that the drug in question is injurious to health in any but minute doses. In the peas the copper occurs in small quantities only, thus the latest evidence was to the effect that a pound contained 3·11 grains of sulphate of copper (we presume, estimated as a sulphate, for it is found combined with the albuminoid constituent of the peas). Now, where the injury to consumers is slight and problematical, where the prosecution is hampered with a highly technical burden of proof, both scientific and legal, such prosecutions seem to us unwise. The slightest failure at any point would infallibly involve the prosecuting board in heavy legal costs. On the other hand, what are the ratepayers of St. Saviour's to gain by the annual exclusion of a small quantity of copper. If the Medical Officer of Health, instead of diving into the recesses of recondite chemical and legal byeways, were to turn his attention to the purity of the mere unromantic necessaries of life, he would justify his office far more in the eyes of the vulgar than by prosecuting the pea-sellers. Cheese, butter, milk, and a thousand and one articles to be bought over the counters, would yield him endless matter for prosecutions of a sound and practical kind.

A Midwife's Treatment of Post-Partum Hæmorrhage.

WHILE the discussion upon the question of founding "a new order of midwifery practitioners" in the form of up-to-date midwives is still being discussed, it may be of interest to refer to an experience which has come under the notice of a medical man practising in New South Wales, as recorded in the May issue of the *Australasian Gazette*. He was summoned to a severe case of post-partum hæmorrhage, which had been attended by a recently trained midwife. The treatment which she had adopted, prior to the practitioner's arrival, was that of giving a tablespoonful of the patient's blood, which had escaped per vaginam, in a glass of water every half hour. Doubtless the midwife verily believed that the only thing to be done, while blood was escaping, was to put it back again into the body by causing the patient to swallow some. It would, however, be difficult to conceive of a more disgraceful exhibition of ignorance than this on the part of a person, supposed to be qualified to undertake the responsibilities of midwifery practice, and yet it is stated that the services of this woman are in great request in her district, and that she is called upon to attend an immense number of cases—chiefly "without the doctor." If this be the case, all that can be said is that it is lamentable that the public should persist in being so blind to their own interests.

The Small-pox Epidemic at Gloucester.

THE people of Gloucester have not yet come to the end of the troubles brought down on their ancient city by their collective unwisdom in the matter of compulsory vaccination. The total number of cases of small-pox during the epidemic, now happily waning, is announced at 2,000. The latest weekly return of notifications showed eighteen new cases, an increase of five on the preceding week. But notwithstanding the pestilence that has raged within their gates, a number of inhabitants are still ready to resist to the utmost the measures for enforcing vaccination now adopted by the town authorities. Last week several summonses were heard against people who had obstructed the vaccination officers. One defendant threatened to blow the inspector's brains out, and another said he would go to prison rather than pay the fine. To a certain extent one can sympathise with the sincerity of these actions, coming as they do from men of ill-trained judgment. But what are we to think of Mr. Holmes Gore, a Bristol barrister, who comes to Gloucester, and as it were, in the midst of the dead, upholds them in their fatal folly. As a presumable expert in evidence, it is difficult to imagine how he can reconcile the facts of the Gloucester outbreak with the acts of the anti-vaccinationists.

The Scarlatina in Dublin.

THE recent epidemic of small-pox has been succeeded, too speedily, by a crudescence of scarlatina, which has assumed formidable dimensions. In the last week of June the number of admissions to hospital ran up to 50, an increase of 15 cases beyond those of the previous week; and, at the end of the week, 212 patients were in hospital suffering from the disease, being 22 more than at the end of the previous week. The Public Health Committee is making an effort to keep the citizens on their guard, and Sir Charles Cameron has availed himself of the occasion to reopen the question of providing an Infectious Hospital for the City. The deaths from the disease have, however, not yet begun to accumulate, so that the mortality, up to the present, is unimportant.

The Hydrophobia Quack and His Fees.

THE Newry quack, to whom we have previously referred, having obtained a judgment decree against the guardians for £17 1s. 6d. for services rendered, has now applied for payment of same. This having been discussed at the last meeting of the board, it was resolved to ask the Local Government Board to authorise the guardians to pay the amount of account, rather than that the decree should be allowed to be executed. It is to be hoped that the Local Government Board will not stultify itself by legalising the payment of fees to this quack, who has already been declared by the court to be incapable of recovering such. Let the guardians who invoked his aid pay and learn a useful lesson thereby.

THE Queen has been pleased to appoint Dr. Samuel Wilks, President of the Royal College of Physicians, to be one of her Majesty's Physicians Extraordinary, in the room of Sir George Johnson, M.D., F.R.S., deceased.

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The Prevalence of Venereal Disease in the British Army in India.

Some disturbing facts respecting the prevalence of venereal disease in the British Army in India have just been made public by the Sanitary Commissioner with the Indian Government. There is evidence to show that the affections classed under this head are more destructive of health and efficiency in India than in any other part of the British dominions, and vastly more so than in any other European army, or, for that matter, in any other army in the world. Coming to figures, it would appear that 3,062 men were constantly ineffective during 1894, wholly in consequence of venereal affections. That such a state of affairs should be possible is nothing less than a disgrace to this country. We are accustomed to hear, with much truth, of the "Little Englander" in Imperial matters; it may be said, with equal truth, that "Little Englanders" exist in morality, whose sentiment against legalised prostitution, based upon mere narrow-mindedness, has led to the sacrifice of the lives of their countrymen and the wholesale dissemination of disease which need never have occurred.

The Profession at the Levee.

By command of the Queen, a Levee was held on Monday last at St. James's Palace by H.R.H. the Prince of Wales, presentations being considered as equivalent to those of Her Majesty. The following members of the medical profession had the honour of presentation:—Mr. Herbert W. Allingham, F.R.C.S., by Sir Francis Laking; Dr. Thos. Barlow, by the Lord Chamberlain on appointment as Physician to the Queen's Household; Sir Henry Littlejohn, of Edinburgh, by the Secretary for Scotland; and Dr. J. Inglis Parsons, by Sir Francis Laking.

The Proposed Teaching University for London.

A Bill was introduced into the House of Lords on Monday last by the Duke of Devonshire and read a first time *pro forma*. The provisions contained in the Bill are practically the recommendations of the Royal Commissions, and in order to overcome the objections urged against previous similar measures, the Government propose to give a somewhat wider discretion and longer powers to the Statutory Commission than were contained in the Bill of Lord Playfair. Of course, it is not possible to pass the measure this Session, but it will keep the matter alive.

A young lady, eighteen years of age, has just died in St. Petersburg under the following circumstances. While travelling from Moscow she made a pet of a lapdog belonging to another lady in the same compartment. She was continually fondling it, and even ate out of the same plate with it. After reaching home a pimple appeared on her face, which soon swelled to an alarming extent, and in a few hours the girl died, it is stated, of blood-poisoning.

Scotland.

[from our own correspondent.]

The Royal Infirmary, Edinburgh.—The building of the new Gynæcological Department of this Hospital is to be commenced shortly on the site of the old Sick Children's Hospital. The block will contain three wards of 22 beds each, the lower one, in all probability, for ordinary medical purposes, the others for gynæcological patients. Various other operating rooms, nurses' rooms, and lecture theatres, &c., will be included. It will be remembered that some time ago a very considerable amount of friction was caused between the staff and the managers by the action of the Royal College of Surgeons, in electing two of the acting staff as their representatives on the Board. Although, as we mentioned at the time, there was no rule against it, it was an understood thing that the staff should not become members of the management. The Managers, indeed, let it be known that at the earliest opportunity they would take care to remove any member of their number from the list of the acting staff. And last winter one of the staff, who had been returned by the College of Surgeons as a representative, resigned in order that he might get an extension of service in the wards. The College resiled from their former position, in so far that they appointed as his successor one who had nothing to do with the Infirmary. In the new rules and regulations of the Infirmary, drawn up in accordance with a resolution of the General Court of Contributors held last year, it is decreed that no member of the staff can at the same time be a member of the Board. The fact that he is one or the other renders one of the appointments invalid. It stands to reason that the public will not submit to the management of a large institution such as this, maintained chiefly by voluntary subscriptions, being, even partly, in the hands of those who have to be managed. In some hospitals this arrangement holds good, but in them the managing boards are of large size, and a few of the staff are rather a help than a hindrance. But in a small board to have some of the governed as governers seems absurd, and might lead to much unpleasantness. As it is, a fourth of the board may be members of the profession, and surely the rights of the staff might be left to them. If the staff were unanimously in favour of some direct representation, which there is reason to believe they are not, a compromise might surely be arrived at in the direction of allowing one or two of its number to attend the meetings of the board, without a vote, in order that they might give voice to the feeling of the staff on any point relating to the medical management of the hospital.

A Medical Jubilee.—Dr. John Burns, of Bridgeton, who has just completed 50 years of active work in his profession, was on the evening of Tuesday, 30th of June, entertained at dinner by a large circle of friends both medical and lay. Professor W. T. Gairdner, who was in the chair, made a speech of considerable power, recounting some of the many medical experiences that he and Dr. Burns had had together since his (Dr. Gairdner's) appointment to the Chair of Medicine in 1862. He spoke of Dr. Burns as having never sought professorships, or public positions, or rewards, or honours of any kind; but whose one aim and desire had been to do the greatest good to his patients. Ambition beyond this Dr. Burns had none, but he had the inestimable reward that for 50 years, in the sole object of his unselfish life, he had been eminently

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successful. Dr. Gairdner then said that meeting was in no sense a farewell meeting, it was only to mark the fact that Dr. Burns had concluded the first half century of his practice, and next day would begin the second with undiminished vigour. We may add that Dr. Burns worked with Sir Joseph Lister when antiseptic surgery was in its infancy, and that as a result of his own success in operative surgery, he can show the largest stone that has been extracted in Glasgow.

HANDSOME BEQUESTS TO GLASGOW CHARITIES.—By the will of the late Mrs. Janet Kidston, of Glenova, widow of Mr. C. Kidston, merchant, Glasgow, a sum of £183,000 is left in bequest to relatives and public institutions. The following are the public bequests:—Royal Infirmary, Western Infirmary, Victoria Infirmary, Glasgow, each £3,000; Sick Children's Hospital, Glasgow, £500; Cancer Hospital, Quarrier's Orphan Homes and Consumptive Homes, £1,000 each; Outdoor Mission to Blind Children, Glasgow, £500; Blind Asylum, Glasgow, £1,000; and the Helensburgh Infirmary, £1,000. In this connection we may add that Dr. Thos. Reid, Waltonian Lecturer on Ophthalmology in Glasgow University, has presented £1,000 to the Airdrie Public Library and Museum, in addition to some valuable books.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE FORTHCOMING ELECTION OF DIRECT REPRESENTATIVES ON THE GENERAL MEDICAL COUNCIL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Please permit me to reply to the several queries of Dr. Bateman in his letter to the MEDICAL PRESS AND CIRCULAR of the 1st inst.

F. Herbert Alderson, M.B., late of Southerton House, Glenthorne Road, Hammersmith, and to whom your correspondent very evidently refers, is my son; he resigned his appointment to the London and Manchester Industrial Association *two years ago*, and accompanied his resignation with an earnest request that his name should be at once omitted from the list of their medical referees.

I enclose you a handbill (a year old), and you will observe that his name is not on it, nor any name connected with my practice, although, I would add, this handbill contains the names of some well-known and able general practitioners and graduates of distinguished Universities,* who evidently prefer to attend their poor patients through this Association rather than incurring loss by bad debts, or to accept small and inadequate fees. I desire also to mention that my son always had the privilege to refuse any patient whom he might consider unfitting, a privilege that he did not hesitate to avail himself.

Now for the distinctions between the London and Manchester Industrial Association and Medical Aid Associations. In the latter the Medical Officer is *de facto* the servant and dependent of the Committee, many of whom, if not all, are of the wage-earning class; in the former he is as independent and as absolutely free to practise his profession and in the treatment of his patients as in his private practice, perhaps more so, and to young medical men, at least, *the experience* thus obtained is invaluable.

The directors of the London and Manchester Industrial Association treat their medical men with courtesy, and the agents of the company also generally show them deferential respect and consideration.

The patients are required to send their messages if they desire to be seen the same day before the doctor starts on his rounds, and to send at an appointed time, convenient to the medical man for the medicines, and it is but right to remember in estimating the work to be done, that many of the patients reside in the same house, and if the medical attendances were rigidly limited to the actual poor, and all advertising by touting and handbills discontinued as I have been told it has been for some time, or at all events by those of their medical referees *who desire it*, much if not all of the objections would disappear, four hospitals are governed by a committee of laymen with a very little leavening of medical opinion, and certainly medical men are very much wanting in business capacity and organisation, or our profession, would be a greater power, and leave less cause for complaint.

Should Sir Walter Foster and Mr. Wheelhouse continue in their determination not to seek re-election, and that it should appear to me after further deliberate thought and consultation with my professional friends that it is the wish of the large number that supported me in 1891 (4,818), and that I might thus have reason to expect a sufficiently large number of supporters of my fellow general practitioners, I shall again become a candidate for this honour, the greatest perhaps that a general practitioner can aspire to, *and if elected*, let me assure my supporters (at present I am only "*a probable candidate*") I would do my utmost to induce the General Medical Council to render such practice of touting and advertising as Dr. Bateman describes illegal; for it is the only effectual remedy; to resign is merely to introduce new doctors into your neighbourhood, and for those to whom this action would prove too great a sacrifice, I would establish a fund for assisting those who needed compensation after the commendable manner of the Lincoln doctors. Apologising for my lengthy communication, the importance of the subject and its great interest to large numbers is my excuse.

I am, Sir, yours, &c.,

FREDERICK H. ALDERSON, M.D.,
Ex-president of the Incorporated Medical Practitioners' Association, Hon. Vice-President of the West London Medical Society.

* I note the name of one gentleman who is a J.P. for Richmond, and the rent of whose house must be £200 a year.

P.S.—The fees are even larger than those of the sick clubs that are so well supported by the clergy, and which do almost an equal injury to the general practitioner.

THE CHARITY ORGANISATION SOCIETY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—"One who Knows" may be aware what is the amount paid in salaries, and the number of officials attached to the Charity Organisation Society, but if he means to condemn the Society merely on the ground that it has an ample staff, properly remunerated for the services they are performing, he cannot know the scope and value of the work the Society is quietly carrying out. One of the greatest evils of the day is indiscriminate charity. Hundreds of thousands of pounds are annually squandered in London alone in projects not only wasteful, but of such a kind as put a premium upon improvidence, and destroy all inclination to self-respect and thrift among vast classes of the community. To battle against this gigantic abuse, to promote the organisation of charity, is a task of corresponding magnitude, and although the Charity Organisation Society, like every human institution, is, no doubt, open to, and deserving of, criticism; its work, by those who know its character and amount, is recognised as of truly national importance and value.

I am, Sir, yours, &c.,

A CHARITY ORGANISER.

July 2nd, 1896.

THE CARLISLE MEETING OF THE BRITISH MEDICAL ASSOCIATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I wish to bring under the notice of the profession the fact that the Council and the journal of the British Medical Association are now as effectually closed to the voices of the masses of the profession as the Council of any diploma selling body. I recently intimated my intention to read a paper before the Ethical Section of the Carlisle meeting on internal hospital abuses. What do your readers think was the response? That they were

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overcrowded. In vain I pointed out that they ought to see the paper first, that I would make it brief, that all kinds of accidents might happen to three-fourths of the promised papers; that if unread, mine would at least appear in the journal, and that without it on the agenda paper I could not speak to the subject matter, as they alleged they *might* allow me to do. Mr. Lawson Tait, to whom I appealed, under the notion that he was too near London to be illtreated, writes to me stating that he too is to be snuffed out and invites me to join him in an attack on the snuffers. The fact is a clique has got possession of both paper and body, and if we, the rank and file, decline any longer to be treated with contempt, we must dislodge them.

I am, Sir, yours,
T. Laffan.

Castel, July 3rd, 1896.

Literature.

WOODBURN ON EXTRACTION OF THE TEETH. (*a*)

It has not hitherto been thought either necessary or desirable to impart to medical students any information, practical or otherwise, on the subject of teeth extraction, in spite of the fact that every country practitioner has to undertake this branch of the dental art. Mr. W. D. Woodburn, L.D.S., may therefore claim to have "fulfilled a long-felt need," in publishing his little work on the subject. It is sad to learn that "there exists in general medical education a tendency to ignore the consideration which the teeth deserve," but an explanation is probably to be found in the initial impossibility of finding room in the curriculum for any additional subject. Before discussing the best method of removing teeth which have become aggressively superfluous the author has taken the trouble to describe their development and the diseases to which they are liable. The author is a trifle dogmatic at places, not always on points which command universal assent. The medical student, it is true, may care very little whether connective tissue filaments extend into the enamel, but it is rash to assert that such is actually the case. Then, again, absorption does not always begin at the apex of the roots, though it usually does so. Passing on to the practical part of the work, it will occur to every practical operator that even with a normally-shaped tooth and a properly constructed instrument, the risk of breakage is always present, when, for example, the tooth is dead, *i.e.*, pulpless, such teeth being very liable to split or chip. To say that fracture or dislocation of the jaw, or the tooth slipping down the throat are the most frequent accidents, is apt to mislead, for they are really very rare. Breakage of the tooth and laceration of the gums are the most common. There are few operators now-a-days who believe the key to be even necessary, and it may be remarked, in passing, that an instrument that can be used indifferently on either side, is not "a properly constructed instrument." The description of the lower bicuspid roots hardly seems to be correct. These roots are rounded, and hence are detached by a rotatory, and not a lateral, movement. These, indeed, are the only teeth in the lower jaw which admit of the rotatory movement. So much for the flaw-seeking critic! For the general plan of the work we have nothing but praise; the directions are practical, and clearly given, and the illustrations are extremely well-drawn and printed. Medical students and practitioners who aspire to something more than merely "yanking" out teeth will do well to offer this work the hospitality of their shelves.

LANG ON THE METHODICAL EXAMINATION OF THE EYE. (*b*)

Mr. Lang has certainly struck out a useful line in compiling his small volume on the methodical examination of the eye. In the study of all scientific subjects the first essential requisite for the student is to "begin at the beginning." Unless and until the preliminary details are surmounted, there can be no firm or satisfactory grasp of the subject, nor any true progress towards the attainment of a sound and practical knowledge of the same. Oftentimes the value of a teacher is shown by the attention which he directs to subtle points of practical detail which his own observation and experience have taught him. Herein then, is the value of a book such as that compiled by Mr Lang. We know of no publication, despite the large field of ophthalmological literature, which a student beginning the study of ophthalmology could peruse with so much profit and advantage to himself as that of the small volume under discussion. Mr. Lang not only displays his capacity as a teacher, but his pages are replete with many small, though important, details in the methodical examination of the eye, which have never, so far, been referred to or described in works upon ophthalmology. The practical points upon which his book is based are precisely those of which a beginner in ophthalmology is most in need, but for the most part the points in question have been entirely overlooked by the authors of the standard treatises on ocular diseases now extant. There is consequently a very wide field of usefulness in store for Mr. Lang's little book, and we can confidently recommend it. It is true, perhaps, that some improvement in style is possible, but the sense, with few exceptions is clear, and, undeniably, conciseness and brevity are features to be commended.

ST. THOMAS'S HOSPITAL REPORTS (*a*)

The present number of the Reports of this great hospital is fully equal to those issued in the past. It commences with a kind and sympathetic "In Memoriam" notice of Dr. Bristowe, whose book on the "Practice of Medicine" is familiar to many of our readers. Nine papers follow, of which we may mention, Dr. Robert Cory's timely contribution on the Value of Vaccination as a Preventive to Small-pox. To find at the end of the nineteenth century unbelievers in the value of vaccination is a sad evidence of the vitality of fads and unbelief; but as doubts exist, and as the doubters by their unbelief cause the death of many innocent children, arguments are required to open the eyes of the blind and counteract the mischief of the faddists.

Any unbiassed dispassionate man reading Dr. Cory's statistics will be convinced that the deductions drawn by the author are justified, and that his claim on behalf of vaccination is worthy of acknowledgment.

Anatomical and practical observations in St. Thomas's Hospital from 1644 to 1677 are taken from an old manuscript preserved in the library of the British Museum, being a part of Sir Hans Sloane's original collection. It is the work of James Molines, one of a family of surgeons—one of whom trepanned Prince Rupert, and another of them had the honour of counting Richard Wiseman as his pupil, and the father of the writer of the manuscript was one of the first English anatomists. The Molines were to London as the Monroes to Edinburgh.

The record is most enjoyable reading, especially to those who enjoy old world literature; Dr. Payne's introduction and notes greatly enhance the value of Mr. James Molines' picture of hospital life and practice in the days of the Stuarts.

Dr. Sherrington contributes a paper on the Physiology of the Spinal Cord. It is strange how little has been added to our knowledge of the spinal cord within the past hundred years. As a rule, disease of the cord has well advanced before it can be recognised, and even then, we are almost powerless to stay pathological change or lessen the rate of progress. Thousands of animals are vivisected, tens of thousands of experiments are made and repeated. Withal spinal therapeutics are much as the Brothers Griffin left them. We are, however, glad to see such papers as Dr. Sherrington's; it is a recognition of the fact that the problem of the spinal cord, its functions, functional disturbances, and degenerations is still to be solved. Nothing could be better than Dr. Sherrington's conclusions from his experiments when he speaks of the differ-

(*a*) "On Extraction of the Teeth, with Practical Notes of the Physiology and Anatomy of the Structures." By Wm. de Brassey Woodburn, L.D.S. London: Baillière, Tindall and Cox. 1896. Price 5s.

(*b*) "The Methodical Examination of the Eye." Being Part I. of a Guide to the Practice of Ophthalmology for Students and Practitioners. By William Lang, F.R.C.S.Eng., Surgeon to the Royal London Ophthalmic Hospital, Moorfields, Surgeon to, and Lecturer on Ophthalmology at, the Middlesex Hospital. London: Longmans, Green and Co.; and New York. 1895.

(*a*) "St. Thomas's Hospital Reports." New Series. Edited by Dr. J. D. Acland and Mr. Bernard Potts. Vol. xxiii. London: J. & A. Churchill. 1896.

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ence brought about by severance of the cord in laboratory experiments on animals and in the wards.

Criminal responsibility of the insane is a of ever present importance, and is the subject of an excellent article by Dr. Cullingworth, whose experience as Medical Lecturer on Jurisprudence in Owens College, and afterwards as a police surgeon, eminently fitted him as an exponent of the modern views on the subject.

The remaining papers call for no special mention; the reports of the different departments all tell of good work, such as the reader would naturally look for from the Staff of St. Thomas's Hospital.

JENNING'S COLOUR-VISION AND COLOUR-BLINDNESS. (a)

IT is difficult to write a critical review of a book of this description, as the author states in the preface that he does not claim to be original, but has merely endeavoured to produce a practical work on colour-blindness. There is little original matter in the book, which is not surprising, seeing that it consists of 109 pages, with some 21 illustrations, and there are no less than 61 references, which occupy a considerable part of the book. After devoting some thirty-eight pages to the history of colour-blindness, physiology and anatomy of the retina, and the various theories of colour perception and colour-blindness, the author passes on to discuss the various defects in colour perception. The methods for detecting colour-blindness are next dealt with, and are fully explained in the latter half of the book, including a new worsted test by the author. This test he explains in a foot-note can be procured in a *neat* box with directions from A. S. Aloe & Co., St. Louis, U.S.A. It consists of five test skeins, with six tints of each colour evenly graded from the lightest to the darkest. Each colour is given a letter, so it is easy to record the skeins selected.

The standards laid down for the examination of the employés of some of the American railroad companies are given, and it would appear that the Pennsylvania Railroad Company, besides requiring normal colour-vision, expect a man to have 20/20 in one eye, and not less than 20/50 or 1/2 in the other, with or without glasses. Let us hope this standard is maintained. We fear the book is not likely to obtain acceptance in this country.

GARDNER ON SURGICAL ANÆSTHESIA. (b)

IN this brief pamphlet—reprint of a paper read before the Medical Society of Charing Cross Hospital—Mr. Bellamy Gardner has given a very interesting, concise and readable account of the subject. Beginning as far back as unmistakable allusions to attempts at production of anæsthesia and narcosis scattered through ancient writers from the age of Homer, Mr. Gardner sails onward to the evolution of anæsthetic means and methods to the present day, and in the end applies the narrative to practical conclusions which might well be taken to heart by all surgeons as well as by those who devote themselves especially to the practice of anæsthetics.

At the present moment when deaths from chloroform are so frequently registered, and when this agent seems too often employed even by unqualified practitioners for such trivial operations as extraction of teeth, the very high comparative rate of mortality attending its use cannot be too prominently set forth. Mr. Gardner puts the mortality from chloroform as high as 1 in 2,247 cases; from ether, 1 in 14,032 cases; whilst he agrees that the danger from nitrous oxide gas in skilled hands is so remote that partially no risk to life attends its administration.

AN ATLAS OF ILLUSTRATIONS OF PATHOLOGY. (c)

WITH this fasciculus of the "Atlas of Illustrations of Pathology" we received the Annual Report of the New Sydenham Society, from which we learn, with much pleasure, that the Society continue to receive the support of the more diligent members of the medical profession.

It is difficult to do anything like justice to this great Society, for its intelligent, well-directed efforts to keep the medical practitioner in touch with the most advanced theories with regard to disease, and with the most approved system of therapeutics.

As aids to diagnosis the Society has supplied its members with the "Atlas of Skin Diseases" and the "Atlas of Pathology." And in each province of medicine their translations include the writings of men who have won distinction on the Continent in their special subjects. We could easily exhaust our available space in pointing out the good works of the Society against which we make no complaint whatever, but as a friendly intimation we wish to remind them that their great work the "Lexicon" is still unfinished although it is seventeen years since the first part was issued.

A Lexicon so full and accurate as the Society is publishing cannot be rushed out quickly, nevertheless there are many subscribers who fear the years of their life may not extend far enough to give a reasonable hope of seeing the work finished.

Of the "Atlas of Pathology" we have already written and all that we mentioned in favour of the atlas we can repeat the fasciculus to hand. No matter how theories or practice may change these beautiful chromo-lithographic illustrations will remain permanently valuable as exact portraits of nature. What lover of books has not enjoyed a quiet hour with Dr. Brewer's "Dictionary of Phrase and Fable." Many years ago we bought our first copy, and ever since it has found a place on our desks as an enjoyable book readable in leisure moments; open where you will some little note interests. As years rolled on, so the dictionary became more and more bulky until in this year's edition it has attained such a thickness that a reading desk is necessary for its use. We have grown fond of the book and, therefore, we grumble at the present edition being published in such a very inconvenient size and shape. This 1895 edition has, however, one advantage over its former ones, and that is a good portrait of the author, taken when he had reached his eighty-fifth year.

(a) "Colour-Vision and Colour-Blindness." By J. Ellis Jennings, M.D. Published by F. A. Davis Company, Philadelphia.

(b) "The History of Surgical Anæsthesia." By H. Bellamy Gardner, M.R.C.S., L.R.C.P. Assistant Anæsthetist to Charing Cross Hospital, &c., &c. London: Baillière, Tindall and Cox. 1896.

(c) "An Atlas of Illustrations of Pathology." Compiled (chiefly from original sources) for the New Sydenham Society. Fasciculus X. Diseases of the Testis, Part II. (Plates xlvii. to xlix.) With additional letterpress by J. Hutchinson, jun. London: The New Sydenham Society. Agent—H. K. Lewis. 1895.

Medical News.

Middlesex Hospital.

ON Wednesday last the Duke and Duchess of York visited the Middlesex Hospital for the purpose of inaugurating a *fête* in celebration of the opening of the new convalescent home connected with the hospital at Clacton-on-Sea, which has cost nearly £30,000, but its maintenance after the building has been paid for will be provided by the income from a legacy left by the late Mr. Henry Spicer. The home stands in about five acres of ground, and provides accommodation for 26 men, 17 women, and 12 children. In addition, provision is made for nurses who, from sickness or other causes, require rest and change of air. As a result of the *fête*, a total sum of £4,150 has been raised towards the object in view.

Liebig's Extract of Meat Company.

A CASE came before Mr. Justice Kekewich, in the Chancery Division of the High Court of Justice, on Thursday, in which the well-known Liebig Company sought an injunction against the Chemists' Co-operative Society, to restrain the defendants from selling meat extract in wrappers similar to those used by the plaintiffs, and from passing off meat extract sold by the defendants as meat extract sold by the plaintiffs. The defendant company was incorporated in April, 1895, and subsequently acquired several businesses in and about Bradford, Yorkshire. After hearing evidence on both sides, His Lordship held that the defendants' wrappers were so like the plaintiffs' as to be calculated to deceive; that it had been proved beyond dispute that the extract sold by the plaintiffs was known as "Liebig Company's Extract," or simply as "The Company's Extract"; and that people had been supplied by the defendants with their own article when the plaintiffs' article was, in fact, asked for,

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The plaintiffs were therefore entitled to an injunction on both grounds; also to damages and the delivery up of the wrappers in the defendants' possession, and costs.—*Times*, July 3rd.

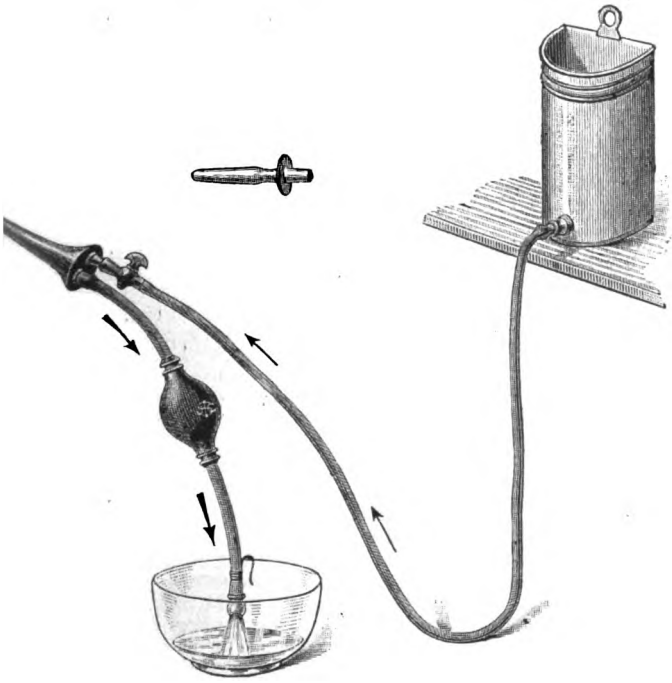
New Articles.

DIASTASED FARINA.

Self-digesting, as compared with pre-digested, foods, occupy an increasingly important place in the dietary of infants and invalids, but all of them are not equally reliable or stable. The sample of Diastased Farina, manufactured by Messrs. E. Beaver and Co., is shown by analysis to consist principally of wheaten flour in association with a very powerful diastase—the most powerful, indeed, which we have so far met with. Its preparation for consumption is very simple, and during the process of cooking the diastase converts the insoluble starch into erythro-dextrine, a substance which readily traverses animal membrane. This, however, does not exhaust the activity of the diastase, which is consequently enabled to exert its effect on any other food which it may meet with in its passage through the alimentary canal. We have no hesitation in recommending Diastased Farina as a highly nutritious, self-digesting food, well adapted for the use of infants, convalescents, as well as of persons whose digestion is below par. It has the advantage of being distinctly palatable, and very easy to prepare.

THE "ONAH" DOUCHE.

We must surely be approaching finality in the matter of vaginal douches, yet it cannot be denied that many of the new apparatus of the kind placed on the market comprise an improvement in one detail or another rendering it more convenient or more efficacious. The "Onah" douche, manufactured by Messrs. Ingram & Son, of Hackney Wick, E., proves that there is, or rather that



there *was*, room for further improvement. This particular douche is fitted with a separate overflow tube, and this overflow tube is provided with a bulb and valves which, with the nozzle, are so arranged that the expansion of the bulb aspirates the return liquid from the douche-can *via* the vagina, thus securing an accelerated and more effectual flow. The base of the nozzle acts as a vaginal plug preventing leakage. For domestic and medical purposes the "Onah" douche is indisputably the most up-to-date.

Infectious Diseases in London.

The annual report of the Statistical Committee of the Metropolitan Asylums Board contains some important statistics in regard to infectious disease in London. The report states that the infectious diseases which the Asylums Board is authorised to treat in its hospitals were slightly more prevalent during the year than during 1894, but less prevalent than in 1892 and 1893. In regard to scarlet fever, the total number of cases notified was but little more than half the number notified in 1893, and about a third less than in 1892. During the year 17,770 fever, diphtheria, and small-pox patients were removed from their homes to the various hospitals of the Board; 5,037 convalescent patients were transferred to the Northern and Gore Farm Hospitals; and 4,464 recovered patients were brought back to London from the Northern Hospital. Altogether, 29,041 removals were effected by the land ambulance service during 1895. The total number of patients under treatment during the year was 19,360, as compared with 19,937 in the preceding year. The total admissions were 16 847, as compared with 16,667 in 1894; 18,674 in 1893: 16,276 in 1892; 7,809 in 1891; 8,334 in 1890; 5,772 in 1889; 5,152 in 1888; and 6,537 in 1887. In regard to small-pox, the total number of cases admitted was 941, of whom 63 died, 824 were discharged, and 70 remained under treatment at the end of the year. In regard to imbeciles, the total admissions during 25 years amounted to 18,425. The deaths numbered 10,146.

The Gloucester Epidemic.

According to the Sanitary Committee's Report, thirteen cases of small-pox have occurred in the district during the seven days ending the 25th ult., the total number since the commencement of the outbreak being 1,995. In the past week three deaths were reported, two occurring in the hospital to which eight sufferers had been admitted, and from which nineteen had been discharged. The number of cases notified for the preceding six weeks, were 16, 25, 56, 42, 47, and 84, the largest number occurring in April, when in one week 211 cases were notified.

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 44, Bombay 34, Madras 36, Paris 18, Brussels 19, Amsterdam 26, Rotterdam 18, The Hague 16, Copenhagen 21, Stockholm 23, Christiania 23, St. Petersburg 31, Moscow 39, Berlin 19, Hamburg 26, Dresden 18, Breslau 34, Munich 23, Vienna 25, Prague 28, Buda-Pesth 25, Trieste 26, Rome 19, Turin 21, Cairo 81, Alexandria 85, New York 19, Brooklyn 18, Philadelphia 16.

Vital Statistics.

The deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 16·9 per 1,000 of their aggregate population, which is estimated at 10,846,971 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 17, Birmingham 20, Blackburn 12, Bolton 19, Bradford 13, Brighton 16, Bristol 17, Burnley 11, Cardiff 12, Croydon 13, Derby 16, Dublin 25, Edinburgh 14, Gateshead 15, Glasgow 18, Halifax 15, Huddersfield 14, Hull 17, Leeds 20, Leicester 16, Liverpool 23, London 16, Manchester 20, Newcastle-on-Tyne 16, Norwich 8, Nottingham 16, Oldham 13, Plymouth 14, Portsmouth 12, Preston 22, Salford 21, Sheffield 16, Sunderland 18, Swansea 12, West Ham 13, Wolverhampton 16. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1·5 in Sunderland, 2·0 in Nottingham, and 2·4 in Hull; from scarlet fever, 1·0 in Huddersfield and 1·2 in Salford; from whooping-cough, 1·0 in Birmingham, in Derby, and in Newcastle-upon-Tyne; and from diarrhœa, 2·6 in Liverpool, 2·7 in Salford, and 2·9 in Leicester and in Birkenhead. In no case did the death-rate from "fever" reach 1·0 per 1,000 in any of the towns. The 61 deaths from diphtheria included 37 in London, 5 in Sheffield, 3 in Croydon, and 3 in Birmingham. One death from small-pox was registered in London, but not one in any other large town.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DR. KELYNACK'S paper on "Intestinal Obstruction" shall appear as soon as the necessary engravings are completed.

MR. SEFTON SEWILL'S paper is marked for early insertion.

OUR French correspondent sends us an account of a very interesting case of pistol bullet embedded in the brain, photographed by the Rœntgen rays, which we hope to insert in our next.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

CANNABIS INDICA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall be glad if any of your correspondents who have written articles or essays on this subject would kindly furnish me with data for reference. I shall also be grateful if any can furnish me with a reference to any articles, recent or otherwise, by other writers. I have referred to Neale's Digest, but according to that authority scarcely anything has appeared, but of this I am doubtful. Thanking you and your correspondents in anticipation,

I am, Sir, yours, &c.,

THESIS.

DR. SNELLEN (Utrecht) is thanked for his note and the suggestion therein contained.

DR. WEBSTER.—We understand that the French railways have agreed to a reduction of 50 per cent. to members taking part in the French Medical Congress at Nancy. Those desirous of securing the privilege must apply to the Secrétariat General, 15 Rue de la Ravinelle, Nancy, by July 10th, indicating the route by which they intend travelling from this country, and the circular tour desired. These tickets will be available from the 1st to the 16th of August exclusively. For hotel arrangements and other details our correspondents should apply to the same official.

DR. WALLACE (Liverpool).—In reply to yours we have been as yet unable to get any trustworthy information, but hope to have it after result of further inquiry. So far as we can gather the institution is run on partly philanthropic and commercial lines. The period of training extends over nine months, divided between the institute, a hospital, and a private family, where the lady nurse eventually remains if she gives satisfaction. Your view of Mrs. Longshore Potts coincides with information in our possession, which we hope to utilise when occasion offers. Meanwhile, we shall be glad of particulars of any other cases that may reach you.

Meetings of the Societies.

THURSDAY, JULY 9TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.)—8.30. Specimens will be shown by Dr. Alfred Smith, of Dublin, and Dr. Elder, of Nottingham. Specimens and Notes of Cases by Dr. Macnaughton Jones. Paper: Dr. Edge (Wolverhampton): Cases of Vaginal Cœliotomy.

SOCIETY FOR THE STUDY OF INEBRIETY.—Quarterly General Meeting (rooms of the Medical Society of London). At 4 o'clock. Paper: "Habitual Drunkenness," by Stephen Lett, M.D., Guelph, Canada.

FRIDAY, JULY 17TH

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION (rooms of the Medical Society of London).—3 p.m. Dr. Pegler's motion.—For the admission of Lady Practitioners as Fellows of the Association. Dr. Whistler's Motion.—To elect Corresponding Fellows. 3.30 p.m. Cases:—Dr. R. H. Woods (Dublin): Card specimens. Larynx extirpated for Carcinoma; New Speculum for Naso-pharynx. Mr. G. C. Wilkin: Sarcoma of the Vestibule. Dr. B. J. Baron: Abscess of the Frontal Sinus. Dr. Stoker: Case of Frontal Sinus Disease treated by Oxygen. Mr. G. C. Wilkin: Notes of a cured case of Frontal Sinus Disease. Dr. Dundas Grant and Dr. Milligan have also promised to show cases. Dr. Pegler: Acute Hæmorrhagic Otitis Media, with notes of a case. Mr. Lake: Specimens: Absence of (1) Tendon of Tensor Tympani, (2) Cystic Middle Turbinate bone. 4.45 p.m. Interval for Tea, followed by a discussion on "Preliminary Tracheotomy in Thyrotomy for the Removal of Foreign Bodies in the Larynx," introduced by the President. The Annual Dinner of the Association will take place at the Langham Hotel at 7.30 p.m. after the meeting.

Vacancies.

Chesterfield and North Derbyshire Hospital and Dispensary.—Resident Junior House Surgeon. Salary £50 per annum, with board, apartments, and laundress. Applications with testimonials, to the Secretary at the Hospital, Chesterfield, not later than July 16th.

County Borough of Huddersfield.—Medical Officer of Health. Salary £400 per annum, with actual disbursements Applications, with testimonials, to F. C. Lloyd, Town Clerk, not later than July 7th.

Children's Hospital, Nottingham.—House Surgeon (non-resident). Salary £100 per annum. Applications to the Secretary on or before July 18th.

Isle of Wight County Asylum.—Assistant Medical Officer. Salary £100 per annum, with board and lodging, &c., without alcohol. Application and testimonials to the Medical Superintendent, Whitecroft, near Newport, Isle of Wight, on or before July 20th.

Joint Counties Asylum, Abergavenny.—Junior Assistant Medical Officer. Salary £100 per annum, increasing by two yearly instalments of £25 to £150, with board, lodging, and washing. Applications with recent testimonials to the Medical Superintendent not later than July 18th.

Owens College, Manchester.—A Senior and Junior Demonstrator in Physiology. Salary £150 rising to £200, and £100 rising to £150. Applications to the Registrar on or before July 13th.

Taunton and Somerset Hospital.—House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications and testimonials to J. H. Biddulph Pinchard, Secretary, on or before July 13th.

Warneford Hospital, Leamington.—House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary before July 15th.

West Riding Asylum, Menston, near Leeds.—Fourth Assistant Medical Officer. Salary to commence £100, rising £10 annually to £150, with board and apartments. Applications and testimonials to the Medical Superintendent on or before July 20th.

Appointments.

BARFORD, P. C., L.R.C.P.Lond., M.R.C.S., Clinical Assistant to the Central London Throat and Ear Hospital.

BURNS, R. J., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Bishop-Wearmouth Sanitary District of the Sunderland Union.

COYLE, B. J., L.R.C.P., L.R.C.S.I., Medical Officer of Health for the Inistioge Dispensary District, co. Kilkenny.

CROSS, G. F., M.B., B.S.Durh., Medical Officer of Heath for the Downham Rural Sanitary District.

DAVIES, J. E. P., M.B., B.Sc Lond., L.R.C.P., M.R.C.S., House Physician to St. Mary's Hospital, Paddington.

DRUITT, A. E., L.R.C.P., M.R.C.S., House Physician to the Royal Hospital for Diseases of the Chest, London.

FRY, W. W. B., M.B., C.M.Edin., Medical Officer of Health by the Builth and Colwyn Rural District Councils.

HIGHET, C., M.B. and C.M.Glasg., Assistant Medical Officer to the Govan District Asylum, Paisley.

HOLMES, E. R., M.B., C.M.Edin., House Surgeon to Noble's Hospital, Isle of Man.

JOHNSON, M.B., L.R.C.P., M.R.C.S., Senior House Surgeon to the Lock Hospital, Paddington.

LOW, V. W., M.D.Lond., F.R.C.S., Resident Medical Superintendent to the Hospital for Sick Children, Bloomsbury.

MURRAY, J., F.R.C.S., Assistant Surgeon to the Middlesex Hospital.

PARKER, R. D., L.R.C.P., M.R.C.S., House Surgeon to the Bridgwater Infirmary.

PATON, E. P., M.D.Lond., L.R.C.P., F.R.C.S., Surgical Registrar to the Westminster Hospital.

POWELL, J. C., L.R.C.P., M.R.C.S., Assistant Medical Officer to the Brooke House Asylum, Upper Clapton.

POYNTON, F. J., M.B.Lond., L.R.C.P., M.R.C.S., House Surgeon to the Hospital for Sick Children, Bloomsbury.

ROBB, A., M.B. M.S.Aberd., Assistant Medical Officer of Health for the county of Lanark.

ROGERS-TILLSTONE, J. M., M.R.C.S., L.R.C.P., Medical Officer for the Second District of the Malling Union.

SMYTH, E. J., M.B. Lond., L.R.C.P., M.R.C.S., Assistant Medical Officer for the Infirmary of the Wandsworth and Clapham Union.

Births.

BROADBENT.—July 4th, at 35 Seymour Street, Portman Square, W., the wife of Dr. John F. H. Broadbent, of a daughter.

DAWES.—June 30th, at St. Helier, Longton, Staffs., the wife of J. W. Dawes, M.B., C.M.Edin., of a son.

HARRIS.—July 1st, at Shaftesbury, the wife of W. J. Harris, M.B., F.R.C.S., of a daughter.

PANTIN.—June 29th, at Finch Road, Douglas, Isle of Man, the wife of C. S. Pantin, M.D., F.R.C.S., of a daughter.

PINKERTON.—July 2nd, at 71 Craven Park, Harlesden, N.W., the wife of Robert L. Pinkerton, M.A., M.D., of a son.

ROBERTS.—June 28th, at Cliveden Place, Eaton Square, London, S.W., the wife of Edward A. Roberts, M.D., of a son.

Marriages.

GIBSON—BRIGGS.—June 16th, at St. Michael's, Melbourne, Edmund Valentine Gibson, M.D., of Derby, to Florence Mary, eldest surviving daughter of Wm. Briggs, J.P., C.C., of Bleak House, Melbourne, Derby.

GODFREY—FLETCHER.—June 30th, at St. Olave's, York, Dr. H. J. Clarendon Godfrey, of Bridlington Quay to Edith Margaret, eldest daughter of the late Allen Fletcher, of Bootham, York.

POTTER—YOUNG.—June 30th, at Sandyford Parish Church, James Coubro Potter, M.B., C.M., of Spennymoor, Durham, to Jessie Mary, daughter of John Young, 56 St. Vincent Crescent, Glasgow, and Alltamhor, Tighnabruaich, Argyllshire.

WILLIAMS—LEE.—July 1st, at the Hornsey Parish Church, George Rowland Williams, M.R.C.S., L.R.C.P.Lond., second son of the late Benjamin Williams, of Glinton, to Ella Mary, eldest daughter of the late Alfred R. Lee, M.R.C.S., L.R.C.P.Edin., of Queen Street, Cheapside, E.C.

Deaths.

BEALE.—June 14th, at Swansea, Thomas Miles Beale, surgeon, late of Shepherd's Bush, aged 63.

RALFE.—June 20th, at Billericay, Charles Henry Ralfe, M.A., M.D. Cantab., Consulting Physician to the London Hospital, and late of Queen Anne Street.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, JULY 15, 1896. No. 3.

Original Communications.

THE CAUSE OF MALARIA. (a)

By Surgeon-Lieutenant-Colonel E. LAWRIE, M.B.,

Residency Surgeon, Hyderabad, &c.

THE subject of malarious fever is one which belongs more properly to the physician than to the surgeon, but everyone in India, whether he practices medicine or surgery, is constantly being called upon to deal with malaria and its effects. Moreover, it is notorious that, for more than a year, the whole of the medical profession in India has been smarting under a series of insults and slurs, which I shall take this opportunity of showing you are wholly unmerited, that have been cast upon us by the *British Medical Journal*. This journal has been conducting a campaign on its own account against the sanitary services in India, in which the microscopic "parasite" of malaria has, so far, been its biggest gun. Statements have appeared from time to time that the "parasite of malaria is the greatest discovery in pathology." . . . . "If there is one thing certain in pathology, it is that a living parasite is present, and can be invariably found in malarial blood." "It is by far the most important of the animal parasites affecting man." "Eyes sharp and trained, as those of Virchow and Frerichs, completely failed to recognise it lying patent under their very noses." "The investigation of these bodies is the principal business and main duty of the Indian physician." "It has been entirely, or almost entirely, neglected by the profession in India." Men who write of Laveran's bodies as "pets," "beasts," brutes," or (save the mark) "bugs," have been extolled in the *British Medical Journal* as scientists in terms of the highest praise, while senior men of the calibre of J. M. Cuningham, Bryden, Rice, Marston, D. D. Cuningham, Crombie, Sanders, and a host of others, whose names alone call up feelings of respect and admiration throughout the length and breadth of this land, have been as freely reprobated and lampooned. Members of the British Medical Association, who have dared to express views at variance with those so giddily championed by their own journal, have been grossly libelled. In short, a reign of terror has been established, which must soon make it impossible for the profession to hear more than one side of any of the great medical questions of the day. The *Journal* has gloried in the "bomb shells" and "hard hitting" of its editor, who is apparently unmindful of the fact that two can employ these offensive weapons. In resisting the personal attacks of the *British Medical Journal*, however handicapped we may be, I think I can safely promise one thing: we shall not load our bomb shells with untruth; nor will our hitting be below the belt. I call it distinctly hitting below the belt to publish libellous and cowardly articles in the *British Medical Journal*, which are obviously written in London, and date them from Calcutta. It may be urged that the errors in the article I refer to, and which stamp it as having been written in London, are printer's errors. It is just possible, though highly improbable, that the designation of the present honoured head of our Service as "Surgeon-Major Cleghorne," is a printer's error; but it is quite impossible that anyone in Calcutta, or in India, could have written of the "Offices of the Indian Government Council." There are no such offices. If the cause of malarious fever is, as the *British Medical Journal* asserts it is, an animal parasite living in the blood, even then our profession in India does not deserve the hard things that have been said about it, in view of the many members of the profession whose work and writings stamp them as ardent searchers after truth on plasmodic lines. But if, on the other hand, malarious fever is not due to a parasite in the blood, *à fortiori*, if it is not primarily a blood disease, the *British Medical Journal* stands discredited in its self-imposed task of regenerating the medical services of this country, and we may reasonably demand to be left alone, and to be allowed to manage our own affairs, sanitary or otherwise, in future.

The patient I have brought to show you from Hyderabad to-day is suffering from enlargement of the spleen and malarious fever. He was admitted into the Afaul Gunj Hospital on the 1st February, 1896. Four months before admission he had fever daily, sometimes with, sometimes without, ague; after twenty days he took quinine, and recovered; six weeks later the fever returned, and he has had it off and on ever since. At times it is regular quotidian, at others it is irregular and of no pronounced type. Since he has been in hospital he has had fever for forty-two days out of fifty-nine. Between the 1st and the 15th February the fever gradually decreased from 105° to 99°, with four complete intermissions. For the next nine days it did not go above 99°. On the 25th February it came on again with ague, and has continued up to date. The spleen is tender and enlarged, and can be felt below the left costal arch. His temperature has been taken every hour in the rectum, his blood has been examined every day under the microscope, and he has had no quinine.

The point to which I desire to call your attention, is the condition of the patient's blood. Laveran's bodies have been found at every microscopic examination, and the black line on the temperature chart indicates very roughly the proportion of those bodies found daily. At a glance you can see that their number does not bear any constant relation to the temperature. It must be clearly understood that by Laveran's bodies we mean all those genuine abnormal cells found in the blood in cases of fever produced by malaria, and not such cells as are depicted in the fanciful pictures of the *Lancet* and the *British Medical Journal* of the 15th February, 1896. These are not correct representations of Laveran's bodies. Some of them appear to be drawn from the imagination; others, especially the rosette forms, are caricatures of vacuoles and crenating or disintegrating blood cells. If you look at the enlargement of these drawings, which have been done by one of my students, and compare them with the drawings from life of Laveran's bodies next to them, you will see what I mean. In the pictures from the *Lancet* and the *British Medical Journal* the representations of the three different varieties of "parasite," the quotidian, tertian, and quartan of the first part of the first day are all exactly alike. The pictures of the "parasites" of the second part of the first day and of the second, third, and fourth days might be anything. Most probably they are crenating red cells.

It is not stated whether the drawings of the "parasites" of the third and fourth days are intended to represent one and the same body in different phases of its existence, or whether they are pictures of bodies seen at different times and assumed to be one body in different stages. Whatever they are, with one exception, none of them are correct representations of Laveran's bodies any more than the picture I now show you of the man with the arms and legs extended is. This is taken from Marciafava's book, Plate 2, figure 6, and it discredits the whole of the drawings in that work. No one who has studied Laveran's bodies could pretend for a moment that they ever take such a form as this. The only drawing in the *Lancet* and

(a) An Address delivered at the Grant Medical College, Bombay, April 6th, 1896.

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British Medical Journal series which is really at all like a Laveran's body is the crescent in line B, and even in this the granules are depicted in the wrong place; they are never situated as they are in this drawing on one side of the cell only. All the drawings in the *Lancet* and *British Medical Journal* are stated to be copies from the plates in Marciafava's and Mannaberg's book, and I am not aware that Marciafava, or Mannaberg, or Congi ("the talented Italian" of that devoted worshipper of parasitic foreigners, Dr. Patrick Manson), or Bignani, or Celli, or Grassi, or Felletti, or any of the Italian observers have any claim to our confidence, which can weigh for a moment against the established claims of the great and immortal Virchow and Frerichs, who failed to discover a parasite in malarial blood, or that they have any claim at all, except that which is founded upon their descriptions and pictures of bogus parasites of malaria.

It is not surprising that the theories of malarious fever founded upon the assumption that Laveran's bodies are animal parasites living in the blood are fantastic and fine-spun. Everything, the very nomenclature of malarious fever, has been disturbed and recast by the clinical plasmodists, in order to meet the "New Pathology"—the "Scientific Medicine" of the *British Medical Journal*—based upon a parasite of malaria, distorted and multiplied according to the exuberance of the successful observer's fancy. The fever produced by malaria is assumed to be due to:—

(*a*) The act of sporulation of Laveran's bodies at intervals which are stated to correspond precisely with the periodicity of fever; or to

(*b*) A poison given off by Laveran's bodies at the time of sporulation.

No evidence has been adduced to support the theory that Laveran's bodies sporulate; or, if they do, that the act of sporulation is periodic; or that it is accompanied by the emission of any poison. The periodicity of the fevers of malaria has been conveniently assumed to bear an intimate relation to the supposititious act of sporulation, and obvious inconsistencies have been got rid of by the introduction of such terms as "mixed infection," where two or three generations of parasites are presumed to be at work in the blood together, or, "pernicious infection" in which the parasite is so deadly that it kills the patient before it has time to sporulate or to do anything else but capture and penetrate the red cell. The old term "quotidian," which still I hope conveys an intelligible and practical meaning to every one of us, has been given a new interpretation, so that it no longer signifies an intermittent, but a continued fever.

The anæmia of malarious fever is considered by the clinical plasmodists to be due to the destruction of the red cells by Laveran's bodies which devour them or eat them up, or, in some other plausible way, demolish them. The excrementitious products of the parasites in the blood, and the corpses of those that die there in harness are further assumed by the plasmodist to be got rid of by the phagocytosis of the white blood cells, or of the macrophages, the large nucleated cells of the spleen, or by the phagocytosis of the endothelial cells of the bone marrow and of the cerebral blood vessels. Lastly, all this microscopic mass of excrement and of Laveran's defunct bodies has to be got rid of; and it is assumed, in a most amusing way, that the phagocytes and macrophages throw it out in the spleen, which must be, according to the plasmodists, a mere dust-hole, where it accumulates until it gives rise to enlargement of that organ characteristic of malaria. For scientific medicine the chapter on phagocytosis in Mannaberg is one of the most amusing in the book. It ends with a hint that the usefulness of the macrophages is at times marred to some extent because they occasionally over-eat themselves so tremendously that they burst, and let all the spores they have devoured loose again before they have had time to digest them. Time compels me to pass on. I must therefore leave you to complete for yourselves the picture of the disappointed macrophage, all his obliging endeavours to benefit the patient rendered nugatory by his own amiable and well intended greediness.

The bodies we have found in this patient's blood consist of:—

(a) Intra-corpuscular cells containing dark pigment-like granules.

(b) Extra-corpuscular cells, also containing darkly pigmented granules; sometimes "swarming," and occasionally developing ciliary or flagellated pseudopods (flagella).

(c) Free granules, occasionally "swarming."

(d) Semilunar or spindle-shaped bodies called crescents. These bodies are different or varying phases of one and the same cell. The intra-corpuscular body or cell becomes the extra-corpuscular body by bursting through or incorporating with itself the envelope of the parent cell. The crescent, the movement called "swarming," and the development of flagella are readily accounted for without the necessity of regarding Laveran's bodies as parasites in the blood.

Before we proceed to consider in detail the exact nature of Laveran's bodies, and in order to facilitate the study of their meaning, it is necessary to dwell for a moment on facts which are known, and which I have observed, with regard to the physiology of the blood. It is because these facts have been lost sight of, or disregarded, that the parasite theory of malarious fever has flourished to the almost inconceivable extent it has. The physiological and biological statements I am about to make to you are gathered principally from Lister, Pettigrew, Landois, Stirling, and Drummond, supplemented by observations we have made in Hyderabad. If these observations are occasionally strongly stated, it is because I wish to emphasise the lines on which I consider investigation should proceed in future, and not because I wish to force other people to accept them.

Healthy blood contains two kinds of cells, the red and the white. The red cells convey gases to and fro between the lungs and the tissues. Their functions are urgent and all important, and admit of no interruption or relaxation. Hence, among other marvellous qualities, they possess an elasticity which is absolutely perfect: nothing stops their career, and they dash through the narrowest channels, round the sharpest corners, and past obstacles of any and every kind without the smallest check or hindrance. The mobility, energy, and outward activity of the red cell gives it the stamp of what Drummond calls "maleness"; it is an organism principally concerned with nutrition. The white cells are very different from the red. When fully developed, they appear to me to be filled with granules, which are minute living protoplasmic cells, and many of them contain large clear spaces, hitherto regarded as nuclei, which must, in my opinion, either be fertilising or nutrient areas; most likely they hold reserves of protoplasm. I throw it out as a hint to the profession, that they supply the blood and all the tissues each with the particular kind of protoplasm and young protoplasmic cells suitable for its own special requirements. They incorporate in their own being the two main activities of all living things, nutrition and reproduction, and their internal activity or passivity, and the fact that they teem with young cells and granules, indicate that they are the female, in the sense of being the maternal, cells of the blood. The white cells are never in a hurry like the red; they loiter about in the capillary system, and stick to the walls of vessels and pass through them shedding their contents either in the blood or in the tissues. The white cells have special movements of their own, which consist of varied activities of their protoplasm. These cause the cell itself to change its shape and position, and they produce intracellular movements of the granular contents which are seen sometimes moving slowly, and at others, actively "swarming" with the identical movement described by Laveran in connection with his malaria bodies as that of the "disturbance of boiling water."

The white cells of the blood further have the power of throwing out pseudopode-processes, which, if thread-like and filamentous are called cilia or flagella, and these protoplasmic off-shoots can be detached and lead for a time an independent existence. The ordinary forces of the circulation, the heart and the elasticity of the vessels, are not sufficient to account for the whole of the movement of the blood in the capillaries, and it seems, therefore, highly probable that both the intra-cellular circulation called "swarming," and the evolution of "pseudopods," which is a primitive force of the circulation, and what Pettigrew long ago described as those occult forces, which regularly assist in the peculiar circulation of the blood cells and of the blood plasms in the capillary system.

A most important point, bearing on the origin of Laveran's bodies, is the source from which the blood cells

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are derived. They are largely manufactured or elaborated in the spleen or liver. In man the red cell is not nucleated; but in the human embryo it is nucleated, and it is also nucleated in the frog, and in the frog the nucleus is clearly the intra-corpuscular stage of the white cell. No. 1 is a photograph of a red and white cell of frog's blood, copied from Landois and Stirling's book, and it is evident that the white cell is identical with the nucleus of the red. I was led to make an examination of the blood of the frog by an accident. In accordance with letter No. 3,278 from the Government of India Foreign Department to the Resident at Hyderabad, covering a paper by Dr. Patrick Manson "On the Nature and Significance of the Crescentic and Flagellated Organisms in Malarial Blood," the medical officers serving under the orders of the Resident at Hyderabad were directed to make observations on the "organisms of malaria, and were specially enjoined to pay particular attention to the life history of the parasite." At the time this letter was received in my office we had been working for several months at the microscopic appearances of the blood in malaria; and it appeared to me that before Laveran's bodies could be properly assumed to be parasites they must be shown to have an independent existence outside the human body, and that a likely *habitat* for them, if they had such an existence, would be the body or the blood of frogs, frogs being known to flourish where malaria abounds. The examination of the blood and of the liver and spleen of frogs was undertaken while the animals were alive (anæsthetised). In the blood and in the free protoplasm of the liver and spleen we discovered to our astonishment, not Laveran's bodies, but their complete analogues. In the liver and spleen of frogs were found small protoplasmic cells and granules, identical with those contained in the white blood cells in man, "swarming" with the same movement of boiling water which Laveran had discovered in his organisms, and which we had discovered in the leucocyte. We also found blood cells in every stage of development, and the white cell could be traced from its origin as an intra-corpuscular body, when it sometimes becomes the nucleus of the red cell, and at others becomes a free and independent leucocyte until it changes into an extra-corpuscular body, by bursting through and incorporating with itself the red cell. The white cell in the frog has to serve the purpose of nutrition of a simple slow cold-blooded amphibious animal, and the processes of its development are correspondingly simple and easy to follow. In men the blood cells are unquestionably formed on the same lines as those of the frog, but the nutritive processes are so complex, and the difficulties of examining the blood glands during life are so insuperable, that it is correspondingly difficult to follow the stages of the developmental processes. It is a curious fact, however, that wherever difficulty arises in tracing out the analogy between the two assistance is afforded by Laveran's bodies.

Lastly, the "swarming" movement of the protoplasm and of the young protoplasmic cells in the spleen of the frog indicate that there is a double circulation in that organ, and very probably in the liver also. This view receives confirmation from the discovery of Roy, extended by Schäfer and Moore, of the rhythmic contractility of the spleen. I mention this here because the double circulation in the spleen may turn out to have an interest bearing on the diurnal variations of the temperature in health, as well as on the periodicity of malarious fever, when these variations are exaggerated.

In the light of the above physiological facts, we are in a position to consider the actual value of the characteristic features of Laveran's bodies, which have been made the foundation for the belief that they are parasites living in the blood.

1. They are intra-corpuscular in one stage of their existence. But the white cells of the frog's blood, which are the analogue of the human white blood cell, are at one period of their existence intra-corpuscular bodies, and no one would dream of calling them parasites.

2. Laveran's bodies are at another stage of their life extra-corpuscular. So are the white cells of the blood.

3. The free body changes its shape, and becomes oval or crescent-shaped. The crescent is supposed to be a parasite and to "devour" the red blood cells. There is nothing remarkable about the change of shape of the crescent. All cells which contain granules tend to become spindle-shaped when the granules collect in the centre of the cell, and round again when they spread out to the margin, and the red cell of the frog, in which the granules of the nucleus are collected in a compact mass in the centre is itself spindle-shaped. The resemblance between the red blood cell of the frog and the crescent is so marked, especially when the latter is changing its shape that it cannot be accidental. The true semi-lunar shape which the crescent assumes is certainly very curious and interesting; but it only takes this shape when the granules are collected quite in the centre and the cell is consequently very markedly spindle-shaped, as a mechanical result of the force of the blood current. If you apply the methylene blue stain to a preparation of fresh blood, first to one side of the cover-slip and then to the other, so as to create currents in opposite directions, you can make the crescent semilunar in either direction in which the ends are wafted by the current created by the stain.

4. The granules in Laveran's bodies occasionally undergo a "swarming" movement, which Laveran compared to "the disturbance of boiling water." The same movement was discovered by us in the normal human leucocyte, and it can readily be produced artificially.

The importance of this "swarming" movement cannot be over-estimated. From the moment when we found "swarming" in the leucocyte, it became clear that Laveran's bodies and the white cells are closely allied, and that one is no more likely to be a parasite than the other. "Swarming" is, confessedly, one of the most characteristic attributes of Laveran's bodies; it is a sign of life. The "swarming" movement, therefore, the boiling water movement of Laveran, on which the plasmodists rely most confidently for the identification of Laveran's bodies as parasites, if it is conclusive evidence of anything, is merely evidence that they are related to the white cell. The proof is clinched by the discovery of the same "swarming" movement in the normal protoplasmic cells and granules in the liver and spleen of frogs.

The same thing may be said with regard to the development of cilia or flagella in connection with Laveran's bodies. In view of the elementary truth that ciliary and flagellate varieties of pseudopods are known to be present, and to constitute normal forces, in the circulation in plants and animals, there does not appear to be any reason why they should be described as signs of parasite life only when they occur in connection with Laveran's bodies in the fever blood of malaria.

We now see that none of the qualities of Laveran's bodies warrant the assumption that they are parasites. On the contrary, they have their complete analogues in the cells of the blood, both of man and of animals. Moreover, they are not present in the blood in a considerable proportion of cases of malarious fever of the most fatal and chronic types. They cannot, therefore, be the cause of the fever. If Laveran's bodies were the cause of the fever in malaria the plasmodists would surely have been able before now to isolate them in pure culture, and to demonstrate their existence outside the human body. Dr. Patrick Manson states that "the intravenous injection of blood containing this parasite into a healthy individual is followed by the multiplication of the parasite in the blood of the person inoculated, and also by the occurrence of the characteristic fever." There can be no justification for employing intravenous injections of malarial blood in the human subject, but during our investigation we did employ them repeatedly in dogs and in monkeys. When they produced any effect at all it was to give rise to a sharp attack of fever, which passed off on the same day, and was not accompanied by the formation, much less by the multiplication, of Laveran's bodies in the blood. According to my experience, which is, however, confined to cholera cases, the intravenous injections of healthy blood or of saline fluid produce similar effects in man. They give rise to ague and fever, but the symptoms so produced by the saline fluid are most assuredly not malarial. From an examination of a very large number of splcens and livers of frogs, which are always healthy, we have come to the conclusion that frogs are immune against malaria. We, therefore, fed one of our fever patients for several days on the spleens and livers of frogs, and gave him daily subcutaneous injections of frogs' serum. This treatment had no effect in arresting the attacks of fever, as it might have

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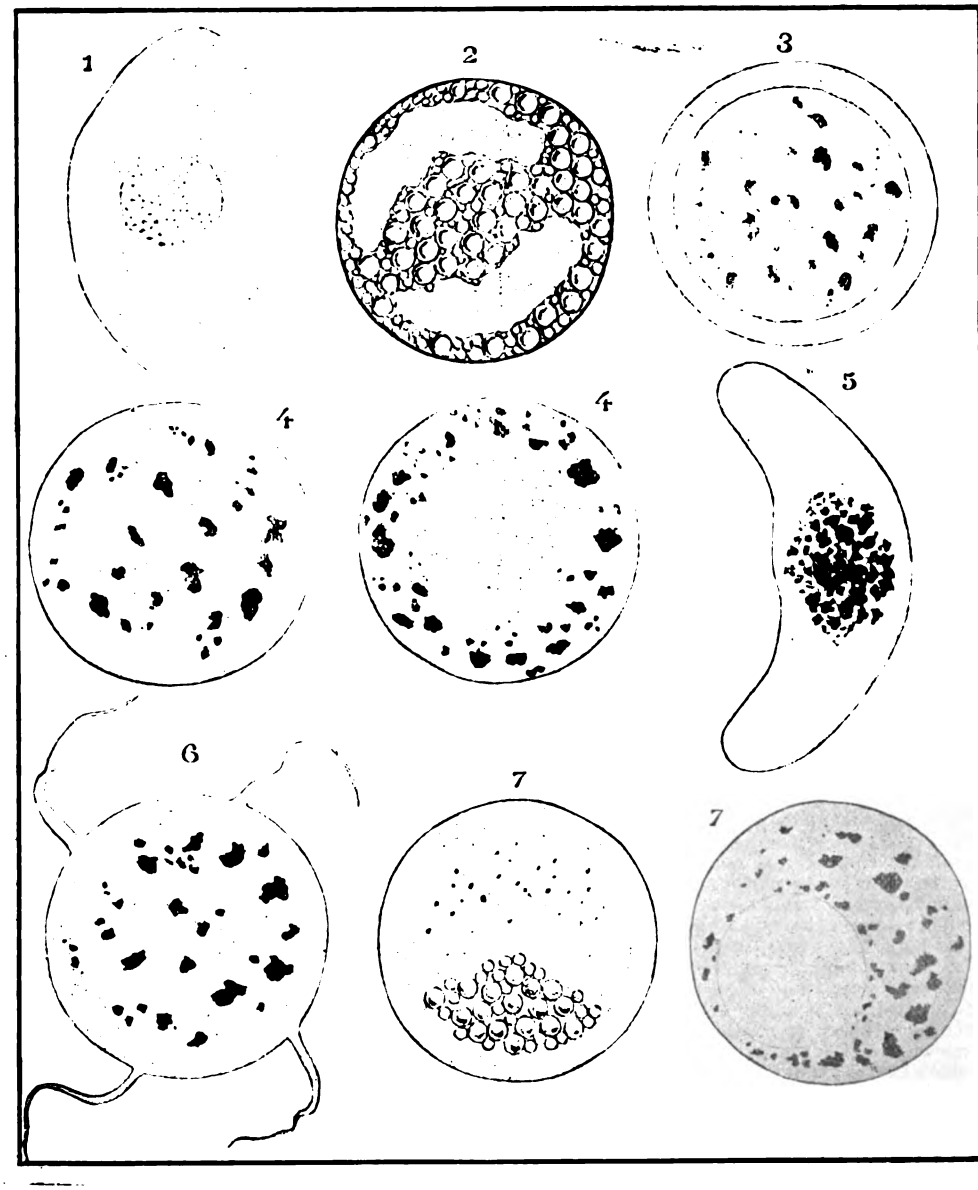
been expected to have had if the cause of the disease had been (a) a parasite in the blood, against which the frog is immune, or (b) a defect in the spleen of the same nature as those defects of the thyroid gland, which produce diseases which can be remedied by thyroid feeding.

Enough has been said to show that Laveran's bodies are not animal parasites living in the blood. The relationship between them and the normal blood cells is well brought out in this table, which makes it perfectly clear that in every phase of their existence Laveran's bodies have their analogue in normal blood. We have dealt with three forms of blood cells :—

(a) Those of the frog, in which development is slow and easy to follow.



Photographs of Blood Cells and Laveran's Bodies.

1. Red and white blood cell of blood of frog. From Landois and Stirling's "Physiology."
2. Leucocyte of human blood. Diagram.
3. Intra-corpuscular body of Laveran. Drawn from life.
4. Extra-corpuscular body of Laveran. The pigment-like granules are spread about. Drawn from life.
4. (2) Extra-corpuscular body of Laveran. The pigment-like granules are spread out to the edge of the cell. Drawn from life.
5. Extra-corpuscular body of Laveran; the crescent, which is spindle-shaped because the granules are collected in the centre. Drawn from life.
6. Extra-corpuscular body of Laveran, flagellated. Drawn from diagram.
7. Cell partially diseased. Drawn from life.
7. (2) Cell partially diseased.

The most striking points in the above group of healthy and diseased cells are :—

(a) The resemblance between the white cell and the nucleus of the red cell of the frog's blood.

(b) The resemblance between the red blood cell of the frog and the crescent.

(3) In Nos. 2, 4, 4 (2), 6, 7, and 7 (2) "swarming" was seen.

(d) In Nos. 7 and 7 (2) the cells are only partially diseased. In No. 7 the cell contained a number of healthy protoplasmic cellules, such as are seen in the healthy leucocyte, along with the usual black pigment-like granules. The cell in No. 7 (2) contains a clear nuclear space, resembling the nuclear spaces seen in the leucocyte.

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(*b*) Those of the healthy human subject, in which development is so rapid that it is difficult to trace except in the way of analogy with the frog.

(*c*) Those of the malarious human subject Laveran's bodies, which are diseased or degenerate; but in which the development is not so rapid as in the healthy human blood cells, and in which the analogy to normal human blood cells on the one hand, and to frogs' blood cells on the other, can be traced without difficulty.

A study of Laveran's bodies renders many points in the physiology of the blood clear and distinct. Thus their intra-corpuscular stage indicates that the human white blood cell begins life as an intra-corpuscular body. The extra-corpuscular stage is synonymous with the free and independent existence of the leucocyte. The crescents indicate the spindle-shape of the red cells, which is normal in the frog and other lower animals; and the "swarming" movement, and the development of ciliary or flagellate pseudopods affords strong presumptive evidence that these circulatory forces, which are recognised conditions of the circulation in animals and plants, are regularly at work in the capillary system of man.

It only remains to state or re-affirm the source or origin of Laveran's bodies, and to consider the theories of malarious fever based upon it to the extent to which it is warranted by acute facts. The spleen is undoubtedly the organ mainly concerned in the production or elaboration of the white blood cells, though other blood glands may assist in the process. We have just seen that the analogy between Laveran's bodies and human blood cells as well as those of the frog, which are manufactured in the liver and spleen, is close and absolute, and in the third place, the spleen is invariably diseased in malarious poisoning. From these three facts, it is evident that the Laveran's bodies are merely the kind of degenerate blood cells which are turned out by the spleen when it is dragged down from its high pinnacle of evolution by malaria. The precise manner in which malaria acts upon the spleen can only be determined by future observation. All we know at present is that in certain localities and climates which we call malarious, enlargement of the spleen, with fever and anæmia, is endemic, just as we know that in other localities and climates, enlargement of the thyroid gland, with bronchocele and various constitutional symptoms, and in others again, stone in the bladder, are endemic.

Our theory of malarial fever then is that it is produced by the action of malaria on the spleen, and that the product of Laveran's bodies, which are not found in anything like all cases of malarial fever, is one of the effects of the distempered condition of the spleen of splenitis. Several facts point irresistibly to this conclusion, for instance, congestion of the spleen characterised by enlargement or tenderness, or both, is the most constant of all the symptoms of malarious poisoning. Secondly, it is the sign on which reliance may most safely be placed in making the diagnosis of the malarial origin of fever, and if it is not present it is generally well to consider the advisability of excluding malaria as the cause. In the third place the only drug which can be trusted to cure enlargement of the spleen from malaria, and the fever which springs from it, is quinine, and it restores equally those cases in which Laveran's bodies are, and those in which they are not, found in the blood. Lastly, when Laveran's bodies are present they attest in terms which are unmistakable that the spleen is the organ primarily affected by malaria.

The first effect of malaria on the spleen is to disorder its functions, and the patient gets fever, sometimes markedly periodic, sometimes not. It must not be forgotten that the temperature of the blood in health shows regular diurnal variations between 97° and 99°, which depend to a large extent upon the periodic nocturnal inactivity and the diurnal activity of the spleen. The periodic attacks of fever are amply accounted for by the view that they are exaggerations of the diurnal activity of the spleen. The disturbance of its functions may cause the diurnal variations to be exaggerated daily quotidian ague, or every alternate day-tertian ague, or every third day-quartan ague. As the disorder of the spleen increases its functions of regulating the diurnal variations of temperature become less clearly pronounced, they are, as it were, lost in the disease, and as a consequence the attacks of fever seldom maintain periodic regularity for any length of time, and they become irregular. If the irritation of the spleen is very great, or if it is accompanied by derangement of important organs like the brain, the liver, the stomach, or the bowels, the fever may be irregular or continuous from the onset.

As the disease progresses the spleen is no longer able to elaborate its full complement of perfect white cells. It manufactures a certain number of imperfectly developed or abnormal cells which pass into the blood; and these are Laveran's bodies. The symptoms produced by the presence of these bodies in the blood are easy to understand; they are symptoms of disordered nutrition. Instead of receiving their normal supply of life-giving white cells, all the tissues of the body get a proportion of Laveran's barren innutritious and not infrequently lifeless organisms. It is not surprising that a patient who has malarial fever is generally pale, and has headache or perhaps severe cerebral symptoms, with indigestion, constipation, and derangement of the liver, or that he feels very ill, and becomes thin; the nutrition of every tissue and organ in the body suffers. Finally, when the enlargement of the spleen becomes, as we say, chronic, its functions as a blood-forming organ are entirely in abeyance; even the degenerate cells of Laveran are no longer produced and the anæmia becomes permanent and profound.

Such, Gentlemen, is a brief outline of our theory of the action of malaria. We claim for it, that it confirms the principles on which our predecessors, who were by no means the ignoramuses they have been made out to be, practised successfully in India. It explains as no other theory will the phenomena associated with acute and chronic malarious fever, and it suggests a long vista of possibilities, as regards the action of the spleen and the reaction of the tissues on the blood, in such conditions as inflammation, gangrene, septicæmia, leucocythæmia, and anæmia generally. Moreover, it is the only theory which accounts satisfactorily for the action of quinine in enlargement of the spleen and malarious fever. Quinine acts directly as a specific on the diseased spleen, and through it on the white cells of the blood, and this teaches us not only its effect in curing malaria, but also its unique action as a tonic, and its prophylactic action against cholera and other infectious diseases when they are epidemic.

POST-GRADUATE CLINICAL DEMONSTRATIONS.

By JONATHAN HUTCHINSON, LL.D., F.R.S. F.R.C.S.,

Consulting Surgeon to the London Hospital, and late President of the Royal College of Surgeons, England.

[*Specially Reported for the* MEDICAL PRESS AND CIRCULAR.]

AMONG some of the cases recently shown and demonstrated upon by Mr. Hutchinson was one of

SCLERODERMIA

in an old man of 74. It was described as a very rare case of extreme interest. The patient was quite healthy, but his skin over certain parts of the body was set into the condition of a board. The skin was not "pinchable" on the cheeks, the forehead, or over the whole of the clavicular region. That over the chest was similarly affected, that is, hard and stiff. But the skin of the hands was fairly loose. These cases varied as to the seat of the primary manifestation of the disease. The hands were sometimes the first part to be attacked. That was not so, however, in the present instance. The hardness in the patient began just below the elbows and spread upwards. A point to be borne in mind was that the skin of the genitals never became affected in these cases, a fact which was clearly shown in the present case. [When the patient had stripped in order to allow an examination to be made of the skin of his lower limbs, a large pendulous molluscum was disclosed attached to the upper and

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inner aspect of his left thigh.] The skin of both thighs was hard. The disease consisted essentially of an induration of the skin, as if the latter structure had been converted into leather; generally the hardness was diffused, but such was not universally the case. The next point to be considered was what caused the affection. The answer to that question was impossible in the present state of our knowledge. In all probability some nerve disturbance was associated with its causation. As a rule, the extremities were the commonest parts of the seat of the disease. All the examples which had come under Mr. Hutchinson's notice were in men, and mostly in old men. In one case the disease affected the backs of the arms, and legs. The induration was so great that the patient could scarcely move about or kneel. The gentleman, however, was otherwise in good health. Experience showed that the tendency of the disease was to undergo spontaneous cure. It was necessary to distinguish these cases from the sclerodermia of infants. In the latter the hardness of the skin was due to the consolidation of the fat, as the result of exposure to cold. Sometimes the disease was associated with the formation of ivory patches, but there were none in the present patient. He first noticed the hardness two months previously. He had difficulty in bending his arms and his neck. He had not been exposed to cold, and could not, therefore, assign that as a cause of his disease.

Mr. Hutchinson mentioned that a young woman, suffering from the typical signs of Raynaud's disease, who had shown herself at the demonstration three weeks ago, had since died from an attack of bronchitis. The disease had persisted for five years, and the case was somewhat remarkable from the fact that severe hæmorrhage had several times occurred from her nose and gums. She had had also recurrent attacks of hæmatemesis, a complication which was often noticed in Raynaud's disease.

The next case was one of

OSTEITIS DEFORMANS.

The patient was an elderly woman. Her head looked large—too large for the face—the nose was enlarged, but the lower jaw was normal in size. It was not so easy a matter to detect the increasing size of a woman's head in comparison with that of men.

The bonnets or hats worn by women, were not made to fit the head closely, while in men attention was soon drawn to the increasing enlargement of the head by reason of the necessity which arose for wearing a larger hat. An interesting point in the present patient was the peculiar bending forwards of the shafts of the femora, suggestive of rickety curvatures. Both legs were alike in appearance, the bones were enlarged in all directions, being much thickened. One result of the deformity was that she could not bring her knees together. Moreover, her posture was noticeable; she bent forwards, with the abdomen drawn in, and the chest thrust out. There was some, but not much enlargement of the arms. Mr. Hutchinson stated that his theory of the origin of osteitis deformans was that the affection came under the wide law of infective diseases. Inflammatory processes which occurred in one tissue in one part of the body were prone to infect similar tissues in other parts. Let acute periostitis of the tibia be taken as an example—a boy may receive a blow on his tibia, that may be followed by acute periostitis and subsequently necrosis; while the disease was in progress several other bones might become similarly affected. Sir John Simon some years ago gave the name of "necrosing fever" to the class of cases in question. Mr. Hutchinson expressed his belief that in such cases the development of the periostitis in the other bones could be explained by the assumption that it was caused by the conveyance of some infective matter from the original seat of the disease, namely the tibia. It was possible for old persons to have chronic periostitis of one bone, causing a similar outbreak in other bones. The patient for example, under discussion, believed that one of her legs was enlarged before the other showed any signs of being affected.

Mr. Hutchinson related an interesting case of a medical man, in large midwifery practice. He had often to sit against the edge of the beds of the patients whom he attended, and in the course of time his "midwifery leg" became painful and enlarged. Experience taught that osteitis deformans was more common in those who had a predisposition to gout. The disease was usually, but not always, symmetrical. All the old museums contained well-marked specimens of it. Another case mentioned was that of an old gentleman who took his wife to several consultants for the purpose of obtaining advice as to the state of her health. But he was heard one day testily to remark, "It doesn't matter who I take my wife to, I can never get any attention for her, because everybody will look at me." The old gentleman was the subject of osteitis deformans.

SPASMODIC MOVEMENTS OF THE LEFT ARM.

This patient was a little girl, æt. 8, whose history was as follows. Four years ago she fell downstairs, and soon afterwards began to complain very much of pain in her head. She was in bed two months as the result of the accident, during which she constantly had attacks of screaming. Since then the left arm had been subject to repeatedly occurring movements of a spasmodic nature by which the limb was suddenly raised above the head. Within the last eighteen months she had had three attacks of Jacksonian epilepsy affecting the left side. The movements were quite involuntary, and were destructive to her comfort. They occurred indiscriminately, when she was at school, at home, or while she was at play. If anything, they were more severe than was the case some time ago. Nothing could be felt upon the skull to indicate the presence of any lesion. The mother pointed out that the child slept badly, and was accustomed to get out of bed during the night, when the movements would always take place. Mr. Hutchinson concluded that a lesion had probably occurred to some centre in the brain.

CHANCRE OF THE LIP IN A WOMAN.

A young woman, æt. 31, came with a hard specific sore on her lower lip. There was no sore throat, but a hard immovable, bullet-like enlarged gland could be felt beneath the lower jaw. For five years the patient stated that she had noticed a "crack" in her lip; it was, therefore, probably through the crack that the lip had become inoculated. Her skin was free from any eruption. No history could be obtained of how she had become infected.

A PISTOL BULLET EMBEDDED IN THE BRAIN PHOTOGRAPHED BY THE ROENTGEN RAYS.

By MM. BRISSAUD AND LONDE.

[FROM OUR FRENCH CORRESPONDENT.]

AT the last meeting of the Académie des Sciences, the authors presented a contribution to illustrate the feasibility of applying the Roentgen's rays to localisation of foreign bodies, and especially bullets within the cranium.

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On August 1st, 1895, a gentleman received a wound from a revolver, fired point blank, in the middle of the left frontal eminence. He believed he never lost consciousness, but was unable to speak or make any movement until a few hours after the injury, when he became able to answer in monosyllables questions put to him. His eyes remained closed; he recognised by their voices persons who addressed him; he endeavoured even to answer in English; the idea of replying in French not apparently occurring to him. He was able to speak either language equally well. When he wanted to begin to speak French again he found himself unable, and remained incapable for thirty-six hours

Dr. Reverdin, of Geneva, saw the patient eighteen hours after the accident, and found complete left hemiplegia, with loss of sensibility from the end of the fingers to the bend of the elbow. Above the elbow, the cutaneous reflexes were intact, and all stimulations were perceived. No attempt was made to find the ball. The patient during nine days had fever which steadily decreased; the temperature never rising above 39° Cent., after the first day. During fifteen days he discharged involuntarily both fæces and urine; after this he recovered the tone in the sphincters; passed from his torpid condition, began to eat with appetite without having experienced the least difficulty in swallowing, and finally was able to get up and walk in hemiplegic fashion. The wound did not become the seat of any complication: did not discharge even the smallest splinter of bone; and was completely cicatrised in less than a month.

Except for the torpor of the first hours, and the passing verbal amnesia, limited to French, the mental condition showed no modification. Outbursts of wild laughter, which need not be attributed to mental disturbance, were the only intellectual abnormality to record; but it is known that such outbursts may result from irritation of the corpus striatum in the neighbourhood of the bend of the internal capsule.

At this period the symptoms were limited to spasmodic left hemiplegia of the limbs and face, without implication of the superior facial, common motor oculi, and masticators. The contraction is of moderate intensity, in spite of exaggerated reflexes and clonus of the foot; and the spasm is never converted into Jacksonian convulsions.

Penetration of the bullet in the left frontal region does not imply that the actual hemiplegia is due to a lesion of the left hemisphere. The direction of the weapon, moreover, made very clear the course of the projectile.

The ball had perforated the frontal lobe obliquely from left to right; then passing in front of the corpus callosum, and in its plane traversed the right hemisphere from front to back and from within outwards.

Absence of interference with the function of deglutition implied that the capsular fibres had not been injured between the corpus striatum and the optic lobes. The spasmodic laughter was explained by a lesion of the anterior portion of the corpus striatum. The French aphasia might be attributed to injury of the left frontal lobe. In fact, the course of the ball was clearly determined from the symptoms. It was none the less interesting to confirm the reasoned diagnosis by material proof without a cutting operation, and this proof was furnished by the Roentgen rays. The photographs were taken by M. Londe in the laboratory of the Société Optique.

The image was not as clear as it might have been because the patient was affected with slight clonus of the head due to the prolonged contraction of the muscles of the neck. But it was possible to distinguish clearly the portrait of the skull, the frontal eminence, the frontal sinus, the maxillary sinus, the petrous bone, the malar bone, the orbital cavity, &c. The bullet was situated in the posterior region at the level of the second temporal circonvolution, probably above the tentorium cerebelli.

This localisation conformed precisely to the supposed course of the bullet if the course were followed through the series of points where the nerve fibres were successively divided.

For the particular case in question the interest of the experiment consisted not only in determination of the exact seat of the bullet, but in the practical consequence of this determination. The ball being situated in the temporal region the hemiplegia was not due to its presence. The hemiplegia resulted from division of nerve fibres which the ball had traversed in its passage, and was not of cortical, but of capsular, origin. A surgical operation, therefore, was deemed useless to improve the existing condition.

Transactions of Societies.

OPHTHALMOLOGICAL SOCIETY OF GREAT BRITAIN.

MEETING HELD FRIDAY, JULY 3RD, 1896.

The President, Mr. NETTLESHIP, in the Chair.

SPONTANEOUS CURE OF PULSATING EXOPHTHALMOS.

MR. ADAMS FROST showed a man, who when quite young, had sustained a fracture of the base of the skull, consequent on which a pulsating exophthalmos had supervened. There had been several attacks of inflammation, one in particular very severe, several weeks since, and since that attack the exophthalmos appeared to be on the way to recovery.

The PRESIDENT suggested that instances of recovery from this condition were probably not as rare as was generally supposed.

EXPERIMENTAL RESEARCH ON THE COURSE OF THE OPTIC NERVE FIBRES.

Dr. C. H. USHER and Dr. GEO. DEAN, read a paper on this subject in which the method employed was that of wounding the retina and tracing the degeneration in the nerve fibres by means of Marchi's osmium bichromate method. The wounds were made with a Graefe's knife or galvano-cautery, the ophthalmoscope being used to enable the operator to produce the lesion in the part of the retina selected. The first part of the communication deals with the results obtained in a number of rabbits. As seen by the ophthalmoscope the wounds in the fundus presented the appearance of a white elongated gap with sharply defined edges. Its length was from about ½ to 1½ optic disc diameter. Among the lesions was included division of the anterior and posterior bands of opaque nerve fibres. In all the cases a tract of degeneration was found in the nerve corresponding to the wounded retina. The degeneration occupied a situation in the nerve corresponding to the part wounded, for example a lesion in one quadrant of the retina caused a degeneration in the corresponding quadrant of the nerve. The degeneration maintained the same situation throughout the whole length of the nerve. In the cases where the opaque bands were incised the degeneration was found to be denser than in the cases where other parts of the retina were wounded. In every case minute black points were found in the nerve of the eye which had not been wounded. These points were diffusely scattered, and much less prominent than those on the side of the lesion; they were found to stand in direct ratio to the amount of degeneration in the nerve of the operated eye. The second part of the communication consisted of results obtained in the case of a monkey, in which a lesion by means of the galvano-cautery was made between the optic disc and the yellow spot. A well-defined area of degeneration was found in the corresponding optic nerve. It lay externally in the anterior part of the nerve, whereas it occupied a central position in the posterior part of the nerve. Its shape in the anterior part of the nerve was that of a nar row isosceles

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triangle, with its base at the periphery and its apex towards the central vessels. Behind the entrance of the retinal vessels the area gradually became central; in this situation it assumed a somewhat irregular form with angular projections; near the chiasma it was still in the centre of the nerve, and crescent-shaped. In the other optic nerve small black points were present similar to those found in the case of the rabbits. The interest of this case in relation to the cases of toxic amblyopia and in relation to the course and origin of the macular fibres was indicated.

Mr. MARSHALL thought that the method of staining adopted, was not altogether free from objection, but he agreed that it was very useful when the lesions were of but short standing, when there would not be much sclerosis but only simple degeneration. He agreed that in the preparations under discussion, the fibres stained were probably undergoing actual degeneration.

CONGENITAL HYDROPHTHALMOS.

Mr. F. R. CROSS demonstrated by lantern projections that in cases of congenital hydrophthalmos there was always some obstruction of the filtration angle. He pointed out that hydrophthalmos was the result of increased tension in the young, which, in older subjects, brought about glaucoma. He himself accepted the theory that glaucoma in the adult was due to blockage of the filtration angle. Whether this was secondary to closure of the cilio-lental space, or otherwise, did not much matter. He added that even when the filtration angle appeared on examination to be widened, there might still be blockade. One of the eyes examined was that of a child of 4, and the history was that at four months she had had whooping-cough, when changes in the eye were noticed which culminated in hydrophthalmos. In that case, however, he thought the condition was probably congenital. The eye was removed on account of intense pain. The other two eyes examined were removed from a child, æt. 7, at the same operation, also on account of intense pain. He himself had seen that child when five weeks old, and there was already well-marked hydrophthalmos.

Mr. DEVEREUX MARSHALL showed by means of a photograph of a buphthalmic eye, removed from a boy, æt. 5, for severe pain, that though the anterior chamber was unusually deep, the angle of filtration was closed. The patient's other eye was quite normal.

Mr. TREACHER COLLINS urged that in buphthalmos not consequent on any known antecedent disease the symptoms always dated from birth, and they must look for some congenital malformation. Sometimes the iris failed to become completely separated from the posterior surface of the cornea, and so a congenital anterior synechia resulted. This would tend to obstruct the exit of fluid through the filtration area. He had several times found adhesion of the root of the iris to the cornea in cases of this kind.

Mr. PRIESTLEY SMITH thought that the author's series of sections showed beyond question that there was actual obstruction of the filtration area. Slight compression of the angle of filtration would be quite sufficient to obstruct the exit of fluid, and so raise the tension of the eye. He thought that congenital glaucoma was a term worth retaining, though hydrophthalmos might serve to designate a particular variety of glaucoma. In examining the eyes of the inmates of a blind school, he had been struck by the fact that fully five per cent. of the cases appeared to be due to a condition of hydrophthalmos apart from actual inflammation at birth. He claimed for Mr. Treacher Collins the credit of having fully worked out the etiology and pathology of these cases of congenital glaucoma.

THE Governing Body of the Victoria Hospital for Children intend in June of next year to celebrate the completion of the sixtieth year of the Queen's reign by a Grand Imperial Fête and Fancy Fair on the same lines as the Silver Fête held in July 1888, on the occasion of the Silver Wedding of the Prince and Princess of Wales

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, July 11th, 1896.

INGUINAL HERNIA.

PROF. LANNELONGUE presented four boys to the meeting of the Academie de Médecine on whom he had attempted the radical cure of inguinal hernias by injecting deeply around the canal a few drops of a 10 per cent. solution of chloride of zinc. Eighteen days had passed by since the operations; the immediate result of these injections was a hard and voluminous swelling of the scrotum and the inguinal canal.

When the patients were made to cough no shock could be felt in the inflammatory mass. The speaker declared that in point of view of an ultimate curative result, he could not as yet pronounce definitely, but that he would present the lads again after a considerably longer period.

THE X RAYS.

At the Academie des Sciences, M. Lortel gave the result of his experiments with the X Rays on tuberculosis, and which were rather favourable, if not conclusive. Eight guinea-pigs were inoculated in the right inguinal fold with a culture taken from another animal of the same species manifestly tuberculous. Three days afterwards three of these animals were attached to a thin plank, on their back with the legs separated, and a Crook's tube was brought to bear on part that had received the injection. The same operation was repeated for one hour, for 54 days. The other five animals developed suppurating abscesses of the inguinal ganglions at the end of 45 days, while the three submitted to the electric experiment remained quite healthy, increased in weight, their inguinal ganglions were very small and were diminishing each day. The Röntgen rays had consequently modified considerably the acute development of the tuberculosis.

This result, although incomplete, was sufficient to authorise further experiments with a chance of success, on superficial tuberculous disease limited to the pleura and the mesentery, and especially in the case of children, for the rays pass with the greatest facility through the intestinal mass even when filled with alimentary matter.

CURETTAGE.

It is well known that young girls can suffer from very abundant loss of blood at the catemenial periods, simulating true menorrhagia, but which yields in general to ordinary treatment. However, it sometimes happens that the hæmorrhage depends on the presence of fungosities of the uterine mucous membrane, and in such cases medical treatment fails.

Prof. Larogenne, of Lyons, does not hesitate where such a cause is suspected to practise a curettage of the uterus after slight dilatation by which he removes the fungosities, and applies immediately afterwards to the mucous surface a solution of equal parts of choride of zinc. The operation was always successful.

TYPHOID OYSTERS.

The Paris Academy of Sciences, after discussion of the question, has adopted the following resolution:—"That, as gastro-intestinal accidents, and even typhoid fever, may be occasioned by eating oysters which have remained in beds which for one reason or another are polluted, this Academy suggests that the competent authorities should exercise a control over oyster-beds as well as over the oysters imported from abroad. Further, it is necessary to

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insist that oysters obtained from localities known to be contaminated should be placed for eight days, at least, before sale, in a place reached by sea-water and free from all pollution."

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, July 10th.

THE NEW APERIENT WATER "APENTA."

GEHEIMRATH OSCAR LIEBREICH, Regius Professor of Chemistry, University of Berlin, has published in the June part of the *Therapeutische Monatshefte* a critical article and analysis of this water, which appears to be coming to the front. He remarks that experience, as well as experiments, have shown that in natural mineral water there arises an extraordinary inconstancy of the chemical constituents. For medical purposes it is absolutely necessary, in prescribing an aperient water, to know the dose. It has happened not infrequently that a wine-glassful of aperient water has been shown to contain the same amount of mineral constituents as the practitioner would, from the analysis, expect to be present in a tumblerful, and that a useless irritation of the intestines may result. In consequence of this instability the opinion has often been expressed that the bottling of such waters should be under scientific control, so that their proper constitution should be ensured exactly in the same way as that of other medicines is regulated by the Pharmacopœia. It is, therefore, a matter, says Prof. Liebreich, for satisfaction that the aperient water, "Apenta," from the Uj Hunyadi springs in Ofen, has been placed under State control. The Royal Hungarian Chemical State Institute (Ministry of Agriculture) has undertaken this charge, and, therefore, it is now possible to obtain a water which is free from injurious extraneous waters infected with organic substances. The analysis has been published by Prof. Liebermann, Director of the said institute. The proportion of sulphate of soda to sulphate of magnesia is 15·432 to 24·4968 in the litre, so that this water is to be classed with the best aperient waters, and may be pronounced one of the strongest. Owing to the constancy of the Apenta water ensured by the State guarantee, that confidence in aperient waters which had been in danger will be revived through this important therapeutic agent.

THE SURGICAL CONGRESS.

Hr. Petersen, Heidelberg, read a paper on

THE BACTERIOTHERAPEUTICS OF MALIGNANT TUMOURS.

He said that accident had revealed the influence of erysipelas on malignant tumours, and that after the discovery of the erysipelas coccus by Fehleisen the latter had endeavoured to imitate the discovery accidentally made. The danger of the procedure, however, rendered it impracticable, and so people were led to seek for the active agent, at the same time avoiding the dangerous properties. And thus developed the serum method and the toxine method; in the latter the streptococcus and prodigiosus cultures were employed. Subcutaneous, intravenous, and parenchymatous injections were employed. The intravenous were ten times as powerful as the subcutaneous, the parenchymatous stood between the two. After the latter the temperature rose with a rigor, cyanosis came on and the patient presented all the symptoms of a general infection. A single injection, however, did not cause any permanent injury, it was only when the injections were too often repeated, that patients emaciated. The violent general symptoms had no correspondence with a local influence. In carcinoma there was only a transient swelling, and the growth was in no way hindered. The effect on sarcomata was somewhat different. On the whole, his opinion was that bacterio-therapy had no effect in carcinoma; in some cases of sarcoma it had a slight one, but this was out of proportion to the danger to which the patient was subjected by the method.

Hr. Rosenberger was of the same opinion.

Hr. Langer Crefeld reported a case of complete cure of a sarcoma by erysipelas. The patient was an old lady who had a recurrence of a sarcoma after resection of the shoulder. Methylene violet was injected, and after ten applications, erysipelas set in. In two days the tumour became soft, and a simple incision sufficed to bring about complete recovery. After six years no return had taken place.

Prof. Olshausen, Berlin, followed with a paper on

THE PRINCIPLES OF TOTAL EXTIRPATION OF THE CARCINOMATOUS UTERUS.

His own first cases of recovery were in 1881. The method of operating varied with the operator. Usually there was no need to invert the uterus, simple dragging down was generally sufficient. If one sought for favourable results from the operation, a correct choice of cases must be made, in which the time of operation was not already passed. He stood on the standpoint that the operation was indicated, only when no metastases could be felt in the lymph glands, and the parametria were not affected, not that the operation could not be performed in these cases, but that the disease had extended further than could be felt, and that therefore all the diseased parts could not be removed. Careful previous examination was indispensible. The glands first implicated were those lying near the point of bifurcation of the common iliac. It was difficult to decide whether a swelling in the parametrium was malignant or inflammatory. If the former, hard nodules would be felt in the more equable swelling. Although the indications for operation were restricted, during the past year he had operated on 40 per cent. of the cases he had examined. The percentage was high, but the explanation lay in the fact that Berlin women were better educated than those from the country, and they took more care of themselves. The preparatory curettement was fortunately now given up. He now cauterised the surface of the ulcer with the thermo-cautery immediately before the operation, or cauterised with a 30 per cent. alcoholic solution of chloride of zinc. The previously swollen and thickened portion now became so thin that it tore when the fulsella forceps were first applied. The anterior vaginal arch was now opened and the relation of the uterus to the bladder determined. It was best to feel for the reduplication of the bladder and ascertain if it could be separated from the uterus. It might now be found that the operation had to be abandoned, and this had happened to himself 13 times in 133 cases. In such cases he limited the operation to an amputation or an excision. Not only did the attempt do no harm, but on the contrary, patients seemed to live longer than the average of cancer cases did live, and to be freed, at least for a time, from their torment.

If the portion was torn off, the bladder could not be separated from the front, it must be done from the side, with a Dechamp's needle, the vessels were now liga-

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tured in small portions and cut through. It should be made a principle to separate the connection first on the side where the conditions were most favourable, as the operator was then able to place his ligatures higher up on the side most affected.

Removal of ovaries and tubes appeared to be indicated only in disease of the fundus uteri. The only principle of after-treatment was to do nothing, as everything was ligatured with catgut and the abdomen closed, the iodoform gauze was to be removed in a few days, and the patient allowed to rest quietly. It was this that gave the advantage over the clamp operation lately so much lauded. The sacral method had a value only for those who carried the operation beyond the bounds he himself limited himself to, where an operation was performed when the glands were diseased. He did not think the results obtained in Hamburgh were in favour of the operation. Since October, 1894, he had operated in 100 cases, and had to lament one death, the result of pyæmia that existed before the operation.

Hr. Schuchardt, Stettin, thought operation should be performed wherever practicable. If a permanent cure could not be effected, the patient remained free for a year or two, and this justified the operation. He had performed his paravaginal operation 23 times with 2 deaths, one from pyometra present before operation, the second from fatty heart and anæmia 14 days after.

Hr. Dührssen reported on an operation recently performed by himself, which under some circumstances would replace Cæsarean section, and had the advantage over it that the peritoneum was not opened. He opened the anterior wall of the portio in the sagittal direction and in this way he could get the whole hand into the uterus; in 15 minutes after the commencement of the operation the child was born alive. The operation was indicated when the os was closed and it was necessary to deliver at once as in eclampsia or the like; or in stenosis of the canal as in tumours where dilatation of the os was prevented. In the latter class it was advisable to perform total extirpation immediately after the delivery, which presented no difficulties and was readily and quickly accomplished by the method of Doyen.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, July 10th, 1896.

JUBILEE.

"JUBILAEN" comes so frequently here that a foreigner soon becomes impressed with the conviction that some one must keep a private almanac. This form of public demonstration recurs so often in Austrian life that special functionaries are always kept busy preparing and planning how these ceremonies should most successfully be carried out. They soon become monotonous, however, consisting as they do of a representative from each learned society of the city wishing the recipient every enjoyment in his advancing years. It is certainly very encouraging to old people, and should greatly add to their comfort.

Prof. Drasche was the object of praise and adulation this week on the occasion of his 70th birthday. He is well known in the literary world of medical science by his writings on cholera, epidemiology, as well as heart and lung affections. His present lexical work, the "Bibliothek der Gesammten Medicinischen Wissenschaften," promises to be a monument of literary labour.

Banhaus was the first to address Drasche, to whom he presented a bust of himself and a gold medal as a token of respect from the State. The President of the Aerzte Kammer came next with many congratulations, and was followed in succession by the presidents of the other learned bodies.

Drasche, with much emotion, thanked all, and dwelt with fervour on the friendship of his co-workers and students, of whom he was proud.

TABETIC ARTHRITIS.

Büdinger has favoured us with another prolific discourse on the probable immediate cause of arthritis being due to a neurotic cause. It has been customary hitherto to distinguish atrophic and hypertrophic changes, but Büdinger prefers "arthritis tabetica," which he considers is more consistent with the analogy it bears to the usual form of arthritis, which he attempts to prove is another form of neurosis. His theory is that the nerve supply is first interfered with, and subsequently reduces the trophic function of the joint. The œdema is also attributed to the same cause, although, in the acute forms, he is willing to concede a capsular effusion that may be due to secondary causes. In the early œdema around the external parts he proves how the nerve supply is the prime factor.

Out of the arthritica tabetica he separates another form; this he designates "arthropathia tabetica."

CHOLERA.

The President of the Aerzte Kammer has on the agenda paper for the next meeting a proposal to ask the Government to engage all medical men, speaking the southern Sclavish language, who are willing to go to the coast or Dalmatia with the object of watching the importation of cholera. The conditions he proposes are—free board and lodgings, with 10 florins a day; in the event of death in the service, that the wives and families be provided for by the State. There is a good deal of uneasiness lest this plague should gain footing in Austria.

IODINE AND PHTHISIS.

The mania for killing the tuberculous bacilli by some means is still vigorous. Cervello, who now claims to speak with some authority on the subject, has been using the following mixture, partially as a subcutaneous injection and partially by local application. It speedily checks temperature, sweating, &c.

℞ Iodi puris, 1·0 gramme;
Pot. iodidi, 10·0 grammes;
Aq. distillati, ad 100·0 grms.

SALICYLATE OF SODA AND DEAFNESS.

Alt showed a patient, æt. 40, at the Otological Society, who had been previously afflicted with acute articular rheumatism and had been treated with salicylate of soda of which he had prescribed 149 grammes. From the history it appears that a loud rushing noise commenced in the ears at the beginning of the attack, which later developed into a dull headache with giddiness or turning as if drawn to the right. On one occasion the eyes became clouded with dark bodies; this was suddenly followed by unconsciousness, and from this time the rushing in the right ear became constant. At the beginning these attacks occurred twice or three times in a week, but later were repeated daily.

On examining the tympanum of the right ear it was found slightly retracted, cloudy, and without any power of reflecting light. The left tympanum was almost

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replaced by a cicatrix and all other tests were positive. High or low tuning fork could not be perceived by the right ear. The left ear could detect the sound of a watch at the distance of a metre, while the right was negative. Loud speaking close to the right ear could be faintly heard, but in the left, at a normal distance. From the unilateral attack and the incidental occurrence of the treatment, the case was interesting as demonstrating the effects of salicylate of soda on the labyrinth.

In discussing the treatment of this case, Pollak suggested quinine, and asked the opinion of his colleagues respecting the success attending their efforts in the treatment of Ménière's disease, as he himself considered quinine of great value given in doses of 1-10th of a gramme three times daily.

The Operating Theatres.

MIDDLESEX HOSPITAL.

GASTROSTOMY BY KOCHER'S METHOD.—Mr. PEARCE GOULD operated on a man, æt. 53, with malignant stricture of the œsophagus, 13 inches from the teeth. The man had been under his treatment for several weeks, and at first improvement in swallowing, and gain of weight was obtained by the careful passage of bougies. A Symond's tube was also introduced, but caused so much discomfort that it had to be removed. Latterly, the difficulty of passing the bougies had increased until only quite a small one could be passed through, and this caused a little hæmorrhage and a great deal of pain, and rapid loss of weight testified to the increased dysphagia. Mr. Gould made a vertical incision over the left rectus, separated the fibres of the muscle with a director, divided the deep layer of the sheath and the peritoneum, and exposed the stomach, which he remarked was not so contracted as is usually the case in this condition. He drew the viscus well through the wound, and then made an incision an inch long over the seventh left costal cartilage, and raised the skin between this wound and the upper end of the first incision. The stomach was drawn under this bridgeof skin and fixed by seven silk sutures to the edge of the upper incision. The lower skin incision was then sutured. An opening was made into the stomach and a No. 12 catheter left in it. Mr. Gould remarked that this method of performing gastrostomy had been introduced by Prof. Kocher, of Berne, and he believed it had considerable advantages: as had been seen that day, it was very easy of execution; but its chief merits were that it enabled the surgeon with safety to open the stomach at the time of operation, and at once to feed his patient if desired. By drawing the stomach through the separated fibres of the rectus, the peritoneal cavity was very completely shut off without the use of any sutures, and the bend in the stomach formed a very efficient valve to prevent escape of gastric juice and chyme; the rectus muscle also acted as a sphincter to the stomach in the same way as in Howse's method. As the patient was not in an extreme condition of starvation, he should postpone administration of food until the immediate effects of the operation had passed away, and he should then give milk, at first in quite small quantities.

We learn that the day after the operation two ounces of milk were passed into the stomach through the catheter, and this was repeated every four hours. On the third day the quantity was increased to four ounces, and on the fourth day to six ounces every four hours. The patient was considerably relieved, and there has not been the least leakage from the fistula.

KING'S COLLEGE HOSPITAL.

INGUINAL COLOTOMY FOR MALIGNANT DISEASE OF THE RECTUM.—Mr. ROSE operated on a man, æt. 54, who had been suffering for some months with typical symptoms of rectal cancer. A careful examination under an anæsthetic was made by Mr. Rose some few days previously in order to ascertain the practicability or no of removing the malignant growth by a modification of Kraske's operation, but it was found that the growth involved so extensively the posterior wall of the bladder and prostate that it was decided to abandon any radical operation and to open the intestine by an inguinal colotomy. Mr. Rose's special method for performing this operation consists, after the coil of colon has been drawn out of the wound, in the transfixion of the abdominal wall about an inch from the centre of the margin of the incision, the point of a strong needle on a handle perforating the parietal peritoneum, passing through the meso-colon and then transfixing the opposite side of the wound from within outwards in a corresponding situation. A stout silk thread is drawn through by threading the eye of the needle and withdrawing the instrument. The needle is again introduced in the same way as before but about one-sixteenth of an inch lower than the former puncture, the other end of the silk is threaded and the needle again withdrawn; the two ends of the loop thus formed are knotted up, the tension being so regulated as just to bring the two layers of parietal peritoneum and the meso-colic structures into gentle apposition. A fixation stitch is then placed at the upper and lower angles of the wound passing through one of the longitudinal bands of the intestine. Mr. Rose remarked that this transfixion stitch together with the two fine fixation sutures just referred to are all that is necessary in the performance of this operation. He has now, he said, practised it for more than ten years, and has been highly satisfied with the results. One great advantage is the rapidity with which the operation can be performed, the whole procedure taking but a few minutes. The exposed coil of intestine was covered with a piece of green protective and the usual cyanide dressing applied. At the expiration of forty-eight hours or a week, according to circumstances, the artificial anus will be completed by cutting off the protruding coil leaving the spur of course untouched; this last from its projection efficiently prevents the passage of fæces into the lower opening.

AT a meeting of the medical profession of Portsmouth, held last week, it was unanimously resolved to invite the British Medical Association to hold the annual meeting of 1897 at Portsmouth, and a deputation was appointed to present the invitation to the annual general meeting at Carlisle.

THE widow of Mr. Arthur Jackson, F.R.C.S., of Sheffield, has presented £5,000 to the Sheffield School of Medicine, to endow a Chair of Anatomy, to be named after her husband.

DURING the last three days of the past week no fresh case of small-pox was reported in Gloucester.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 15, 1896.

THE COUNCIL ELECTION AT THE ROYAL COLLEGE OF SURGEONS ENGLAND.

As announced last week the result of the election to fill the three vacancies on the Council of the Royal College of Surgeons, England, was the return of Mr. Bryant, Mr. Pick, and Mr. Davies-Colley. Mr. Colley has thus become successful after three successive failures, and the determined efforts of his friends, and the extensive canvass which was undertaken on his behalf in order to ensure his election, were, perhaps, the only special features of an otherwise uneventful and somewhat tame contest. Mr. Colley will make a worthy representative of a large and important medical school—Guy's; he thoroughly deserves his reward, and it may be trusted that his vote will be cast with those members on the Council who have consistently advocated the reforms in the government of the College. That Mr. Colley was, upon one occasion, largely supported by the Association of Fellows is a proof that his views are to some extent consonant with those held by that body, and thus the Fellows may confidently look forward to his assistance in promoting the application for a new charter embodying the proposed reforms which are now under the consideration of the Council. In one particular the election was especially noteworthy. An examination of the voting papers showed that out of the whole body of Fellows only forty-eight attended in person to record their votes. This is convincing testimony of the increasing use which is being made of the privileges provided by the voting papers. The constituency have found that it is so much easier to record their vote by this means than to attend at the College for the purpose, that there are grounds for the belief that in subsequent years there will be no such thing as personal voting. When the voting papers were first issued, however, the restrictions regulating their use were such that the Fellows were able to derive but little benefit from the new arrangement. For example, before a Fellow could obtain a voting paper it was necessary for him to make a special application for one at the College, thus putting him to an unnecessary trouble. Again, he was compelled to send in his application by a certain date, otherwise the document would not be issued to him. Moreover, it had to be returned by a certain date before the election, or his vote would be invalid. Under the new regulations, however, all these paltry restrictions have been removed; each Fellow receives a voting paper sent out by the Secretary of the College, and the vote is held to be valid, apart from irregularities, provided it is received prior to the closing of the poll. The effect of these facilities is beginning to be felt in another direction, namely, in inducing a much larger number of Fellows to take part in these elections than has usually been the custom. At the election just decided 572 Fellows voted by means of the voting paper; these, with the 48 who voted personally, make an aggregate of 620—a number which, we believe, establishes a record. That so many Fellows as this should have taken part in the election is a good augury. The duty of the Fellows is to exercise their privilege of voting, but how frequently it has happened that only a meagre few have taken the trouble to do so. This *laisser faire* policy on the part of the Fellows in the past has had much to do with the present anomalous position occupied by the "Body Corporate" in reference to the government of the College. Changes, however, of a satisfactory nature are taking place in this regard. The half-yearly meetings of the Fellows have stirred up the Fellows to actively press their opinions respecting current collegiate questions upon the Council, and already this policy is beginning to bear fruit. Meanwhile, so far as the Reform questions at the College are concerned, nothing further can be done until the result of the plebiscite of the Fellows in respect of the direct representation of the Members on the Council has been made known.

NIGHT SHELTERS FOR WOMEN.

AMONG the many vexed social questions that have of late years come prominently before the public, hardly any appears to merit more serious attention than that of the semi-charitable night shelters provided for the poor. For the most part these places are built out of funds given by the benevolent; in nearly all cases they are maintained by the pence of the poverty-stricken; they yield a considerable money profit, and they set at defiance all attempts at local sanitary control. Into these aspects of the question, however,

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it is not our present purpose to enter. The evils, both direct and indirect, that have recently been disclosed in connection with the whole system of these semi-commercial night refuges, must certainly before long force the hand of legislation. But there is an immediate and pressing danger in connection with this subject which, in our opinion, calls for instant action. We refer to the night shelters for women which exist in the metropolis and in various other parts of the kingdom; and the point which we desire to emphasise is their agency in the propagation of venereal diseases. The way in which that extremely undesirable result is brought about is as simple as it is inevitable. The fact is notorious that these night refuges harbour women of the lowest class, who ply the trade of prostitutes. These "unfortunates" sleep at the shelter at a cost of a penny or twopence, while during the day they prowl about the streets and the parks. Among females of this class and calling venereal disease is rampant, and they cannot fail to act as centres of infection in the districts to which they are attracted. The exact part which the shelter plays in the matter is that it furnishes the protection of a roof, and in some instances food and other simple necessaries, at a cost less than that exacted at the common lodging-houses, and thus enables the women to keep clear of the workhouse. Naturally, it is no business of the shelter authorities to inquire how their customers live, or whether they suffer from loathsome diseases. In too many instances they seem to think that their responsibility begins and ends in the provision of the shelter, regardless of the sanitary, social, and financial results of their half commercial, half philanthropic undertaking. But the public is now beginning to realise the dangers of various kinds arising from night refuges. In the case of the shelters for women we venture to suggest that they constitute active centres for the spread of venereal diseases. In any case we think it imperative that full inquiry should be made into the whole matter. With the sentimental aspects of the case, as representing a scientific profession, we have nothing to do. It is the duty of medical men to stop the spread of disease by every means in their power, without regard to its ethical relations. We confess to no sympathy with the persons who afford prostitutes the means of living at a minimum cost, but at the same time blink the consequences of their action, and ignore the mass of pestilential disease they are helping to distribute far and wide. No amount of sentimental reasoning can upset the main fact that the physical burden of these lingering maladies must, in the long run, be borne by the ratepayers, and that a great part of the remote suffering falls upon innocent victims. If, as we imagine, these night refuges for women constitute a terrible canker, eating deep into the physical well-being of the community, then it is time steps were taken for their rectification or abolition. In the first place, however, it will be well to arrive at the facts of the case by a calm and judicial inquiry. Some such official investigation appears to be demanded in the interests of the common welfare, and we trust that the Government may be induced to give early attention to a matter that is of import to every inhabitant, not only of the metropolis, but also of the United Kingdom.

THE EDINBURGH COLLEGE OF PHYSICIANS AND THE TITLE OF DOCTOR.

The Royal College of Physicians of Edinburgh, following the example of the Royal College of Physicians in Ireland, has adopted an "additional law" on this perennial and vexed question, on which it is to be congratulated, as this finding ought to contribute largely towards the final settlement of the question. This new law is to be placed as "18, 13, 9 of chapter ii, iii and iv respectively," and is as follows:—"The diploma granted by the College shall not entitle the holder, by virtue of such diploma, to assume the title of Doctor, or to append to his name the title of Doctor of Medicine, or the letters M.D. or other abbreviation which might suggest that the holder had obtained the degree of Doctor of Medicine from a University." This is specific enough, and leaves no room for polemical casuistry. It is therefore to be hoped that the numerous transgressors in the matter of the title of Doctor, on the strength of the diploma from a College of Physicians, will at once honourably mend their ways. It is certainly contended by the Medical Defence Union, and one of our contemporaries, that a legal conviction would not lie against any qualified medical man for the assumption of the title of Doctor, but it is difficult to see how any gentleman would assume a title to which his college holds he possesses no claim even if the common law of the country should be so defective as to permit him to do so with impunity; and it seems equally clear to us that doing so would constitute "infamous conduct in a professional respect," from which the General Medical Council as the guardian of professional morals could not turn aside. No man, it appears to us, practising medicine or surgery, should assume, or ought to be allowed to assume any other title than that under *which he is registered* to practise. This being so, what has the Faculty of Physicians and Surgeons of Glasgow to say for its connivance at the assumption of the title of Doctor by men whose sole qualification to practise is its purely single surgical licence? Such conduct is, to say the least, disingenuous. This point aside, a settlement of the whole question of medical titles will, we doubt not, be hastened by this honourable step on the part of the Edinburgh College. Of the personal liberty of the subject we are jealous, while holding that in the interests of the public themselves representation and deception should be put down. If people will go with their eyes open to a quack, they are well entitled to be humbugged, but it is a totally different thing when the quack makes representations to a gullible public, implying that he is a registered and duly qualified medical man. The title of "Professor" is one which deceives widely and effectually in this manner. By the law of this country any man, it appears, may practise medicine or surgery, and it also appears that a man so practising it, *without* a qualification, can assume the title of "Professor." The middle-class

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people, especially, attach great importance to the title "Professor." They have no notion what it means, beyond implying superlative professional distinction, the possession of a large house, and a carriage and pair of horses. In Scotland, a white neck-tie used to be included, but this has now been eliminated. In one of the most populous cities in Scotland a quack follows his vocation, whose sole medical knowledge consisted in his having served an apprenticeship as bill-poster to a now dethroned quack. This man calls himself "Professor," and the people, believing that he is not only a qualified man, but one of high professional distinction, flock to him from year to year in crowds. If a poor woman scrutinise the palm of some silly girl, or a grocer sell "butterine" for butter, the law inflicts punishment, but if thousands of people are robbed in purse and ruined in health by the false representations of a prince of quacks the law looks on with stolid indifference. This is a direction in which the credulous of the public should be protected from their ignorance, and we hope the matter will be taken in hand earnestly and without delay in the proper quarter.

Notes on Current Topics.

The Board School Medical Certificates Question in Bradford.

IT is not only in London that the question of the medical certificates demanded by the Board School Authorities has come to be a pressing one. We learn from a Yorkshire contemporary that in Bradford the medical certificates of general practitioners in reference to the non-attendance of children at the schools are subjected to revision and even rejection by the Medical Officer to the Board. A case was heard at the Bradford Borough Court last week which bears out this statement. A newsagent was summoned for not sending his child to school. In the course of the case it transpired that two certificates from medical men to the effect that the child was unfit to attend school had been repudiated by the Board on a previous occasion, whereupon the mother obtained a certificate from a third medical man agreeing with the two former ones. The child was then ordered to appear at the Board's offices, in order to be examined by the Board's Medical Officer. After a cursory examination, it is stated, this Officer declined to endorse the medical certificates which had been handed in, and certified the child as "in fair health and able to attend school." Despite, however, this adverse opinion, the mother applied to a fourth medical man, who furnished her with a certificate which coincided with those which she had already obtained. The child was stated to be suffering from a weak heart and "other affections." These were the facts which the proceedings disclosed, and it was further pointed out to the magistrate that the practice of ignoring the certificates of qualified practitioners was a most unreasonable one. In replying upon the case the magistrate asserted that the position of affairs was not one of a difference between the parents and the Board, but of a difference between doctors. It is difficult to understand the logic of this conclusion The four medical practitioners who testified that the child was not strong enough to attend school were practically ignored by an official, who, although a medical man himself, was still a servant whom the Board would expect to support them in their views. It was only after the Board had refused to accept the certificates that the case was referred to their Medical Officer. Under the circumstances, therefore, we cannot agree with the magistrate that the Board are not directly concerned in bringing about the contention which has arisen. It is satisfactory to note that the Medical Ethical Society of the town have taken the matter up. The Society should leave no stone unturned in order to impress the Board with the inexpediency of the policy which the latter have seen fit to adopt with regard to the question of the medical certificates. To refuse a qualified medical man's certificate under such circumstances is not only an insult, but it is equivalent to casting a slur upon his *bona fides*. That medical men should, therefore, resent such treatment is not to be wondered at.

The London University Bill.

THE legislative result of more than a dozen years of acrimonious dispute as to the settlement of the London University question made its appearance last week in the House of Lords through the agency of the Duke of Devonshire, as briefly announced in our last issue. Some of our readers may recollect that about twelve years since a scheme was started for the establishment of an "Albert" University in London. This was one of the most brazenly impudent propositions ever submitted to official approval. It deliberately proposed that every student who passed through the Conjoint Examination of the London colleges should be dubbed M.D. without exaction of any additional education, examination, or fee whatever, and, furthermore, that every hospital in London was to be advanced to the dignity of a "college" of this precious University, with substantial privileges and monopolies attached. It was designed, in fact, to snuff out all teaching and qualifying opposition, and to concentrate the entire medico-educational trade in London by bribing the students with the title of M.D. to be obtained without earning such distinction. Strange as it may appear, the plot would have succeeded, such was the lethargic indifference of the extra-metropolitan Colleges and Universities, but for the intervention of the religious controversy. King's College desired to participate in the monopoly, but was obliged by its Charter to exact religious pledges from its alumni. Mr. John Morley, in common with every liberal scientist of these times, absolutely refused to tolerate such pledges in any modern University scheme, and he upset the Bill in the House of Commons. Then the London Collegiate interest tried to effect its monopoly through the agency of the Gresham University; that attempt also failed and, at length it has been arranged to do what ought to have been done twelve years ago, to bring the University of London down to business. That University has strivent

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maintain the very highest standard of education, with such determination, that it has entirely failed as a popular educational organisation. It is now proposed to modify its purpose and constitution so as to open its qualifications to the work-a-day class, while still maintaining its standard for the higher class degrees. Such a scheme is entitled to the approval of every educationalist, and the Duke of Devonshire's Bill is, in principle, worthy of universal support. But if the University of London is to satisfy the requirements of the English public it must be freely open to all comers who can show the requisite educational status and answer the needful examinations. We must have no favour or affection shown to the students of any school whether in London or elsewhere, and if the Bill is found to embody any monopoly it must be resisted. As the matter stands the introduction of the measure is only to be taken as a preliminary canter, as it cannot possibly make any progress this year.

Amateur Pharmacists.

THE gradual extension of the pharmaceutical trade, under the temptation, no doubt, of the large profits which that trade is supposed to yield, is becoming a very serious matter not only for chemists, but for the public. The successful encroachment of the Co-operative Stores. which now drive a thriving trade at the expense of the legitimate chemist, has encouraged other shopkeepers to establish pharmaceutical departments, worked by qualified men at the narrowest margin of profit. We note that an application was recently entertained by the Marylebone magistrates from a local draper for leave to establish a pharmaceutical department, and was not refused, but simply postponed, the legality of such an arrangement being thus tacitly recognised by the magistrate. In Ireland also, inroads are being made into the prerogative of chemists in connection with Union drug contracts, an order for the supply of Union drugs having been recently given to a whiskey dealer, and more recently to a woman, neither of whom possessed any recognisable qualification. We call the attention of the Pharmaceutical Societies of England and Ireland to these facts, in order that they may defend their privileges if they find it necessary, and we venture to suggest that chemists will do better if they expend their energies upon protecting their legitimate function from the inroads of quacks than in striving to compensate themselves by counter-prescribing profits. For the medical profession, we may say that it is distinctly to our advantage that the compounding of prescriptions and the supply of drugs should be open to all comers, and it is not, therefore, any business of ours to vindicate the authority of the pharmaceutical trade.

Professional Irresponsibility.

A VERY important judgment has recently been delivered by the Appeal Court in Dublin in a case sent up from the High Court, Dwyer v. Russell. As far as can be ascertained from the newspaper reports it appears that the defendant, Dr. Russell, had been employed to diagnose whether the plaintiff, a lady, was maritally incompetent, and upon his opinion the question of divorce or judicial separation turned. He examined and declared his opinion that, for one cause or another such incompetence existed. The plaintiff hotly denied the imputation, and brought an action for damages, alleging want of professional knowledge on the part of Dr. Russell, as well as carelessness and, needless to say, she was supported by the testimony of practitioners. The first trial resulted in a verdict against the doctor, without any allegation of carelessness, and the damages were assessed at £40, subject to the point of law reserved by the judge, whether under such circumstances, the doctor could be made liable for an error of judgment, assuming such to have occurred. This question was submitted to the Court of Appeal, which decided unanimously that no action for damages would lie against a medical practitioner unless it could be shown that he had not brought reasonable competency and care to the case. This we have always understood to be the law, but it is satisfactory to have it again declared by the highest tribunal available to litigants.

Cholera in the Soudan.

A WEEK ago the news that cholera had attacked our troops in the Soudan was received by those familiar with the country and the disease without any great measure of surprise. A large number of cases and of deaths have been reported from Kosheh, Wady Halfa, and also from Cairo. The efforts of the medical authorities are described in Reuter's telegrams as "untiring," and doubtless these arduous duties are being discharged in true British fashion. At the same time, it must be confessed that a large section of the medical world in England will await with some curiosity more exact details of the steps taken to prevent and arrest the epidemic. What has been done, for instance, to sterilise the drinking-water supplied to the troops? Have the improved filters of the Pasteur-Chamberlaine type been supplied to the expedition? These and other safeguards are suggested by even a slight acquaintance with modern researches into the etiology of cholera. Indeed, a perfect system of precautions in the matter of drinking-water would be held by many experts to afford a tolerable guarantee of immunity against this terrible scourge of Eastern countries. The report of the War Office on the outbreak will be anticipated in many quarters with no little interest. Late telegrams from Egypt have announced the death of Major Owen from cholera. The deceased officer was in command of the Arab scouts on the left flank of the force, and had previously suffered from dysentery.

Arsenic in Cigarette Papers.

THE enormous increase, during the last few years, of cigarette smoking amongst all classes of the community is a constant subject of remark. The custom is not confined to adults, but has extended to even quite small boys. A correspondent informs us that it is not uncommon to see amongst a party of children returning from a school-treat, three or four lads smoking cigar-

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ettes. Several manufacturers have recently brought out small packets of cigarettes which are sold retail for a penny or twopence, evidently with the view of meeting the requirements of this particular class of customers. The discovery by Dr. Murrell that the coloured wrappers in which the cheaper kinds of cigarettes are put up are largely impregnated with arsenic will not, we fear, do much towards checking the growth of the pernicious habit, but at all events, it points to the existence of a hitherto unsuspected danger. That tobacco exerts a prejudicial effect on the health of growing lads is well known, but arsenic is a much more active poison, especially when inhaled. It produces loss of appetite, headache and neuralgia; nausea, irritation of the throat, eyes, and nostrils, gradual prostration of strength, cough attended with spitting of blood, progressive wasting and many other symptoms. It is quite an open question whether some cases of supposed incipient consumption are not in reality due to the use of arseniuretted cigarettes. In Germany the use of arsenic by paper manufacturers is prohibited, and it seems not unlikely that stringent rules on somewhat similar lines will have to be enacted for the guidance of English paper makers. Clearly it is in the interests of firms who put up tobaccos and cigarettes, often on a very large scale, that their goods should be free from even the suspicion of the presence of any active poison. The time may not be far distant when we shall have to see that our cigarettes like our wall-papers are stamped "warranted free from arsenic."

The Foul Atmosphere of the Underground Railway.

A CURIOUS, if not surprising, answer was given to a question in the House of Commons last week. A member inquired of the President of the Local Government Board whether in view of the fact that the atmosphere in the tunnels on the Metropolitan Railway was foul and highly injurious to the health of persons travelling on the line, he would put into force powers conferred upon him under the Public Health Acts, or call upon the London County Council, or the Local Authorities to take such steps as might be necessary to require the Metropolitan Railway Company to abate the nuisance. The reply was that it was not in the power of the Local Government Board to initiate any proceedings of the kind, nor had they the power to direct the County Council or any other local authority to do so. In fact, further inquiry showed that there was no authority which could deal with the matter. We should have thought, however, that the Board of Trade would have had some jurisdiction in this connection, in view of the control exercised by the Board upon the railways of the Kingdom. It seems difficult to understand that the Companies should be under no legal restraint in regard to the ventilation of their tunnels. No doubt the Metropolitan Company are only too ready to improve their line by as free ventilation of their tunnels as possible. But the case would be very different if the Company were less prosperous than it is. A prosperous railway company is, as experience has shown, always most liberal to its clients; but the very opposite is the case when a Company is earning no dividends.

The Presidency of the Royal College of Surgeons, England.

At the first Council meeting after the annual election of members of the Council, the election takes place of the President, and the two Vice-Presidents for the year at the College of Surgeons, England. This meeting in question took place on the 9th instant, and the result of the balloting for the Presidency was the election of Sir William MacCormac. It will be known to most of our readers that Sir William received his medical education in Ireland, and that he is an *ad eundem* Fellow of the English College. This method of conferring the English distinction has for some years been abolished, so that no more *ad eundem* fellowships are being created. We congratulate Sir William upon the high honour to which he has attained. To occupy the position of official chief of the surgical profession in England is undeniably an honour of which a surgeon may be proud. Sir William at present holds the post of Surgeon to the French Hospital. But a year or so ago his term of office as Senior Surgeon to St. Thomas's Hospital expired. Seeing that Sir William was then, and is still, a highly representative surgeon, it is a matter for regret that the governors, in the interests of the institution, did not pass a special resolution extending his period of office. The hospital and medical school of St. Thomas's have lost much by the "fixity of tenure" displayed by the governors upon this occasion to a regulation which deprived them of the services of the senior member of their surgical staff.

The "Star" and its Crusade against Hospitals.

IT is more than time to lodge a protest against our contemporary the *Star* for its persistent and almost vicious attempts to cast odium upon our hospital charities. What is it that prompts the *Star* to seize upon every colourable opportunity to condemn the hospitals in the eyes of the public? The uncharitableness of such a policy can scarcely be concealed from the majority of its readers. The *Star* would seem to believe that hospital physicians and surgeons, as well as medical students, must be angelic beings troubled with none of the disturbing emotions of common humanity and gifted with such faculties that effectually preserve them from committing any errors of judgment. If any error of judgment on the part of a hospital official happens to bring the institution with which he is connected into public notice, then the *Star* glories in a paragraph headed "Another Hospital Scandal," and does its utmost to lodge blame against the charity without making any effort to ascertain the true facts of the case. Medical men, it is scarcely needful to point out, are merely human in common with the editor of the *Star* and his staff. The same effort to provide against errors of judgment obtain in hospitals as is the case in newspaper offices. In view

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therefore of the oft recurring instances in which a hospital officer is called upon to exercise in the interests of his patient the whole armamentarium, so to speak, of his faculties, all that can be said is, that there is great reason for wonder that the number of cases should be so few in which errors of judgment have occurred to which the *Star* has been able to direct the attention of its readers.

Butchers and Bad Meat.

It is a cheering sign of the times that magistrates are beginning to deal out condign punishment to the offenders who foist bad meat upon the public. Of late, substantial fines have been inflicted after many such convictions, and we are glad to observe that the Holborn Board of Works have begun to wake up to their responsibilities towards the rest of the Metropolis in this particular direction. A week since one of their local inspectors seized four quarters of beef which were "emaciated, sodden, and full of evidence of tuberculosis." He thereupon laid an information against a butcher and a farmer, of Hailsham, Sussex, who had originally sent up the meat to the London market. In evidence, the defendant admitted he purchased the cow for ten shillings, but said he meant it to be sold for cats' meat. He was, however, notwithstanding the latter ingenuous statement, sentenced to pay £25. The only improvement we can suggest on the infliction of heavy fines is a sentence to a term of imprisonment without option of an alternative money payment. There can hardly be a greater and more inexcusable offence against the public welfare than the sale of tuberculous meat. It would convey a salutary lesson to offenders of this class were it possible to trace phthisis in the human subject to diseased meat, and to bring a civil action for personal injury against the vendors, with a claim for swinging damages.

The Shifty Milk-Seller.

As a rule the fraudulent dairyman who makes money hand over fist at the cost of his customers is as full of excuses as the proverbial Irish washerwoman. One such tradesman, convicted a few days since of having sold milk adulterated with 11 per cent. of added water, tried hard to place the responsibility upon the shoulders of his assistant. His defence was that the latter had been dishonest and in order to put money into his own pocket had watered the milk after its removal from the shop. We are glad to see that the magistrate who tried the case brushed away this flimsy plea with a firm hand and proceeded to inflict a fairly satisfactory fine of £4. Even supposing the milk-seller to have been right in his statement, there can yet be no question that he is still answerable for the sins of his servant in adulterating the milk. There is no reason, why the particular trade involved should be allowed to regard itself as free from the responsibilities legally attached to employers. The consumers of this country are no doubt defrauded yearly of enormous sums by the tricks of milk-sellers. It has always seemed to us that the interests of the public require further protection by a sharp tightening of the reins of legislation.

Fines for Breach of the Pharmacy Laws.

We very much regret to observe that the Irish Privy Council appears to have set itself to defeat the intention of Parliament with reference to the enforcement of the Irish pharmacy law. A trader in Rathfriland had been convicted and fined £5 in each of two cases for acting as a pharmacist without qualification. This penalty of £5—neither more nor less—is prescribed in the Act of Parliament, but power is reserved to the Lord Lieutenant, *i.e.*, the Privy Council, to mitigate that penalty as he pleases, and he has reduced the amount in several cases as an encouragement to such traders to persist in their breach of the law. This is very hard upon the Council of the Pharmaceutical Society, inasmuch as even if the full penalty is recovered, the Society is heavily out of pocket by each prosecution. We venture to submit that the exercise of this dispensing authority by the Privy Council is an abuse of the law, and that the persons whom that Council takes under its wing are totally undeserving of sympathy.

The Midwives' Bill.

The Midwives' Bill has been withdrawn. This is by no means surprising, consequently no jubilation on the part of its opponents need be felt at this decision, for whoever in their senses could have believed that the Bill had even the remotest chance of being successfully promoted? The opposition to any such legislation is too wide-spread and deep, and as the public would naturally look to the medical profession for guidance in regard to the necessity for such a measure, it goes without saying that until the public are convinced that the profession as a body is in favour of a Midwives Bill, the Statute Book will remain just where it is, so far as such legislation is concerned. In time, perhaps, this fact will come to be understood by those who have taken upon themselves to promote legislation in this direction; the sooner, however, that they do come to appreciate it, the sooner will they see how futile their efforts must be as long as the whole body of the profession is practically against them.

An Insanitary Isolation Hospital.

If there be one spot in the whole world that should be above suspicion from a sanitary point of view that place should be a fever hospital. This proposition however, does not seem to have guided the practice of the authorities of Sevenoaks, if we may judge from the following facts. Some time since a nurse at the Isolation Hospital of the district in question died of enteric fever. Dr. Bruce Low, of the Local Government Board, was sent down to make an inquiry into the circumstances of the case. His report reveals a state of affairs that reads like a record of mediæval times. Excrement disposal is effected by means of one earth closet for the whole establishment. There is no mortuary and no disinfecting chamber, the laundry work is done in a scullery inside the house, and there is no separate provision for washing the linen of the nurses. The cesspool, only ten yards from the hospital, over-

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flowed in December last. We can only hope that the Sevenoaks authorities will forthwith apply Dr. Low's remedy, which is to build a new and properly equipped hospital.

The London Apothecaries' Society and the Civil Rights Defence Committee.

A DEPUTATION of the Civil Rights' Defence Committee was received on the 7th inst. by the Master, Wardens, and Court of Assistants of the Society of Apothecaries in connection with the question of the obligations of the General Medical Council, and the medical schools and corporations respecting the rights of medical men. The Right Honourable the Earl of Stamford introduced the deputation, and Mr. Anderson's case was exhaustively placed before the Society, and various reasons convincingly brought forward showing that in defence of their charter, which had been violated in the wrongs done to Mr. Anderson, the Society should proceed to take active steps. The proposal made was to invite the help of all the City companies, a consummation which would be rendered possible were the Apothecaries' Society to move in the manner suggested. After speeches had been delivered by Major-General Graham, Mr. Rivington, Dr. Ward Cousins, Mr. Timothy Holmes, Mr. Anderson, as members of the deputation, and Mr. Upton, Clerk to the Society, had received replies to certain legal questions bearing upon the case, the Master expressed the very great sympathy of himself and his colleagues with Mr. Anderson, and trusted that he would succeed in obtaining redress. No reply, however, could be given on that day to the points raised by the deputation. But the Master added that they would receive careful and most favourable consideration. It would seem to be the case that if the Apothecaries' Society agree to co-operate with the Civil Rights' Defence Committee, as suggested, it is quite likely that the other City Guilds would follow suit, and this accession of strength would go a long way towards enabling Mr. Anderson to carry his case before the Privy Council and the House of Lords.

A Diagnosis Squabble.

THE Edenderry Union is at present the arena of one of those disputes which will occur until the crack of doom, and which illustrate the folly of making medical diagnosis the basis for condemnation or penalty. A patient was sent into the Edenderry Workhouse as suffering from scarlatina. Whereupon the Medical Officer promptly turned him out again, being of opinion that the case was not one of scarlatina. There is, of course, the usual difference of professional opinion, and the usual wrangle between the Guardians, friends of both contestants, one half of whom assert that the patient was obviously in the most manifest stage of acute scarlatina, and the other half that no sign of such disease was discoverable. The only observation which we are called upon to make is that the Medical Officer of the Workhouse, be he right or wrong in his diagnosis, is clearly entitled to the last word, and that no one can compel him to diagnose scarlatina if, in his opinion, the symptoms are not forthcoming, and, furthermore, that no power on earth can drive him to retain in hospital any patient whose condition does not seem to warrant his doing so.

The Safety of Nurse Children.

THIS Bill which was introduced into the Lords by Lord Herschell some months ago has been dropped. It was intended as a safe-guard against baby-farming and went to a select committee along with the Infant Life Protection Bill which had much the same object. The latter is to be proceeded with, but is not likely to get beyond the Lords this session. Irrespective of the interest which the profession must have in any bill for the mitigation of the evils of baby farming, this Bill was of direct interest to Medical Officers of Health because it proposed to compel them to visit nurse children at short intervals, but made no provision for their payment.

Legislation for Midwife Nurse Registration.

WE announce elsewhere the withdrawal of the much-disputed Midwives' Registration Bill for this session. Dr. Rentoul, of Liverpool, is as ever to the fore with an alternative Bill which he is circulating, and which bears the names of seventeen members of the profession in various parts of the United Kingdom. The model Bill is very comprehensive, but quite too long for us to print. Its crucial point, however, is that it very distinctly differentiates the obstetric nurse of whom it provides for the registration as distinct from the practising midwife. We are glad to see that this question is being approached in a practical way, and shall present the Bill to our readers in further detail whenever the time arrives for its serious discussion.

The Commission on Tuberculosis.

THE announcement has at last been made respecting the appointments in connection with the Commission on Tuberculosis. The Commission will consist of the following Members, according to the *Gazette* of last week. Sir Herbert Eustace Maxwell, Dr. Thorne Thorne, Mr. George Thomas Brown, Mr. H. E. Clare, Mr. Shirley Murphy, Mr. John Speir, and Mr. Thomas C. Trench.

The "Green Cross."

THE "Red Cross" is well known as the banner under which the wounded are attended to in war, but within the past few weeks another "Cross" has come into existence. We allude to the "Green Cross," a new Society, founded in Vienna for the purpose of rendering medical and surgical aid to Alpine climbers, both professional and amateur. The Society owes its existence to the Austrian Alpine Club. At different sites upon the high mountains and glaciers, &c., some small chalets, well protected, have been placed, equipped with ambulance stores. Part of the work of the Society is also to teach the guides the principles of "first aid," so that they may be of use to others as well as to themselves when accidents occur upon the mountains. We can well believe that the "Green

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Cross Society" has a future of great usefulness before it.

A CIVIL LIST pension of £200 a year has been granted to Prof. Huxley's widow as a recognition of her husband's services to science. It affords subject for reflection that in this wealthy country the man who contributes more largely to the welfare of the community than a wilderness of millionaire brewers or stock speculators receives so little thanks of a material kind, that he has to leave his widow to the mercy of a system which rewards his labours with a pitiful £200 a year.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

UNIVERSITY PRELIMINARY EXAMINATIONS. — Lately several letters have been appearing in a Glasgow daily paper in which the writers complain bitterly against the form of preliminary examinations as conducted at present in the University. The complaint is that the examinations are too stiff and difficult, and in the writers' opinions the powers that be who formulate the questions should make these examinations less difficult, so that a larger number of students may avail themselves of the opportunity of entering the medical profession. Well, we have no desire to say to the writers or complainants that they shall not ask that the preliminary examinations should be made less difficult; but this we venture to say that it will be the greatest mistake this or any other university can make if they lower the standard of the preliminary examinations. A deceased professor in Glasgow University once stated to his class that he could always tell when trade was dull, or failures had taken place in other professions, for then the medical classes were crowded. This is true now, as it was thirty years ago. Often young men, full of ambition, present themselves for admission as medical students, who, to say the least, are perfectly innocent of the rudiments of the English language. The medical profession is already overstocked, the output is greater than the demand; means, therefore, should be adopted rather to limit the output than to increase it. Under the impression that they will rapidly work themselves into a good position, young medical men give themselves away to clubs and societies, in many cases underselling their professional neighbours, and in the end, when too late, find that not only have they ruined their own prospects, but have reduced the dignity of the profession to the lowest depths; trade principles are introduced, and the qualification of medicine is converted into a cloak for a pseudo-respectable (?) sort of shopkeeper. Let, therefore, the standard of preliminary examinations be increased rather than diminished, even although the universities enrol fewer pupils.

THE LONGMORE INCURABLE HOSPITAL, EDINBURGH.—Dr. Troup having resigned the post of Assistant to this hospital, the managers invited applications for two Assistant Medical Officers in his place. Out of a large number of candidates the appointments were offered to two of their number. We believe that the names of the successful candidates, should they accept office, are Drs. R. H. Blaikie and R. A. Lundie.

THE BRITISH INSTITUTE OF PUBLIC HEALTH.—The annual meeting of this body takes place in Glasgow on the 23rd of this month, and continues until the 28th. The large number of 700 delegates have been appointed by various bodies to represent them at the Congress. The President-elect, Sir James Bell, Bart., Lord Provost of Glasgow, will after induction deliver the presidential address. The usual number of expeditions and *conversaziones* have been arranged for to enlighten the dry routine of technical discussions.

THE KIRKCALDY ENTERIC FEVER EPIDEMIC.—The epidemic in Kirkcaldy appears to be subsiding. In all 170 cases have been notified, with 12 deaths. There are still 65 patients under treatment in the two hospitals, but they are almost all in the convalescent stage. The town will have to make up its mind to improve its drainage and to spend a considerable amount of money in erecting a hospital commensurate with the needs of the community.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

DR. LAFFAN AND THE BRITISH MEDICAL ASSOCIATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have just received the following letter concerning Dr. Laffan's communication to you.

10 Windsor Place,
Cardiff, July 11th, 1896.

DEAR MR. TAIT,—Dr. Laffan, of Cashel, has stated in the last number of the MEDICAL PRESS AND CIRCULAR, that in addition to himself we have (to use his own peculiar term) snuffed you out.

I am sure you will think it only fair to the officers of the Ethical Section to deny that statement. Our endeavour has been to do justice to all.

Believe me, faithfully yours,
T. GARRETT HORDER.

In justice to Dr. Laffan, I have to say, that, discounting his own peculiar term, the facts of the case justify his comment, I gave notice that I should read a paper on "The Ethics of Advertising, Illustrated by the Manners and Customs of the Editor of the *British Medical Journal*," and I received a letter from Dr. Horder that no attack on the Editor of the *British Medical Journal* would be permitted. As a matter of fact, and as a reply, I said that he too hastily jumped to the conclusion that my paper would be an attack; it might be a pæan of praise for all he knew. But it has been "snuffed out" all the same, only to appear, however, elsewhere, where Mr. Hart may have his brittle nature less sedulously and unscrupulously protected.

I am, Sir, yours, &c.,
LAWSON TAIT.

Birmingham, July 13th.

THE CONVALESCENT DINNERS SOCIETY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I trust you will allow me to appeal in your columns to all who have the welfare of the deserving working men and women of this metropolis at heart, for assistance to a charity which for the last fifteen years has been helping them at a time when sickness has so reduced their strength, as to render them, although convalescent, unfit to return to the work by which they earn "daily bread" for themselves and their families.

The number of convalescent homes is only sufficient to provide for a very small proportion of those thus situated, and the Convalescent Dinners Society undertakes the duty of supplementing this deficiency by granting to well-authenticated cases an order for fourteen daily dinners, on a coffee tavern near to the convalescent's home.

The application form has to be filled in and signed by a clergyman, or by a recognised district visitor, and,

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when passed by the Committee, the order for the dinners is sent to one or other for delivery, thus guarding against fraud and misrepresentation.

The value of this charity is acknowledged by all those who work among the poor, and the working men and women who reap the benefits of it are very grateful for the good food which enables them to return to their work so much sooner than would otherwise be the case.

During the last nine months the Convalescent Dinners Society has granted fourteen daily dinners to nearly one thousand poor convalescents. Its funds are, however, now exhausted, and I therefore confidently appeal for assistance to all who can afford to give, so that the Society may be enabled to continue its good and useful work.

Donations may be sent either to myself, as Hon. Treasurer, or to Miss Carbonell, Hon. Secretary, 114 Queen's Gate, S.W.; or can be paid into the account of the Convalescent Dinners Society at the London and County Bank, South Kensington Branch.

I am, Sir, yours, &c.,
CHELMSFORD,
Chairman, Convalescent Dinners Society.

5 Knaresboro' Place, S.W., July, 1896.

THE CONTAGIOUS DISEASES ACTS IN INDIA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—If the writer of the annotation on the prevalence of venereal diseases in the British Army in India will refer to the report of "The Army Sanitary Commission" from which he quotes some figures, he will find that no more unequivocal condemnation of the Contagious Diseases Acts (Women) was ever penned.

Here are one or two brief extracts from the report in question:—

"After years of unsuccessful result it was still hoped that with increased care and greater stringency (in the application of the C.D.A.) the desired end might be yet attained. *But there can be no question that the outcome was a failure.*" . . . "Not only did these hospitals (compulsory lock hospitals) fail to effect a reduction in the ratio of venereal cases among European troops, but as it happened *these diseases increased* during the term of years in which they were in full operation." . . . .

"The facts, so far as we can ascertain them, lead us to the conclusion that a compulsory lock hospital system in India *had proved a failure*, and that its re-institution cannot consequently be advocated on sanitary grounds. In stating this conclusion we may add that we are merely repeating the opinions which the Army Sanitary Commission have uniformly held, that venereal diseases in the Army of India could not be repressed by such restrictive measures, and in support of this statement we may refer to the Memoranda on the Indian Sanitary Reports which have issued from this Office for many years." . . . . .

"We may remark that statistical returns from the Army Medical Department showing the amount of venereal disease in the Army at home during the period when the Contagious Diseases Acts were in force, as compared with the period since their abolition, do not show that any more favourable results were obtained during the time the Acts were in operation, and as a matter of fact, the ratio of admissions per 1,000 has decreased since the Acts have been abolished."

In short, sir, this latest utterance of the Army Sanitary Commission on which your annotator grounds his attack upon repealers, contains the most complete confirmation yet given by any public authority, of the views already advanced by repealers with respect to the operation of the system of the Contagious Diseases Acts no less in India than in Great Britain itself.

I am, Sir, yours, &c.,
CHAS. BELL TAYLOR, M.D.

Nottingham, July 10th, 1896.

The International Chemical Congress.

THE Second Congress of Applied Chemistry will open in Paris on July 27th, under the Presidency of M. Berthelot. About 1,400 chemists are expected to be present, and, after the conclusion of the scientific discussions, the visitors will be entertained at several excursions.

Literature.

MORRIS ON THE GENITAL ORGANS. (*a*)

THIS book, which is a continuation of the author's well-known "Surgical Diseases of the Kidneys," maintains the high excellence of the former work. Throughout it bears evidence of wide clinical experience, and of the excellent use made of the material at the writer's disposal.

The book is divided into three parts: Part I, the genital organs proper; II, the genito-urinary organs; III, the bladder.

Part I has a clear account of the rare condition due to torsion of the spermatic cord, usually associated with imperfect descent of the testis. This, as the author states, has been generally diagnosed as strangulated hernia. Amongst other points as to its diagnosis he mentions the fact of the epididymis being in front of the testis. This condition was pointed out by the late Mr. Berkeley Hill as an abnormality in otherwise normal testicles, and its occasional occurrence should be remembered. Excellent advice is given on the subject of masturbation and spermatorrhœa, but we should have been glad for an expression of opinion as to the propriety, or otherwise, of explaining to boys about puberty the physiology of the genital organs, which might help to control or prevent a habit "commenced more often in ignorance than vice." The author states that pulsatilla is recommended by several authorities in the treatment of epididymitis, in our hands used in a large number of cases the remedy proved useless. No mention is made in the treatment of this disease of the suspensory bandage introduced by M. Juillein, of Paris, which is by far the most satisfactory method of dealing with the disease in any stage.

In Part II, no mention is made of syphilis as a cause of lymphangitis.

The chapter on congenital malformations of the urethra gives an admirable account of a difficult subject. Amongst the causes of non-specific urethritis, nothing is said of excessive beer-drinking, which occurs commonly in Germany, and has been seen in England. Hypertrophy of the prostate is carefully considered, and we are glad to notice the guarded manner in which Mr. Morris recommends operative interference through the bladder. Other methods, such as castration and galvano-cautery are fully discussed.

In Part III, under "Tuberculosis of the Bladder," Mr. Morris states that cystotomy should be the last resource. Mr. Watson Cheyne has published cases in which this measure, far from being a last resource, has proved of benefit both to the patient and to the disease.

The chapter on calculus is clear and concise, and well represents our knowledge of the subject at the present day.

We have no hesitation in confidently recommending this book to either the practitioner or the student, who will find it a never-failing guide. We may add that the illustrations are clear and well-produced, and the book is well-published.

HANDBOOK OF LIFE ASSURANCE. (*b*)

THIS valuable handbook has fully stood the test of professional opinion, and should certainly be known to all readers who undertake to advise any of our life insurance companies. The present issue consists of Index and 214 octavo pages, and gives all the necessary special information on the important subject with which it deals. We do not think it necessary to say anything further than to endorse the following sentence, from the concluding paragraph of the preface:—"We commend this edition, which has been carefully revised, and in some instances corrected, to our readers."

(*a*) "Injuries and Diseases of the Genital and Urinary Organs." By Henry Morris, M.A., M.B.Lond., F.R.C.S., Surgeon to, and Lecturer on Surgery at, the Middlesex Hospital. London: Cassell and Co., Limited. 1895.

(*b*) "Medical Handbook of Life Assurance for the Use of Medical and other Officers of Companies." By James Edward Pollock, M.D., F.R.C.P., &c, and James Chisholm. Fourth Edition. London: Cassell and Company, Limited. 1895.

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Obituary.

DR. HUGH THOMSON, OF GLASGOW.

We regret to announce the death of this gentleman, which occurred on the 5th inst. For some months past, it was noticed that he was suffering from a serious ailment, and when the end came it was not altogether unexpected. By his death one of the oldest practitioners in Glasgow has passed away, but although a resident in Glasgow for a considerable period, his earliest recollections centred in Greenock, and there, while serving the old-fashioned apprenticeship with Dr. Turner, of that city, and taking his classes with distinction in Edinburgh, he began his professional career about sixty years ago. In 1849-50 he studied in Paris, and shortly after started practice in Glasgow. He courted no reputation, his only public appointment being Vaccinator at the Hall of the Faculty of Physicians and Surgeons. Gentle of manner, and, in every sense, a just and honourable man, he has left behind him the remembrance of kind words and gentle deeds. He leaves a widow and several near relations, but no direct family.

Medical News.

Royal College of Surgeons, Ireland.

Prize List Summer Session, 1896.—Barker Anatomical Prize: C. T. Hilton, first, £26 5s.; A. S. Greene, special prize, £15 15s. Mayne Scholarship: A. I. Eades, £15. Gold and Silver Medals in Surgery: T. H. M. Culleg, gold medal; A. I. Eades and F. J. Palmer, silver medals. Practical Histology: Miss K. F. Lyn, first; S. R. Godkin, second. Practical Chemistry: A. S. Cosgrave and L. Geraty (equal), first; Miss M. E. Bridgford, second. Public Health and Forensic Medicine: F. J. Palmer, first; A. Benson, second. Materia Medica: J. F. C. Meyler, first; C. B. Pastey, second. Practical Pharmacy: S. Tucker, first; J. A. McDougall, second. Biology: J. R. Magee, first; Mrs. H. Hennessy, second. The Preliminary Examination for the commencement of medical study for the Diplomas of the Royal Colleges of Physicians and Surgeons will be held on Tuesday and Wednesday, September 29th and 30th, 1896, when the schools of surgery will open after the summer recess.

The Society of Chemical Industry

Opens its annual meeting in London on this day (July 15th), at the Hall of the Carpenters' Company in London Wall. Mr. Tyrer, F.C.S., will deliver the Presidential Address and it will be followed by a luncheon at Cannon Street Hotel. Afterwards the members will visit the refrigerating establishment of the Colonial Meat Company and will also inspect Coombe & Delafield's brewery in Long Acre, and the day will be wound up by a reception given by the Lord Mayor at the Mansion House. Similar instruction and entertainment has been set apart for the three following days.

Royal College of Surgeons of England.

At a quarterly meeting of the Council on Thursday last (July 9th), Mr. Christopher Heath, F.R.C.S.,Eng., President, in the Chair. The election of three members of the Council was officially reported: these being as already stated in our columns, Mr. Thomas Bryant (Guy's Hospital), Mr. J. N. C. Davies-Colley (Guy's Hospital), and Mr. T. Pickering Pick (St. George's Hospital). Mr. James Henry Targett, F.R.C.S.Eng., M.B., B.S. and M.S. Lond., of Guy's Hospital, was re-elected Pathological Curator, and Mr. Richard Higgins Burne, M.A., Oxon., Anatomical Assistant in the museum for the ensuing collegiate year. Sir William MacCormac, F.R.C.S.Eng. and Irel., of St. Thomas's Hospital, was elected President of the College, and Mr. Charles Nottidge Macnamara, F.R.C.S.Eng. and Irel., of Westminster Hospital, and Mr. John Langton, F.R.C.S.Eng., of St. Bartholomew's Hospital, were elected vice-presidents for the ensuing collegiate year.

The following Professors and Lecturers were elected for the ensuing collegiate year:—Hunterian Professors, Mr. W. Mayo Robson, F.R.C.S.Eng., Leeds, on "Diseases of the Gall-Bladder and Bile-Ducts," and their Surgical Treatment"; Mr. D'Arcy Power, F.R.C.S.Eng., M.B. Oxon, on "Intussusception"; and Mr. Charles Stewart, M.R.C.S.Eng., F.R.S., Arris and Gale Lecturer. Mr. Ernest Henry Starling, M.R.C.S.Eng., M.D., M.B., and B.S.Lond, "The Changes in Circulation Consequent on Heart Failure," Erasmus Wilson Lecturer. Mr. Walter George Spencer, F.R.C.S Eng., M.B., B.S., and M.S.Lond. "The Pathology of Lymphadenoid Structures."

The following gentlemen having passed the necessary examinations were admitted Fellows of the College: Messrs. George Templeton, M.B., C.M., Edin., L.R.C.P. Lond., Edinburgh University and London Hospital; and Sidney William Franklin Richardson, M.B., B.S.Lond., L.R.C.P.Lond., St. Thomas's Hospital.

A report from the Committee on the Dental Surgery Regulations was received and adopted. (Regulations and Synopses will be issued as soon as possible as the alterations will affect all who now register as dental students.) Under the new scheme there will be three examinations—a preliminary science examination and two professional examinations for the licence. The preliminary science examination will consist of chemistry, physics, and practical chemistry. The first professional examination will consist of mechanical dentistry and dental metallurgy, and the second of dental anatomy and physiology, dental pathology and surgery, including operative work, human anatomy, and physiology, and surgery, including pathology.

New Convalescent Home for Charing Cross Hospital.

On Saturday last their Royal Highnesses the Prince and Princess of Wales opened a Home for Convalescents at Limpsfield, Surrey, in connection with Charing Cross Hospital. The building has been erected at a cost of about £12,000, the whole of which, together with the grounds, nineteen acres in extent, has been defrayed by the liberality of Mr. Passmore Edwards, to whose generosity the public, and the working classes in particular, are already indebted for many other Homes, Cottage Hospitals, and Libraries. The new Home contains accommodation for fifty patients, and will require a sum of about £2,000 annually for its maintenance.

Vital Statistics.

The deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 17·8 per 1,000 of their aggregate population, which is estimated at 10,846,971 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 20, Birmingham 15, Blackburn 14, Bolton 19, Bradford 16, Brighton 12, Bristol 16, Burnley 17, Cardiff 17, Croydon 9, Derby 9, Dublin 25, Edinburgh 15, Gateshead 27, Glasgow 21, Halifax 12, Huddersfield 14, Hull 15, Leeds 17, Leicester 17, Liverpool 21, London 18, Manchester 20, Newcastle-on-Tyne 17, Norwich 14, Nottingham 15, Oldham 13, Plymouth 17, Portsmouth 16, Preston 13, Salford 23, Sheffield 18, Sunderland 21, Swansea 12, West Ham 14, Wolverhampton 16. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 4·0 in Hull, and 6·4 Gateshead; from whooping-cough, 1·1 in Halifax, and 1·2 Wolverhampton; and from diarrhœa, 2·4 in Sheffield, 2·7 in Salford, 3 8 in Birkenhead, and 5·0 in Leicester. In no case did the death-rate from scarlet-fever or from "fever" reach 1·0 per 1,000 in any of the towns. The 72 deaths from diphtheria included 43 in London, 6 in Glasgow, 4 in Birmingham, and 3 in Liverpool. One death from small-pox was registered in London, but not one in any other of the large towns.

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 40, Bombay 30, Madras 45, Paris 17, Brussels 15, Amsterdam 23, Rotterdam 13, The Hague 16, Copenhagen 16, Stockholm 17, Christiania 21, St. Petersburg 29, Moscow 43, Berlin 20, Hamburg 18, Breslau 27, Munich 22, Vienna 23, Prague 30, Buda-Pesth 28, Trieste 26, Turin 20, Venice 17, Cairo, 111, Alexandria 78, New York 29, Brooklyn 19, Philadelphia 18.

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Notices to Correspondents, Short Letters, &c.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. KELYNACK'S paper on "Intestinal Obstruction" shall appear as soon as the necessary engravings are completed.

THE ANNUAL TEMPERANCE BREAKFAST.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly allow me to announce that the usual Temperance Breakfast will take place on Thursday morning, July 30th, in the Great Central Hotel, Carlisle, at 8 o'clock, when the Lord Bishop of Carlisle, a Vice-president of the League, will preside, supported by Miles MacInnes, Esq., J.P.; Henry Barnes, Esq., M.D., President; and other Members of the British Medical Association.

It is particularly requested that members who desire to attend will make early application for invitations to Mr. J. L. Fenn, 33 Paternoster Row, London, E.C.

I am, Sir, yours, &c.,

ROBERT RAE,
Secretary.

London, July 13th, 1896.

MR. ALBERT MAURICE (Welshpool).—We are unable to give insertion to your letter for very obvious reasons; but if the facts are as stated, you have a grievance which should be at once remedied by the Board of Management of the Montgomery Infirmary. The assumption of letters after the name referred to, does not constitute an offence in law, unless it can be proved that the said letters are used for the purpose of fraud.

CANNABIS INDICA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR

SIR,—Your correspondent "Thesis" will find the chemical side of Cannabis Indica well treated with references, in the *Journal of the Imperial Institute*, for March or April of the present year.

I am, Sir, yours, &c.,

PETER MACEWAN.

42 Cannon Street,
London, E.C.

MR. SEFTON SEWILL'S paper is marked for early insertion.

PAY FOR DOCTORS.

A WRITER in the last number of the *Lancet* gives expression so pointedly to ideas which have exercised many thinkers in our profession that his criticism of our professional morality is worth reproducing. "Students," he says, "must, when they are initiated, deem many of the doings around them very anomalous. What must they think when they hear that the remuneration of the Demonstrators who teach them is either nothing at all, or about the same as that of a labourer, or perhaps of an artizan. Doubtless, they ponder and turn over in their minds all sorts of doubts and queries. They will ask: Who fixes this scale of payment? Medical men. But medical men would not be ungenerous to each other. Besides, when a medical man fixes the remuneration of his brother medical man, he is, although he may not know it, fixing his own. It seems natural, therefore, for our tyro to ask: Why are they not properly paid? And at last he comes to the conclusion, either that medical men are heartless and ungenerous to each other, or that medical men ought to work for nothing."

Meetings of the Societies.

FRIDAY, JULY 17TH.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.—8 p.m. (Rooms of the Medical Society of London). Cases, &c., by the President (Dr. George Stoker), Dr. Barclay Baron, Mr. G. C. Wilkin, Dr. R. H. Woods, and Dr. Milligan. Specimens by Mr. Lake. Dr. Pegler: On Acute Hæmorrhagic Otitis Media, with Notes of a Case. Discussion on Preliminary Tracheotomy in Thyrotomy for the Removal of Foreign Bodies in the Larynx; to be opened by the President; Mr. F. Marsh, Dr. Dundas Grant, Dr. Milligan, and others will take part. The Annual Dinner of the Association will take place at the Langham Hotel, at 7.30 p.m., after the meeting.

Vacancies.

Children's Hospital, Nottingham.—House Surgeon (non-resident). Salary at the rate of £100 per annum. Applications to the Secretary, Mr. A. F. Kirby, St. Peter's Church Walk, Nottingham, on or before the 18th inst.

Denbighshire Infirmary, Denbigh.—House Surgeon. Salary £60 per annum, with board, residence, and washing. Applications with testimonials to be sent to the Secretary, W. Vaughan Jones, not later than the 30th inst.

Great Northern Hospital, Holloway Road, N.—House Surgeon. Salary £60 per annum, with board, lodging, and laundry. Also, Junior House Surgeon. Board, lodging, and laundry provided, but no salary. Forms of application from Lewis H. G. Kerr, Secretary.

Isle of Wight County Asylum.—Assistant Medical Officer. Salary £100 per annum, with board and lodging, &c. Applications with testimonials to the Medical Superintendent, Whitecroft, near Newport, Isle of Wight, on or before July 20th.

Joint Counties Asylum, Abergavenny.—Junior Assistant Medical Officer. Salary £100 per annum, increasing by two yearly instalments of £25 to £150, with board, lodging, and washing. Applications with testimonials to be sent to the Medical Superintendent, not later than the 18th inst.

Metropolitan Asylums Board.—Two Assistant Medical Officers for the Eastern Fever Hospital, Homerton, N.E. Salary £160 during the first year, £180 during the second year, and £200 during subsequent years, with board, lodging, and washing. (See advt.). Also, Assistant Medical Officer for the North Eastern Fever Hospital, St. Ann's Road, N. Salary £160 during the first year, £180 during the second year, and £200 during subsequent years, with board, lodging, and washing. For full particulars, see advt.

Royal Eye Hospital, Southwark, or Royal South London Ophthalmic Hospital.—House Surgeon. Salary £50 per annum, with board and lodging. Applications with testimonials to be sent to the Secretary by August 1st.

Wolverhampton and Staffordshire General Hospital, Wolverhampton.—Resident Assistant. Board, lodging, and washing provided. Applications with testimonials to be addressed to the Chairman of the Medical Committee not later than Monday, the 27th inst.

Appointments

COYLE, BERNARD J., L.R.C.P., L.R.C.S.Irel., Medical Officer to the Inistioge Dispensary District, co Kilkenny.

DELMEGE, L. E., L.R.C.P.Edin., L.R.C.S.Irel., Medical Officer for the Burton Sanitary District of the Kendal Union.

DREAPER, R. H., L.R.C.P., L.R.C.S.Irel., Medical Officer for the No. 12 Sanitary District of the Ashton-under-Lyne Union.

ESKRIDGE, R. B., L.R.C.P.Edin., M.R.C.S., Medical Officer of Health by the Hoyston Urban District Council.

GOLDSMITH, G. H., M.B.Lond., House Surgeon to the Royal Westminster Ophthalmic Hospital.

HAYNES, H. E., M.R.C.S., L.R.C.P., Assistant Medical Officer to the Royal Berks Hospital, Reading.

JACOBSON, W. H. A., M.B., M.Ch., F.R.C.S., Examiner in Anatomy for the Fellowship of the Roy. Coll. Surg. Eng.

LUCAS, R. C., M.B.Lond., B.S., F.R.C.S., Examiner in Anatomy for the Second Examination of the Roy. Coll. Surg. Eng.

MILLETT, G. B., L.R.C.P.Edin., M.R.C.S., Medical Officer of Health by the West Penwith Port Sanitary Authority.

PEPPER, H. W., M.R.C.S., L.R.C.P., House Surgeon to the Royal Berks Hospital, Reading.

REED, W. H., M.R.C.S., Medical Officer of Health for the Westbury (Wiltshire) and Whorwelladown Rural Sanitary District.

RIDLEY, WM. W., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Assistant Medical Officer at the Gateshead Dispensary.

ROBERTS, L., M.D.Lond., L.R.C.P., M.R.C.S., Medical Officer for the Workhouse of the Newtown and Llanidloes Union.

RUSTON-HARRISON, G. H., M.B., C.M.Edin., House Physician to the Royal Berks Hospital, Reading.

SANKEY, J. J., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Sixth Sanitary District of the Tunbridge Union.

STARLING, E. H., M.D.Lond., B.S., Examiner in Physiology for the Fellowship of the Roy. Coll. Surg. Eng.

STEVENS, T. G., M.D Lond., B.S., F.R.C.S., Examiner in Elementary Biology for the First Examination of the Roy. Coll. Surg. Eng.

TONKIN, J. H., M.B.Lond., L.R.C.P., M.R.C.S., Medical Officer for the Camborne Sanitary District of the Redruth Union.

TURNER, R. T., M.D., Ch.B. Vict., Medical Officer of Health by the Nantwich Rural District Council.

VAWDERY, G., L.R.C.P.Edin., M.R.C.S., Medical Officer of Health by the Farnborough Urban District Council.

WAGSTAFF, F. A., M.R.C.S., L.R.C.P., Surgeon to the Saffron Walden Hospital.

WRIDE, F. G., L.K.Q.C.P.Irel., M.R.C.S., Medical Officer of Health for the Cricklade and Wotton Bassett Sanitary District.

Births.

BOWER.—On July 8th, at Langton Lodge, Hendon, the wife of William Bower, M.B., of a son.

CARDEW.—On July 9th, at 18 Rodney Terrace, Cheltenham, the wife of H. Boyd Cardew, M.R.C.S., of a daughter.

COX.—On July 8th, at 12 Sheffield Gardens, Kensington, the wife of William Spencer Cox, M.R.C.S., of a son.

JONES.—On July 8th, at 7 Lansdown Road, Lee, S.E., the wife of George Jones, M.B., of a son.

MACVICKER.—On July 10th, at Isleham, Cambridge, the wife of C. G. Macvicker, M.B., of a son.

MESSITER.—On July 4th, at Charlton House, Dudley, Worcs., the wife of M. Arden Messiter, M.R.C.S., of a daughter.

ORTON.—On July 9th, at the Limes, Foleshill, near Coventry, the wife of J. Orton, junr., M.R.C.S., L.R.C.P., of a son.

RAYNER.—On July 10th, at Harcourt House, Camberley, the wife of Herbert E. Rayner, F.R.C.S., of a daughter.

Marriages.

ATKINSON—NEWCOME.—July 7th, at Long Clawson Parish Church, Guy Christopher Barton Atkinson, M.R.C.S., son of the Rev. Canon Atkinson, to Elizabeth Emma Newcome, eldest daughter of Chester Pern Newcombe, Esq.

GAITSKELL—DEMPSTER.—July 10th, at Bagota, South America, Ed. B. W. Gaitskell, only son of Capt. Gaitskell, of Guildford, to Annie, youngest daughter of the late Deputy Surgeon-General Dempster, M.D., of Guildford. (By telegram).

RANDALL—BRADBROOK.—July 7th, at Emanuel Church, West Hampstead, Ernest Bidgood Randall, M.D., of Romford Road, Forest Gate, London, E., to Lydia, youngest daughter of Mrs. Bradbrook, of Boscombe, Hants.

Deaths.

HOLT.—July 10th, William Holt, M.R.C.S.Eng., L.S.A.Lond., formerly of Norton Fulgate, E., aged 58.

LAWSON.—July 8th, at 59 Grosvenor Place, Margate, Robt. L. Lawson, M.R.C.S., L.S.A., of East Dulwich, aged 61.

STEVENS.—July 5th, at Sway, near Lymington, Robert Stead Jones Stevens, M.D., aged 70.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, JULY 22, 1896. No. 4.

Original Communications.

THE LOCALISING VALUE OF THE PROMINENT SYMPTOMS OF GROSS ENCEPHALIC DISEASE.

By JAMES SHAW, M.D.,

Late Co-Licensee, Haydock Lodge Asylum.

INTRODUCTION.

ALTHOUGH the value of experimental physiology as the pioneer of human cerebral localisation cannot be over-estimated, yet, this being granted, it must, it seems to me, be admitted that the chart of the human encephalon, so far as its functions are concerned, will have to be corrected and completed by human pathological anatomy. It is well known, not only that experiments on animals of different vertebrate classes and even of different mammalian orders give dissimilar results in the hands of the same experimenter, but that experimental physiologists are not in accord as to these results.

The experiments of disease are at present, so far as the brain is concerned, bewilderingly various in their results. For this reason it is only by reporting all cases, whether they fall in neatly with the fashionable theory or not, that order can at last be evolved from the present state of partial chaos.

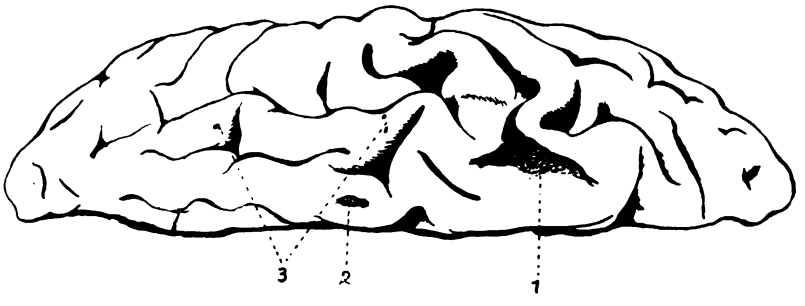
The current theories as to the location of the sensory areas are admittedly more or less nebulous, and human pathology does not indicate that even the so-called motor area and centres, particularly the latter, are exactly defined or even approximately so. Exner and others, who have, with admirable painstaking, collected immense series of cases from medical literature, have made this latter fact prominent.

The salient symptoms and pathological appearances noted in eighteen cases which came under my own observation in an institution for the insane are briefly stated below.

Case I.—In one case of hemiplegia there was anæsthesia of the right—that is, the paralysed side. Pupils equal. The only lesions were:—(1) A focus of hæmorrhagic softening immediately under the cortex near the middle of the left second frontal convolution; (2) Softening (with membranous adhesion) of the cortex of the posterior third of the same convolution, of the ascending frontal in its upper third, of the ascending parietal in the upper half of its middle third; (3) Reddish discolouration of the lenticular nucleus, internal capsule, and cornu ammonis where cross-vertical sections passed through the softened cortex; (4) Softening of the right gyrus angularis.

Case II.—In a second case of complete hemiplegia (left) there was on admission and till death nine weeks after, contracture of the arm and leg, but no anæsthesia; the pupils were equal; the patient was restless and noisy at night, constantly shouting that her body was dead; there was an uncontrollable tendency to contract bed-sores. The lesions were:—(1) A brown-walled excavation three-quarters of an inch antero-posteriorly by a quarter laterally and one-eighth deep in the cortex joining the upper ends of the right ascending convolutions; (2) A superficial brown patch a quarter of an inch by one-eighth on the upper ramus of the superior frontal convolution, three-quarters of an inch anterior to the last lesion; (3) Two small brown specks on the inferior ramus of the superior frontal near its base and a similar speck near the commencement of its middle third (Case II).

Case III.—The patient two years and a half prior to admission was seized suddenly with right hemiplegia and aphasia. The latter symptom, complete for a month, passed off gradually in the following five months. The hemiplegia persisted, and was on admission accompanied by hemianæsthesia and hemianalgesia. The patient could walk, though lamely. He was unable to use his right arm, raise his right eyebrow, or to whistle; the right pupil was slightly the larger; the right knee-jerk was exaggerated; there was marked ankle clonus on the right side, none on the left. The patient could answer questions and converse, but his memory was defective both for recent and long-past events, and there was emotional hyperæsthesia. Fourteen months after admission the facial paralysis and cutaneous anæsthesia had disappeared; the patient could move slightly his right arm and forearm, which latter was generally at right angles to the upper arm; he could extend his fingers, but was unable to grasp; he could not move his right lower extremity, which was flexed and contracted, with the knee swollen; the left pupil was now slightly the larger; the patient could still move his left arm and leg freely; his mental condition was unchanged; occasionally he tried to sing, repeating, without time or tune, the words of a song. The right forearm was three-quarters of an inch less in circumference than the left, the right arm a quarter of an inch less than the left, the right thigh an inch and a half less than the left, the right leg (just above the ankle) a quarter of an inch less than its fellow. There was a tendency to bed-sores. The left cerebral hemisphere weighed only 478 grammes, the right 492·4, each hemisphere of the cerebellum 69·6, the pons and medulla 19·4, all free from membranes; 1,124 grammes or a little over 39½ ounces altogether. The only visible lesions were:—(1) Yellow softening, flattening, and marked diminution in size of the left nucleus caudatus; (2) Yellow softening, with cortical loss of substance of the left gyrus angularis; (3) Slight yellow softening of the ventricular surface of the right nucleus caudatus: (4) Extensive degeneration of the left pyramidal fibræ; (5) Slight of the right; (6) Several small lacunæ



Case II.

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in the white substance of the left frontal lobe. (Patient æt. 50.)

Case IV.—In this case there was, on admission, and had been for six months previously, paralysis of the right arm and leg, with general weakness; the right pupil was the larger; right knee-jerk the stronger; there was ankle clonus on both sides, more marked on the right; much mental weakness with visual and auditory hallucinations; patient restless, destructive, and dirty. Five months after admission, and ten days before death, no clonus, no inequality of knee-jerks; pronounced right facio-lingual monoplegia was added to the previous brachio-crural, which became more accentuated, the hand, arm, and leg being flexed but not contracted; the speech became thick and indistinct; cutaneous sensibility of the right side somewhat diminished, especially on the foot. (1) The left nucleus caudatus was found softened, shrunken, and concave superiorly; (2) In the knee of the left internal capsule close to the nucleus caudatus and the corona radiata there was a recent clot one-twelfth of an inch broad and thick, but longer antero-posteriorly; (3) A small lacuna in the right external capsule. The left cerebral hemisphere was 4½ grammes lighter than the right, and the right cerebellar 2 grammes 6 decigrammes lighter than its fellow; the whole brain denuded of membranes weighed only 33¼ ounces. The patient was æt. about 70.

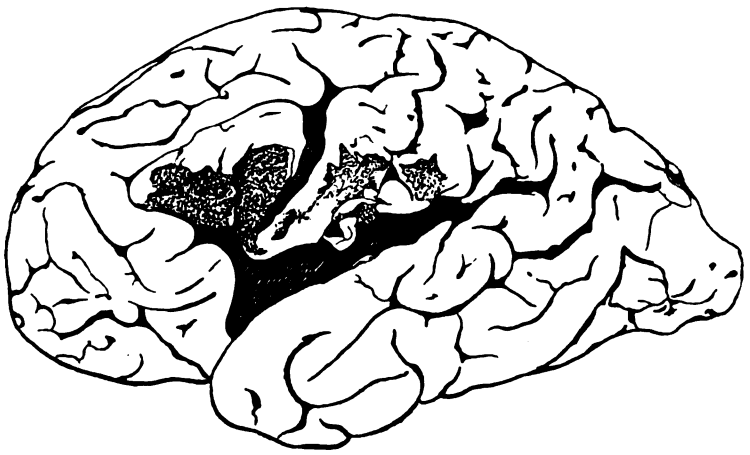

FIG. 1,—Case VII.

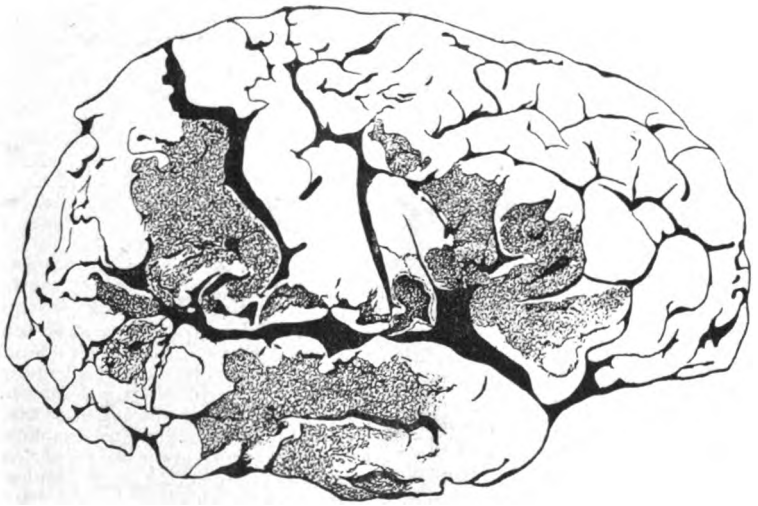

FIG. 2.—Case VII.

Case V.—This patient began four years prior to admission to lose the memory for recent events, and six months before admission had an apoplectic seizure followed by complete paralysis of right arm and leg and slight of right face for twenty-four hours; then weakness of limbs for four or five months, gradually passing off. On, and for nine days after, admission no paralysis, but staggering gait at times, restlessness, insomnia, mischievousness, aggressiveness. Then a slight apoplectiform attack with right hemiparesis, the right pupil being the larger. Eight weeks afterwards, and shortly before death, an apoplectic attack, accompanied by right facial monoplegia, and followed by transitory aphasia; afterwards very defective thick speech. There was a dark brown hæmorrhagic softening, about two inches antero-posteriorly by an inch and a quarter laterally, in the anterior end of the left superior frontal and the adjoining part of the upper ramus of the middle frontal convolution.

Case VI was that of a male patient, æt. 50, who suffered from epilepsy as well as dementia, and who, six weeks after admission had an attack of left hemiplegia, in which the tongue alone escaped; there was at the same time convulsive twitching of the muscles of the left arm and leg; the right pupil was larger than the left; cutaneous sensibility (touch and pain) abolished on the left side, including the face; knee-jerks lost, no ankle clonus on either side; hearing unaffected on either side; vision of left eye lost; dull, heavy facial expression; no disorder of speech; left fingers extended and twitching. A day later the cutaneous sensibility had slightly returned, the left arm and leg were limp and flaccid, and there were frequent and sudden vomiting and retention of urine, yet the patient said he was very well. Two days later the gastric and vesical symptoms had disappeared and there was right conjunctivitis; on the following day the patient was restless and noisy, and there were visual hallucinations. Eleven days from the commencement of the attack he could stand without support and move his left arm. A week after the date of the last note he became feeble and drowsy and had sixty fits in eleven hours, remaining unconscious all the time; the convulsions affected only the muscles of the right side, face, arm, and leg, and there was conjugate deviation of the eyes to the right; each seizure lasted two or three minutes. The lesions were: (1) Insular sclerosis of the cortex of both cerebral hemispheres, the resulting circumscribed hardening of the tissue being readily perceptible to the touch in many places; (2) A focus of yellow softening in the cortex of the posterior part of the right gyrus fornicatus, measuring an inch and a half antero-posteriorly by half an inch vertically. The left cerebral hemisphere, free from membranes, weighed 652 grms, the right only 585; each cerebellar hemisphere 82 grammes 3 decigrammes, the pons and medulla 29 grammes 8 decigrammes; the whole brain stripped of membranes, nearly 50¼ ounces.

Case VII.—This case was one of paralytic idiocy; there were brachio-crural monoplegia with contracture of both limbs, internal strabismus of left eye, total absence of speech and almost of intellect, epilepsy. There were cortical erosions on both sides of the cerebrum; the left hemisphere (fig. 1, Case VII), much smaller than the right (fig. 2 Case VII), was of such low specific gravity that it almost floated in weak bichromate solution; the left convolutions were less complicated, and their cortex paler than the right; the left central ganglia were smaller than the right; the right hemisphere of the cerebellum was the smaller; the left olivary body looked the larger owing to smallness of the left pyramid, but on section the dentations were seen to be shrunken and irregular. The weights were: left cerebral hemisphere 212 grammes, right 342½, right cerebellar

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hemisphere 23, left 30·2, pons and medulla 20·3, all free from membranes, total 628 grammes (23⅛ ounces).

Case VIII.—This patient suffered from left brachio-crural monoplegia with brachial contracture and atrophy; she was 68 and had been paralysed 20 years; she could answer questions but not sustain a conversation; speech unaffected; right pupil slightly larger than left; slight deafness; no cutaneous anæsthesia; later, left crural contracture, and a fortnight before death, right crural. The only destructive cerebral lesion was a well-defined oval patch of yellow softening, measuring three-quarters of an inch antero-posteriorly, a quarter of an inch laterally, and one-eighth of an inch in depth in the cortex of the right supra-marginal gyrus; the frontal lobes were shrunken and some distance from the dura mater above them; the right hemisphere, though not weighed, felt appreciably lighter than the left; the cerebellum was soft and light coloured, especially the left lobe, and the roof of the fourth ventricle was soft and creamy. No other lesions.

Case IX was that of a paralytic idiot, æt. 14, who was hydrocephalic, porencephalic, and epileptic. He suffered from right brachio-crural monoplegia with contracture of both limbs and atrophy most marked in the arm; slight right internal strabismus; total absence of speech. He was about as intelligent as an average child a year old. In the status epilepticus preceding death the convulsions were not localised and there was conjugate deviation of the eyes to the left. There was an abnormally large quantity of serous fluid in the cranial cavity and the right cerebral hemisphere (fig. 1, Case 9) was large with greatly dilated lateral ventricle, but otherwise normal; the left hemisphere (fig. 2, Case 9) was very small and had the following convolutions and parts of convolutions and lobes missing, viz., the posterior part of the second frontal, the third frontal except its orbital portion, the inferior halves of the two ascending convolutions, the supra-marginal and angular gyri, the insula, most of the external surface of the occipital lobe. The centrum ovale under these parts was represented by a thin lamina, translucent in places, and the site of the missing tissue was occupied by a sub-arachnoid cyst. The following parts were very much smaller than those of the opposite side, viz., the left central ganglia, peduncle, half of pons, half of medulla, pyramid; the right hemisphere of the cerebellum was much the smaller, the dentations of the left olive were small, shrunken, and irregular, and the right restiform body was apparently smaller than its fellow. The left cerebral hemisphere weighed 183·4 grammes, the right 523·2, the right cerebellar 48·6, the left 64·5, the pons and medulla 16, all free from membranes, total 835·7 (nearly 29½ ounces).

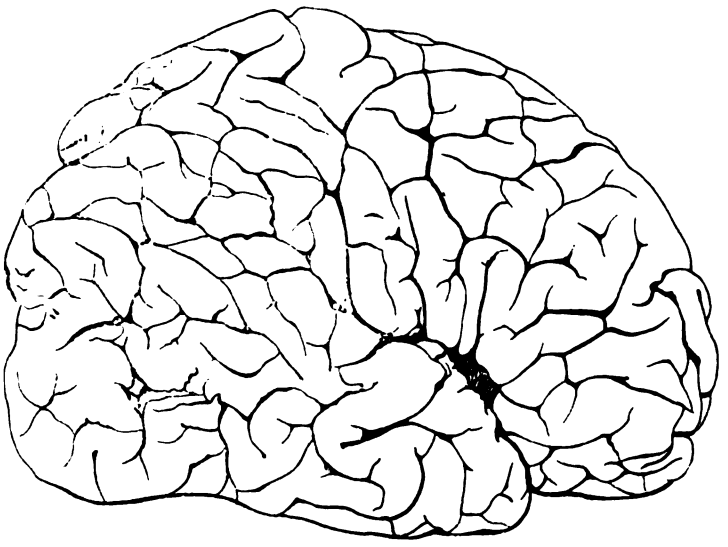

FIG. 1.—Case IX.

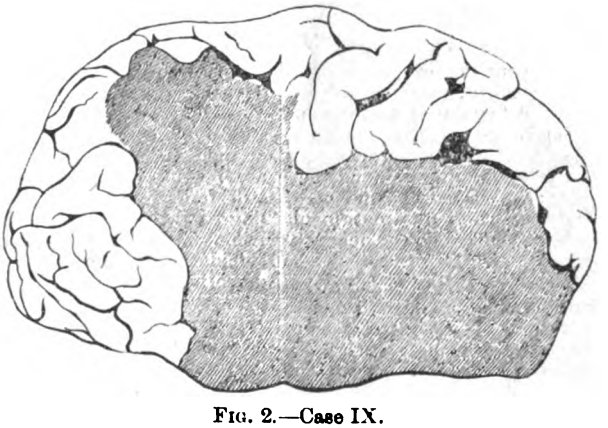

FIG. 2.—Case IX.

Case X.—This patient was also a paralytic idiot (æt. 19); he suffered from right brachio-crural monoplegia and left crural with contracture of all the paralysed limbs; he could move his right fingers a little; the left fingers and hand were freely movable, also the left forearm, except that it could be fully extended; the movements of the left shoulder were restricted. Mentally he was rather better than an ordinary year-old child, but could not articulate a syllable. Epilepsy, nystagmus; no sensory defects; emaciation of all the limbs. Atrophy or arrested development of the following convolutions and parts of convolutions, namely, lower two-thirds of left ascending parietal (which was very short), lower third of left ascending frontal except a quarter of an inch at the extreme end, left inferior frontal, an inch of the lower ramus of the left middle frontal, beginning a quarter of an inch from the posterior end, anterior half of left first temporal, anterior half of left second temporal, an inch of right ascending parietal commencing an inch from its upper end; left Sylvian fissure (owing to smallness of surrounding convolutions) gaping so as to expose nearly the whole of the insula; right occipital convolutions somewhat smaller than left; left central ganglia smaller than right; crus, pons, and pyramid less developed on left side. Weights: Left cerebral hemisphere 297·9 grammes, right, 365·4, right cerebellar 68, left 69·8, pons and medulla 23·4, all stripped of membranes, total 824·5 grammes or a little over 29 ounces.

Case XI was another one of paralytic idiocy with epilepsy: there was right brachio-crural monoplegia; the arm was principally affected, and it alone was contracted; despite the weakness of the right leg the patient could walk a few steps; the right limbs were thinner and shorter, though not much, than the left; the patient could feel, see, taste, and hear, but not speak; his intelligence was not equal to that of an average child of one year. Left side of skull slightly thicker than right; left cerebral hemisphere shorter than right; both occipital lobes small and hard; left precuneus very small and narrow.

Case XII.—History of a "stroke" eight months before admission, affecting "the legs principally," and followed by a second, third, and fourth confined to the right side. On admission there was general weakness, the right side being the weaker, the knee-jerks were exaggerated, there was marked right ankle clonus and the plantar reflex was absent on the left side; the pupils were very small but equal; the cutaneous sensibility was dull everywhere; there were motiveless weeping and laughter, visual hallucinations, and delusions of suspicion. A fortnight after admission there was coarse tremor of the right arm and leg, and the right arm was very feeble. Later, left facial paralysis, the nose being deflected to the right, right pupil the larger. Erysipelas, gangrene, œdema, bedsores. (1) Thickness of arachnoid and slight adherence over outer surface of both occipital lobes; (2) Triangular patch of

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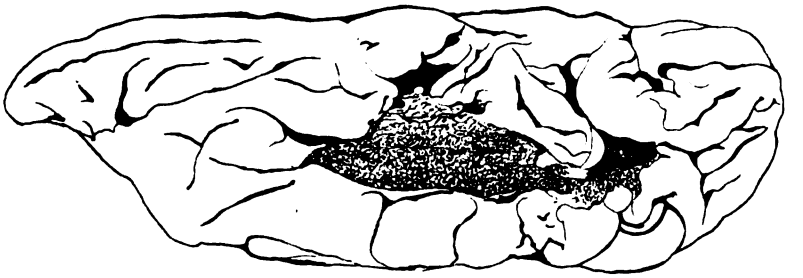
softening with loss of substance of the right cuneus, the base, situated posteriorly, measured an inch and was an inch and a half from apex of focus; (3) Softening with loss of substance of rest of median surface of right occipital lobe; wide right calcarine fissure; (4) Small depression with softening on inferior surface, and another on outer border, of right lobe of cerebellum; (5) Partial sclerosis of right pyramid and left restiform body. The left cerebral hemisphere weighed 531·3 grammes, the right 518·4, the right cerebellar 64·8, the left 71·4, the pons and medulla 22·6, after removal of membranes.

Case XIII.—In this case, the patient, a man of 66, was very feeble and tremulous generally and the right side was the weaker; cutaneous sensibility dull, especially on right side: tongue tremulous; vision very defective, but there was double cataract; left pupil larger than right; auditory hallucinations; memory very defective; said his wife or someone else drugged him and caused him to be weak. Eleven months after admission right side twitching, head deviated to right, complete loss of speech, temporary inability to move right arm; three epileptiform seizures. Two months later able to sit in a chair but legs very weak. (1) Patch of yellow softening, with loss of substance, an inch and a half by three-quarters, on the under surface of the left cerebral hemisphere affecting the hippocampal and the two occipito-temporal gyri; (2) Yellow softening of cortex of left cuneus; (3) Old hæmorrhagic focus with surrounding softening in posterior part of medullary substance of left frontal lobe near centre of vertical section (pedunculo-frontal); (4) Dark yellow softening of the right cerebellar hemisphere posteriorly, inferiorly and externally, and on lateral section a focus of ancient hæmorrhage an inch and a half long. Weights without membranes: Left cerebral hemisphere 526·8 grammes, right 567·6, right cerebellar 82·3, left 80·3, pons and medulla 23·3, total 1,280·3 grammes.

Case XIV.—The lower extremities were much attenuated the gait was feeble, and the right arm and leg were weaker than the left; equal pupils; pruritus of lower part of thorax and upper part of abdomen; extreme mental weakness; motiveless weeping. A few days before death, slight left facial paralysis. (1) Large, yellow-edged excavation on the basal surface of the right cerebral hemisphere (Case 14) affecting the inferior temporal and the occipito-temporal convolutions; (2) Small lacuna one-sixteenth of an inch in diameter in the outer margin of the external division of the left lenticular nucleus near the middle from before backwards.



Case XIV.

Case XV.—In this case the gait was feeble and awkward, and the cutaneous sensibility was dull on both sides; the knee-jerks were persistently absent, and there was no ankle clonus: the patient was restless, sleepless, excitable, and violent, but there were no convulsions during her three months' residence in the asylum, and no history (the patient was a married female, æt. 60) of any prior to admission. Eight days before death the left pupil was larger than the right; the cutaneous sensibility was absent everywhere; both hands were feeble, though the patient could move her fingers; she said "yes" to every question; the left upper arm was a quarter of an inch less in circumference than the right, and the left thigh half an inch less than the right. (1) Tumour, an inch and a quarter in diameter, attached to the under surface of the dura mater, close to the right side of the falx cerebri, and pressing on the arachnoid over the upper ends of the right ascending convolutions, causing an indentation of the latter; (2) Arachnoid cyst, extending from the anterior third of the frontal convolutions to the parieto-occipital fissure on each side, for about 2½ inches from the median line, the membrane being very thick in places, especially near the falx and under the tumour. Weights of parts, free from membranes: Right cerebral hemisphere 401·6 grammes, left 401·7, each hemisphere of cerebellum 58·3, pons and medulla 19·4, total 943·3—a little over 33¼ ounces (the circumference of the head was 21½ inches).

Case XVI.—In this case there were, in addition to the weakness of the lower extremities more marked on the right side, general feebleness, marked weakness of grasp, right facio-lingual monoplegia, very defective speech, and right facial twitching; the right pupil was the larger; the right knee-jerk was absent; there was some ankle clonus on both sides; vision very defective, enabling the patient to do no more than distinguish light from darkness; no deafness, either psychical, verbal, or ordinary. Two months later, right angle of mouth higher than left, but nose deflected to left and tongue protruded to right; in walking patient leaned to right. Intense flushing of the face after taking warm beef tea. (1) Yellow softening of the right supra-marginal gyrus, deepest at the margin of the Sylvian fissure where it affected the whole depth of the cortex, this focus extended well into the superior (posterior) extremity of the first temporal convolution; (2) Patch of yellow softening half an inch in diameter at the junction of the upper with the middle third of the left first temporal, affecting in its centre the whole depth of the cortex; (3) Atrophy of left lenticular nucleus with the middle division represented, on section, by a mere line dark in colour; (4) Asymmetry of cerebellum, the right hemisphere being the smaller; this hemisphere was yellow inferiorly; (5) Depression on the under surface of the right side of the middle lobe of the cerebellum. Weights without membranes: Right cerebral hemisphere 626 grammes, left 576·7, right cerebellar 64·8, left 72·5, pons and medulla 17·5, total 1,357·5, or 47⅞ ounces (circumference of head 23¾ inches).

Case XVII was one of general weakness with left brachio-facio-lingual monoparesis which commenced six months previously as left hemiplegia and developed ten months after admission into complete diplegia. The facial paralysis was rather right-sided on admission, but twenty days later was left-sided. On admission, the cutaneous sensibility was diminished on the right side, left pupil slightly the larger, watch not heard close to left, or an inch and a-half from right ear, left knee-jerk exaggerated, ankle clonus on the left side (the right ankle was stiff from injury and operation twenty years before), lingual and facial tremor, tremor of trunk muscles, lisping articulation, delusions of suspicion and jealousy, suicidal and homicidal tendencies, memory not extremely defective. History of alcoholism. After the second attack, three weeks before death, the cutaneous sensibility was slight on the left side of the face, and absent on the right as well as in the hands and arms, pin-pricks caused voluntary and reflex movements of lege, hearing absent on right side, slight on left, pupils dilated, the left the more so, inability to speak or to move lips, tongue, hands, or arms. (1) Softening of anterior half of right lenticular nucleus with lacuna a sixth of an inch in diameter in the anterior limb of the internal capsule; (2) Brown softening of the anterior half of the outer division of the left lenticular nucleus; (3) Recent clot a quarter of an inch in diameter in the upper part of the left external capsule, encroaching on the lenticular nucleus at the beginning of its posterior third; (4) Adhesions of pia arachnoid to basal surfaces of cerebrum and cerebellum. Weights of parts, free from membranes except their inferior surfaces: Right cerebral hemisphere 570·2 grammes, left 583·2, right cerebellar 60·9, left 70·6, pons and medulla 25·2.

Case XVIII.—General weakness with a tendency to hang the head constantly. The only other motor symptoms were those of unilateral laryngeal palsy, viz., lowness of pitch and hoarseness of voice; the patient

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answered questions in jerking monosyllables, and though generally listless and apathetic, he had explosive outbursts occasionally in which he talked thickly and very indistinctly so that only those accustomed to hear him could tell what he said. He knew (and was able to name) common articles such as tobacco and pepper by sight but not by smell. The pupils were equal. There was either amblyopia of the left eye or left-sided hemianopsia. Large deep focus of ramollissement in the left cerebral hemisphere (Case 18) affecting the middle third and part of the posterior third of the inferior ramus of the superior frontal convolution, the middle third and part of the posterior third of the second frontal, the posterior part of the inferior frontal near its junction with the frontal ascendant destroying a quarter of an inch of the cortex right across the convolution, a small portion of the middle of island of Reil. Left anterior cerebral artery much smaller than right. Arachnoid slightly adherent to occipital lobes. No other anomalies.

SUMMARY AND ANALYSIS.

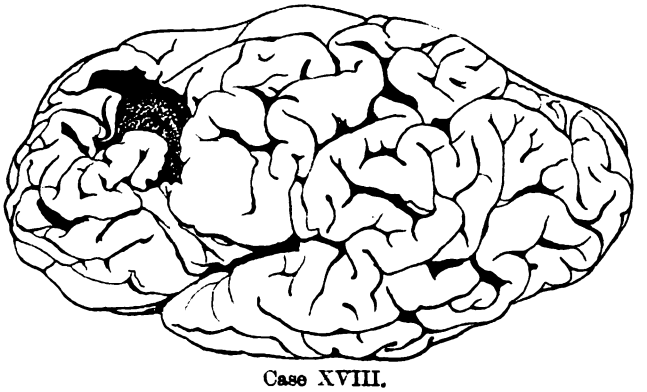
In these eighteen cases, given in very brief abstract, general physical and marked mental weakness with persistent slight paresis or transitory attacks of paralysis indicated, according to the combination of symptoms, lesions single or multiple of the occipital, temporal, supra-marginal, precuneate, or prefrontal regions, or of the cerebellum; whilst permanent paralysis with or without contracture or atrophy was the outward expression of disease of the Rolandic area, or, though rarely, of the convolutions (including the precuneus and first temporal) immediately behind or below it, or of the central ganglia or internal capsule (disease in the ganglia and capsule being generally combined with extra-Rolandic, cortical or medullary lesions).

Where the central ganglia were the principal seat of lesion there was much less mental deterioration than in cases with extensively diseased cortex. Taking the whole number of cases of cerebral paralysis met with in all classes of practice, the great majority, for mechanical reasons, are ganglionic, and only a small proportion are seriously affected mentally. But in the cases here reported the patients were brought under observation by the prominence of the mental symptoms, and cortical lesions greatly preponderated.

Except, perhaps, in the case (XVIII) of laryngeal palsy (not laryngoscopically determined) the exact situation of the lesion could not have been foretold by the greater or less degree of paralysis of any member or muscle; not only so, but the pathological appearances accompanying paralysis of a given limb were in some cases absolutely contradictory of those in others; there was complete hemiplegia with lesions confined to the upper end of the Rolandic region and its immediate vicinity in front (Case II), brachio-crural monoplegia with freedom from disease in that precise position (Case VIII), paralysis with contracture of one arm and both legs with atrophy of the lower two-thirds of the ascending parietal and part of the lower third of the ascending frontal on one side and of the middle third of the ascending parietal on the other (Case X), (the "explanation" that the so-called "centres" in the child differ from those in the adult, or something practically to that purpose, is anything but satisfactory, and, at all events, only the last of the three examples above was congenital or quasi-congenital). [Whilst] in some cases (VIII, XI, &c.) of permanent paralysis there was no Rolandic destruction or atrophy, and in cortical facial paralysis (II, V, XII, XIV, XVI, &c.) the seat of lesion varied widely, yet in no instance was there destruction or atrophy of the ascending convolutions without permanent paralysis.

In five (VIII, XII, XIII, XVI, VI) of the cases here reported, in which the pupil on the paralysed or paretic side was the smaller, there was ramollissement of the opposite cortex or cerebral medulla. In some cases (I, II, XIV, XVIII) of cortical disease, the pupils had become equal when they came under observation. They were also equal in the idiots. Hæmorrhagic effusion over one hemisphere was accompanied by smaller size of the opposite pupil in cases not here reported. The pupil on the weak side being the larger (Cases III, IV, V, XV) seemed to denote destructive lesion or atrophy of the opposite central ganglia or irritative lesion (hæmorrhage, abscess, tumour, &c.) of the opposite cerebral cortex. In Case XVI there was lenticular lesion opposite to, and cortical on the same side as the larger pupil. In Case III the larger pupil was at first oppposite to the older, then to the newer striate lesion.

Late pseudo-bulbar symptoms, as in Case XVII, were probably caused by the softening of the lenticular nuclei, though the small hæmorrhagic focus and basal pia-arachnoidal adhesions should not be left out of view. These symptoms were present in another case of double lenticular lesion not here reported, and in one of severe, serious bilateral lesion not lenticular.



Case XVIII.

Whilst exaggerated knee-jerk and the presence of ankle clonus denoted, as a rule, either cortical or ganglionic destruction, the absence of these symptoms or of the normal knee-jerk, coincided with the presence of a pressure lesion, *e.g.*, tumour (XV), hæmorrhage (in one case, IV, these symptoms, previously present owing to central ganglionic destruction, disappeared on the supervention of internal capsular clot), nodules, as in the unusual case, VI, of multiple sclerosis, in which the disease was almost altogether confined to the cerebral cortex, or of cerebellar atrophy, Case XVI (knee-jerk absent, clonus present).

Tremor and twitching were generally the expression of disease (lacunæ, &c.) of the lenticular nucleus or of abscesses, tumours, hæmorrhages, or nodules (in the case of multiple sclerosis there was twitching but no characteristic tremor) in the cerebral medulla or cortex, or of lesions of the cerebellum. Unilateral convulsions denoted irritation in or near the Rolandic cortex or pressure lesions of the medulla of the temporal or parietal lobe (in cases of mine not here reported, unilateral convulsions seemed to be caused by glioma or other irritative lesion of the temporal).

Cutaneous anæsthesia (Cases I, III, IV, VI, XII, XIII, XV, XVII, appeared to be the outward expression of disease of the limbic or falciform lobe, the nucleus caudatus, the posterior limb of the internal capsule, or of the Rolandic area. Case IV tends to show that the capsular fibres transmitting sensation from the spinal foot centre to the cortex are anterior to those for the other parts of the lower extremity. Thoracico-abdominal pruritus in Case XIV appeared to be caused by destructive lesion of the inferior occipito-temporal cortex.

Auditory symptoms mostly originated in disease of

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the temporal lobe or in its vicinity, but not necessarily of the posterior end of the first temporal gyrus, in fact, in one case, this part of the lobe was partly destroyed on both sides without deafness, either psychical or physical resulting (XVI). Visual symptoms occurred with extensive disease anywhere behind the sulcus of Rolando. The defective vision, left amblyopia or left-sided hemianopsia, noticed in one case (XVIII) of (left) pre-frontal destructive lesion may have been caused by impaired nutrition of the left optic nerve. The anosmia in the same case possibly arose from a similar starvation of the left olfactory nerve combined with inability to sniff with the right nostril. But such "explanations" are liable to be fallacious, as many of those, for instance, given before the differentiation of motor from sensory aphasia undoubtedly were.

Impairment of the muscular sense, at one time thought to be pathognomonic of cortical, has for some time been known to be caused also by sub-cortical, disease, and it has certainly been present, to a greater or less extent, in all the non-demented hemiplegics who have come under my observation in ordinary practice.

TUBERCULOUS DISEASES OF THE HIP-JOINT.

By R. L. SWAN, F.R.C.S.I.,

Surgeon to the Steevens' and the Orthopædic Hospitals, Dublin.

HAVING in my previous communication arrived at the conclusion that complete rest and fixation was the most satisfactory treatment in the early stages of hip-joint disease, we proceed to consider the most ready method of application. In all those cases in which intra-articular pressure exists, and which are accom-

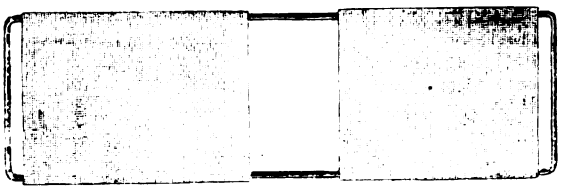

FIG. 1.

panied by muscular spasm, it is necessary, in order to secure fixation, that traction should be applied. Partial fixation, such as may be obtained by Thomas' splint, by recumbency, and the use of sandbags, or by any other form of retentive apparatus, does not answer where there is acute inflammatory mischief in the hip, as shown by night cries, or by pain on passive movement, or rotation of the limb. The adjoining woodcut represents a frame of 5-8th inch iron rod, 6 inches longer than the patient, and 2 inches wider than the measurement across the shoulders. It is covered by two pieces of canvas laced behind, leaving a space between. The body of the child rests on one segment, the legs on the other, and the intervening space receives the buttocks. A bandage crossed in a figure-of-eight-shape round the shoulders and chest retains the trunk in a horizontal position, which is an essential part of the treatment, more especially if the traction be applied with the intention not only of removing an intra-articular pressure, but of reducing acquired flexion. The traction is applied in the axis of deformity in the manner described in a previous chapter, and the child is thus retained in a perfectly immovable and secure position. When it becomes necessary to slip a bed pan under the child, the frame may be raised gently by two assistants, one at the head, the other at the foot; the traction and fixation are thus not interfered with. A single fold of woollen sheeting may be placed under the child's body and legs in cold weather, or linen when it is warm, and renewed when cleanliness renders it necessary. At a later period the child may be carried into another apartment, or in the summer season, into a garden, if accessible, on this frame. In such a case it is necessary to omit traction for the time, but this—unless in a very acute case—may safely be permitted for some hours during the day, even where it has to be re-applied during the night; if the limb be fixed by a Thomas' splint, or even in some instances by sandbags, owing to the muscular watchfulness which protects the joint from injury during the waking hours. When the Thomas' splint is applied for such a purpose it may be placed over the necessary bandages for traction, and it will not interfere with that part of the treatment. The stretcher, for in reality it is nothing more, was devised by E. H. Bradford, M.D., of Boston. He described it as being composed of gaspipe joined by angle couplings, and as readily made by the surgeon himself when occasion arose. I found, however, that perhaps from the reason that the materials described were not the same in this country as in America, that the easiest plan was to get a number of frames of different sizes made of iron rods ½ inch in diameter with the ends soldered together, each parallelogram can be fitted by a nurse with the canvas pieces, and is ready when required. They are portable and extremely convenient, and are really invaluable in cases which require removal from the bed either for change of air or to the dressing room for the irrigation of abscesses, or other dressing which may be necessary in spinal or hip cases. They may be obtained at a mere nominal cost at Fletcher and Philipson's, ironmongers, Lower Baggot Street, who make them for me. It is not convenient to apply a Thomas' splint before flexion has been to a great degree overcome. In the first place it is uncomfortable to the patient, owing to the pressure of the buttocks on the corresponding part of the splint, and again, as the intention of the surgeon is to re-establish the normal axis of the limb by traction, it would not be desirable to immobilise the limb in a vicious posture. A splint for temporary fixation when on the stretcher may be made by adapting a half-inch rod of iron to the abnormal curve at the outer margin of the trunk and leg, padding it well, and fixing it by few turns of bandage to the trunk and leg. This will obviate any risk from accidental impact, and prevent the painful vibration which is sometimes seen in moving such patients. As previously stated the amount of weight used in extension must vary with the requirements of the case, when the disease is recognised at a very early period, and especially when it appears to have originated in the synovial structures, and where there is but little pain a slight amount of extension is only necessary, where on the other hand the pain and muscular spasm are considerable, the weight must be increased until comfort be afforded. In many instances it may be observed that when the patient has passed perhaps some weeks without distress, uneasiness in the joint will return, accompanied it may be with elevation of temperature, a removal of the weight will relieve this condition, which is produced by a strain on the inflamed ligaments of the joint, in such circumstances a fixation apparatus should be immediately applied.

Traction is undoubtedly the best method of dealing with the flexion of recent hip-joint disease. The adjoining illustration is an inclined plane which may be graduated to any angle desired. When the child is placed on the back, the axis of deformity is ascertained by finding that degree of flexion, which will permit of no space existing on a hard bed beneath the dorsal surface, such an angle may be very considerable, but it will be found that day by day, a gradual descent of the plane will occur, until the limb is quite in a line with the trunk. At this period the muscular rigidity and spasm have quite disappeared; the night cries have ceased, and the disease will have become quiescent,

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but if now the movements of the articulation are not completely restrained, and if all appliances be discarded, a return of the previously existing train of symptoms may be anticipated, from which convalescence may not be, by any means so favourable as before. It becomes necessary, therefore, to select some one of those means which have been found successful in causing immobility of the joint. The principal appliances adopted

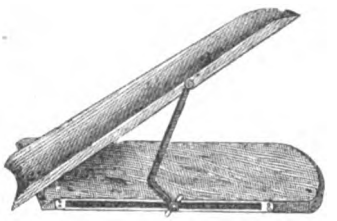

FIG. 2.

in this country for such a purpose are:—(1) The hip splint of Thomas; (2) Phelps's box; and (3) the wire cuirass of Bonnét. Thomas' splint is well known, and is now being well manufactured in Dublin by Fannin and Co., Grafton Street, and by Smith and Sheppard, 124 Stephen's Green. The directions to be given in ordering a splint are as follows:—The strength of the iron in the axis of the splint should be sufficiently strong to prevent its being bent either by accident or by voluntary movements of the patient. It should be also capable of resisting the muscular tremors, which causes movement at the joint, and is frequently met with. There is no objection to weight, in its early application, as it is not the patient, but the bed, which sustains it. The measurements, having stated for which leg, will be:—

Length from lower angle of shoulder blade to two inches below fold of buttock.

Circumference of body a little below axilla.

Circumference of thigh two inches below fold of buttock.

Circumference of lower third of leg.

Unless the splint is accurately and carefully applied it fails to secure immobility of the joint. It requires some practice, and attention to details to effect a satisfactory adaptation. In the absence of this the splint will lose its position, and move from the back to the outer side of the body and limb, and is then quite insufficient. For instructions as to its application, consult "Contributions to Orthopædic Surgery," by R. Jones, F.R.C.S.E., Part 5, page 129, in which will be found a succinct and graphic description.

A patten for the boot of the sound side, and a pair of crutches are the usual addenda to a Thomas' splint, but it is not at all wise to allow the patient to attempt their use immediately. Apart from the dangers of local injury to the unsound tissues, the maintenance of rest is still important, and, although at this stage, extension may be omitted, fixation is still a necessity. There is nothing to prevent the child lying on the stretcher, with the Thomas' splint applied, and he may be carried from one room to another, or placed in a vehicle in fine weather, and driven in the open air. It occasionally happens that some uneasiness about the joint, and even pyrexia, will occur when the traction is omitted and a Thomas' splint first applied. If, however, there be no muscular starting, and the temperature does not rise above 100°, no alarm need be felt for a day or two. A continuance or increase of pyrexia beyond this period should demand a careful examination. A small weight of from two to four lbs. may be, under such circumstances, combined with the use of the Thomas splint. If the fever still continues, or if the temperature runs up to 103 or upwards, we must look for suppuration or a dissemination of the bacilli in other tissues, such as the brain, the lungs, or the peritoneum. (*To be continued.*)

THE PRESENT POSITION OF DERMATOLOGY. (*a*)

By MORGAN DOCKRELL, M.A., M.D.,
Physician to St. John's Hospital for Diseases of the Skin.

IT is hardly necessary for me to remind you that till within the last decade dermatology was little taught, and then, except in a few cases, carelessly, the teacher overwhelming the inquiring student with meaningless terms indicating distinctions without differences, not clear in his own mind as to what they meant, but not broad-minded enough to admit his want of knowledge. Hence science was made subservient to the professorial dignity, and students passed into the arena of practice more ignorant of dermatology than of any other branch of medical science.

In this address it will be more convenient to consider the advances made in recent years under three heads, the pathological, clinical, and therapeutical.

PATHOLOGICAL.

Ever since the days of Hippocrates contributions have from time to time been made to the pathology of the skin, but it was not till Hebra's time that a distinct classification on a true pathological basis was completed. Since his time, till comparatively recently, progress has proceeded slowly, but now thanks to the number of workers in all parts of the world, and to the great strides made in bacteriological methods, former difficulties are simplified, discrepancies are explained, and clinical observation is gradually being placed on the only true foundation, pathological certainty. Not long ago little was understood as to the place strumoderma or scrofuloderma should occupy. As Kaposi (*b*) aptly puts it, the strumous diathesis was said to be due "to a condition in which slight irritation of a part of the body is followed by an inflammation which outlasts its cause, often terminates in suppuration, caseation, and, more rarely, retains the form of a hyperplastic process."

In lupus, although histological investigation pointed to a tuberculous disease, it was known that cheesy degeneration and Langhan's giant cells supposed to be pathognomonic signs were found in other conditions. Hence it was not till the discovery of the tubercle bacillus in these diseases that they were removed from an unclassed position of indefiniteness to one of certainty, and placed in a class now known as tuberculosis of the skin, which includes as varieties:—

1. Miliary ulcer (formerly known as tuberculosis of the skin).
2. Lupus vulgaris.
3. Tuberculosis verrucosa cutis.
4. Strumoderma.

In January, 1892, Louis Wickham (*c*) gave a lecture to the St. Louis Hospital on cutaneous lesions produced by the pus staphylococcus, and he suggested that as the result of careful experiments which had been made certain diseases should be included under the head of staphylococcia purulenta cutanea. Now it is admitted on all sides that the pus staphylococcus as Bockhardt has pointed out, is plentifully found in the nostrils and under the nails, and so to my mind, the difficulty in understanding how this organism is present and produces diseases is not nearly so great as in properly realising how it is that many of us are not in a continual condition of pustular dermatitis. Here again, bacteriology has helped us to the knowledge that when pustules occur on the skin they are due to staphylococci, except in papulo-pustular syphilides, (*d*) and according to Unna in the disseminated pustules

(*a*) An Address given before the Thames Valley Branch of the British Medical Association.
(*b*) Kaposi "Diseases of the Skin." Translated by Dr. J. C. Johnson. London: Baillière, Tindall, and Cox. 1893. Lect. 42.
(*c*) Wickham. *L'Union Medicale*. 1892. Nos. 19, 20, 22, 23.
(*d*) Wickham. *L'Union Medicale*. 1892. Nos. 19, 20, 22, 23.

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found in the tertiary stage of syphilis. Another somewhat difficult point to understand is how such different clinical aspects as impetigo contagiosa, furunculosis, coccogenic sycosis (the text-book non-parasitic sycosis), and others are produced by the same microbe. So far we are told that the production of a particular disease is influenced by the number of infective germs, the point at which they enter, the virulence they display, and the soil on which they develop.

If we now turn to a very common disease, one which has often given a great deal of trouble, you will see that pathology has helped in it too. I allude to comedo and acne, which are really understood under the one term acne vulgaris. Formerly, comedo, or black-head, was thought to be due to a collection of sebum in the efferent duct of the sebaceous gland, accompanied by loss of tone and power of contraction of the duct wall. It has now been shown by Unna that a cornification takes place of the stratum corneum of the epidermis, and a closing of the follicular opening, the parakeratosis extending to the horny layer of the ducts, the comedo being made up of some sebum and epidermis scales. Although there is supposed to be some doubt as to the exciting cause of an acne, it is pathologically due primarily to an inflammation round the sebaceous duct, and later on a folliculitis may be set up accompanied by suppuration. Now if acne always started as an inflammation of the duct, it would rightly be put down to the comedo, but as it is commonly due to an inflammation round the duct, it seems to be indirectly produced by the efforts to remove the comedo by pressure. This as we know is, amongst the laity, a very common practice, and is encouraged by the faculty under the belief that it is orthodox.

As far back as 1844, Gruby in Paris, and Malmsten in Stockholm, simultaneously discovered that ringworm was due to a fungus growth, the latter calling it the tricophyton tonsurans. Nearly fifty years, however were to elapse before (in Paris) M. Sabouraud followed up the brilliant discoveries of his countryman, and brought it to further perfection. In a series of articles published in the "Annales de Dermatologie" commenced in 1892, he demonstrated that in addition to the small spored fungus described by Gruby, there were two large spored varieties. His classification being :—

1. Microsporon andouini, forming a sheath of spores round the hair.

2. Trichophyton megalosporon endothrix, in which the spores are confined to the interior of the hair shaft.

3. Trichophyton megalosporon endothrix. Clinically, Sabouraud claims that microsporon fungus never produces kerion, is more obstinate to treatment, and is confined to the scalp. Further he states that the large spored fungus is less obstinate to cure, but produces tinea circinata and hyphogenic sycosis.

That some of Sabouraud's results are open to doubt is shown by a carefully compiled series of observations in a paper recently written by Dr. Adamson. (*a*) In 178 cases observed, he states that in only five was the large spored fungus found, and the cases in which kerion was present were small spored cases.

Sabouraud, on the other hand, states that in 28 per cent. of large spored cases the fungus was the megalosporon ectothrix, being of animal origin and presenting always a kerion or some inflammatory condition. Dr. Adamson also states that he has not met with any cases in which the microscopical appearances of the completely invaded hairs corresponded to those of the trichophyton megalosporon ectothrix of Sabouraud.

Having, so far as my limited time permits, demonstrated from a pathological standpoint the present position of dermatology, I pass to the consideration of my second head.

(*a*) "Observations on the Parasites of Ringworm," *British Journal of Dermatology*, Vol. XII., Nos. 7 and 8.

CLINICAL.

Eczema, not only on account of its frequency, but also from the difficulty experienced in thoroughly understanding it, claims precedence in attention. It was formerly taught, and is even now stated in most of our text-books, that the pustule is present as a primary condition in eczema, and that, therefore, there is a recognised condition known as pustular eczema. If, however, you remember what I stated a few minutes ago, you will realise that a pustular eczema can only be produced by the accidental inoculation of the previous erythema or vesicle which always precedes this condition. So there are three primary lesions : macule, papule, and vesicle ; three secondary : scales, crusts, and fissures. Corresponding with these are three primary varieties : erythematous eczema, papular eczema, and vesicular eczema, with three secondary varieties following as a result, namely squamous eczema, eczema rubrum, and eczema rimosum. There are three stages, the acute, the subacute, and chronic, which may be recognised by the following practical rule. In the acute, the prominent lesions present are always primary ; in the subacute, both primary and secondary ; and in the chronic, mostly secondary. Now the diagnosis of the right stage is important in that it helps to facilitate the treatment, and if another simple rule is followed, (*a*) namely, in acute cases soothe, in subacute, soothe and slightly stimulate, and in the chronic, always stimulate, many errors will be avoided.

Some few years back, Unna of Hamburg introduced a new disease under the name of seborrhœic eczema, now called by most people seborrhœic dermatitis. In it we have a disease of great interest, and one exercising a marked influence on modern dermatology. The position taken up by Unna that all seborrhœa is seborrhœic eczema is one which does not commend itself to me. I believe there is a seborrhœa sicca and eleosa simply as Crocker states an "exaltation of a natural function," and that the condition only becomes a seborrhœic dermatitis, when to the greasy scaliness, irritation, redness and loss of hair are added. Then a disease is started capable of spreading to all parts of the body, incurable as long as the scalp is affected, and showing a marked tendency to interlock with other diseases. It presents many points of resemblance to, and sometimes gives great trouble in diagnosing it from, psoriasis. When interlocked with syphilis it often localises a specific efflorescence, refusing to yield to internal treatment unless such be supplemented by a local application of some anti-seborrhœic remedy.

The numerous lichenous diseases have gradually dwindled down to one. If we take the so-called lichen scrofulosorum out of a group which it never had any claim to be in, the one disease left is the lichen planus of Erasmus Wilson, corresponding to the lichen ruber acuminatus of Hebra, and which owing to the meddlesome interference of Kaposi has remained a difficulty for some years. Kaposi reluctant to yield the prior discovery of this disease to Erasmus Wilson, re-named it lichen ruber planus, and many of us have spent much time in trying to differentiate the two diseases, only to come to the conclusion that both are one and the same disease, some cases presenting more red acuminate papules, others more of the flat umbilicated waxy papules so well depicted by Erasmus Wilson.

The impetigos are also reduced to one, namely Tilbury Fox's impetigo contagiosa, although the Americans still think the old impetigo simplex necessary. The impetigo herpetiformis has been absorbed by the disease dermatitis herpetiformis, and is known now not to be limited to pregnant women.

Premature loss of hair is still very prevalent, and the number of those affected has been greatly increased by the nerve disturbances produced by influenza. Where

(*a*) Jackson. "Index to Diseases of the Skin." 189.

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scurf exists on the scalp every effort should be made to eradicate it, as it is undoubtedly the starting point of a large number of cases. I cannot lay too much stress on the point that most of us have gone to the other extreme in giving up the application of oil to the hair, especially in children.

Alopecia areata still presents the same difficulties to being understood. While undoubtedly some cases are parasitic, the majority of those coming under observation are due to nerve disturbance. Many patients complain of constant headache, loss of sleep, and great debility, while all give the history of long-continued worry. Of worry, domestic infelicity seems to be the most constant cause, and one often has demonstrated the fact that where worry has subsided and the hair commenced to grow, a temporary recurrence of trouble results in the growth of months being undone.

In the differential diagnosis of parasitic and neurotic alopecia areata, one point has struck me which I have never seen mentioned, and that is, that in parasitic cases the hair returns first on the part where it is first removed, whereas in the neurotic it comes back first on the part last affected.

The so-called parasitic sycosis of the text-books is now known as coccogenic sycosis, because of the fact that it is due to a staphylococcus, and is interesting clinically from the fact that it is mainly kept going by injudicious treatment of epilation. In this we have primarily a perifolliculitis present, and, therefore, only a few hairs here and there loosened. Now the indiscriminate epilation that is carried on removes the sound hairs which would probably have remained unaffected, sets up folliculitis in follicles previously quiescent, is productive of pain and waste of time which would be scarcely warranted if it did half the good claimed for it. It is, therefore, no uncommon thing to get a hospital patient with this form gf sycosis who has been bad for ten to twenty years, has been carefully epilated, as one case at present under my observation for four years with the result that the disease is now as bad as ever. If, on the contrary, the patient is made to shave every night with a superfatted soap he will get well with very little other treatment.

I will now briefly detain you in considering the next head, which may be subdivided into internal and local treatment.

THERAPEUTICAL.

Internal.—The proper internal treatment of skin disease requires a full and careful examination of the general health of the patient, otherwise the specialist is apt to become narrow in his outlook, and to examine every patient that comes under observation from the limited field of his own specialty. And in no branch of medicine is this more necessary than in the consideration of the treatment of diseases of the skin. The number of drugs directly beneficial to diseases of the skin can be counted on one's fingers. Therefore, I would impress on you the importance of rectifying at first any impairment of general health. At the same time, where possible, relieve such symptoms as itching by nux vomica and gelseminium, and the formation of pustules by minute doses of sulphide of calcium, or chlorate of potassium. Be careful of using arsenic indiscriminately, the number of conditions it is useful in are very few, whereas, the harm done by it is great. It is a vastly over-rated drug for skin diseases, and its large use is one of the evidences that we prescribe automatically in many cases, and not thinkingly.

The thyroid extract has proved of great use in psoriasis, and although quite capable of curing many cases without local treatment, it is slow. It requires, in my experience, to be given immediately after a meal, the patients who have large appetites doing best. Didymin I have used extensively in my hospital practice, and find it most serviceable in cases of alopecia areata, The headache and great debility are relieved more rapidly than by any other drug, and patients who have taken it for a few weeks, and have then been put on strychnine and hypophosphites have constantly begged to be put back on didymin. In a case of leucoderma which appeared after prolonged worry, marked increase in strength was experienced after a month of didymin. This was the more remarkable as the patient had been on Easton's syrup for a period of eighteen months.

Ichthyol is a valuable remedy, not alone from its tonic properties, but from the fact that it exercises a marked influence over the thickening of the epidermis, and controls dilated blood-vessels. I have, during the past year, been pleased with the results obtained from the internal administration of cod-liver oil and malt extract in two universal cases of dermatitis exfoliativa. In each case after the oil was given improvement was rapid, and since it has been maintained.

In chronic eczema it was also given with good results.

In lupus, the internal treatment I have seen best results from, is the one I have employed for some years:—For an adult, a grain of calomel every night, followed by a saline draught in the morning.

Locally.—Great strides have been made in our methods of applying medicaments, Unna's plaster mull and gelatine applications, the former to localised, and the latter for more extensive, areas giving excellent results. In those cases of eczema which seem to indicate from their symptoms the presence of a parasite, resorcin applied in about 20 per cent. is satisfactory. In the eczema of children complicated with pustules, a 2 per cent. of resorcin with vaseline does good.

In chronic eczema where considerable infiltration is present, salicylic acid in plaster, or as an ointment, with 30 grains to an ounce of vaseline, helps to get rid of the thickness. And it should always be borne in mind that, until this infiltration is got rid of, the disease is only patched up, and not cured. The neglect to remember this is the most common cause of the numerous incurable cases of eczema. Where patients refuse to be operated on in rodent ulcer, resorcin in 20 to 40 per cent. arrests the disease, and keeps it in a quiescent state.

In the urticaria papulosa of children, I get rapid cures from giving a hot bath night and morning, washing with a 5 per cent. hydronaphthol soap, and subsequently applying a 3 per cent. ointment of hydronaphthol in vaseline.

In the lupus variety of tuberculosis of the skin, operative methods are more and more being given up, as not only useless, but in many cases having only one result, namely, the more rapid spreading of the disease. The judicious use of the galvano-cautery to isolated nodules is an exception. And though the results are often not all that can be desired, still with using plasters of salicylic acid, mercury, resorcin, and ichthyol, good results are sometimes obtained. Many cases of baldness which have gone steadily from bad to worse when the treatment consisted solely of the application of irritating lotions, have made permanent improvement under a treatment of massage and the application of the constant current.

MR. HARRY LITTLEWOOD, F.R.C.S., has been appointed to the full surgical staff of the General Infirmary, Leeds. His promotion has been quicker than ever obtains in the metropolis. In 1886 he was appointed Resident Surgical Officer, and in 1890 Assistant Surgeon. Thus in ten years time he has obtained his full surgeoncy.

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Transactions of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD WEDNESDAY, JULY 1ST.

The Vice-President, W. CRAIG, M.D., in the Chair.

PATIENTS.

DR. ALLAN JAMIESON showed a peculiar case of Acanthoma in a woman, æt. 20. Beginning when she was only six weeks old, it had become more pronounced since she was 14. All over the body there were purplish, pink, infiltrated patches like moist eczema, or condyl omata, which were worst in the inner aspect of the thighs. Itching was severe. Ten per cent. salicylic vaseline and baths of boric acid caused considerable improvement. Microscopic examination of one of the patches showed it to resemble a condyloma. Some sections were shown to the Society.

Dr. G. A. GIBSON and Mr. ALEXIS THOMSON showed a patient, a woman, æt. 46, after excision of the pylorus for cancer.

Mr. ALEXIS THOMSON also showed a patient after removal of the second division of the fifth nerve for an epileptic form of neuralgia. The neuralgia was cured, but the face much scarred.

Dr. H. RAINY showed a case of paralysis agitans.

SPECIMENS.

Dr. G. A. GIBSON and Mr. ALEXIS THOMSON showed Naked Eye and Microscopic Specimens of two cases of Pyloric Cancer.

Dr. PURVIS STEWART exhibited Microscopic Sections Illustrative of Dr. Ritchie's Case of General Secondary Cancer of the Bones.

Mr. C. W. CATHCART showed O'Dwyer's and Colin's (Paris) Patterns of Intubation Instruments.

Mr. A. G. MILLER read a paper on

THE CAUSE OF MUSCULAR ATROPHY IN TUBERCULOUS JOINT DISEASE.

He thought that tuberculous disease of joints was accompanied with excessive contraction of the blood vessels of the affected limb, leading to atrophy of the muscles, and that the one probably depended on the other. The muscles did not present the appearances found in them after disease of the nerves or after atrophy from simple disuse. The want of blood, due to the contraction of the blood-vessels, in his opinion, was sufficient to account for the rapid and progressive character of the atrophy. In a leg which he had recently amputated for this disease at the knee-joint, the arteries were very small and showed evidences of commencing sclerosis of the inner coats.

Dr. GIBSON and Mr. CATHCART discussed the paper.

CASE OF DEEP-SEATED TROPICAL ABSCESS OF THE LIVER TREATED BY TRANSTHORACIC HEPATOTOMY, WITH RESULTING RECOVERY.

This paper was read by Dr. BYROM BRAMWELL and Mr. H. J. STILES. In 1894 the patient, a strong man, æt. 28, was attacked with malarial fever when at the West Coast of Africa. In April, 1895, he had an attack of dysentery, and was invalided home. The voyage did him good, but the dysentery returned in August. In September he had a severe rigor, and in October, when Dr. Bramwell saw him first, he diagnosed abscess of the liver. Towards the end of that month as quinine had had no effect on the temperature, Mr. Stiles was asked to see him, but it was decided to wait before operation. In the beginning of November the temperature rose to 104 6°, and a severe pain, localised below the seventh right intercostal space, suddenly attacked the patient. Puncture at this spot revealed the presence of some brick-red muco-pus. The pus was absolutely sterile. Two days afterwards Mr. Stiles cut down on the seventh interspace at the mid-axillary line, excised portions of the seventh and eighth ribs sub-periosteally and exposed an area of the costal pleura about 2 inches square. This area was then sutured to the diaphragm and underlying liver by a circle of interrupted catgut stitches, and an incision made through it and through the diaphragm under it. The liver was found to be attached to the diaphragm only by recent adhesions, and a circular continuous suture was, therefore, added inside the previous interrupted stitches. The wound was then packed round about with gauze, and a trocar pushed into the liver substance. On location of the abscess a knife was introduced along the canula, and a finger introduced into the opening thus made. There was very little hæmorrhage. The abscess cavity was found to be about the size of an infant's head, and was thoroughly flushed out with sterilised water. A Keith's glass drainage tube was inserted, and the wound partially closed by two sutures. In seven weeks the patient was going about with the wound completely closed. In his remarks on the surgical aspect of the case Mr. Stiles said that as the pus had been found to be sterile there was no occasion to divide the operation into two stages, he also drew attention to the satisfactory results of introducing the sutures before incising the pleura.

The paper was discussed by Surgeon-Major Black, Drs. Gibson, Jamieson, Leith, and Russell. The authors replied.

Dr. J. RITCHIE read a paper on

SECONDARY GENERAL CARCINOMA OF THE BONES WITH SOFTENING (OSTEOMALACIA CARCINOMATOSA).

The paper was founded on a case of unusual interest, that of a woman in whom, a long time after the removal of the primary lesion (schirrus of the mamma), secondary infection of the bones occurred, with symptoms simulating osteomalacia. There was no evidence of secondary disease either in the cicatrix or in the glands. A few days before death the fourth rib was fractured in helping the patient to turn in bed. Death ultimately resulting from pulmonary thrombosis. Dr. Purves Stewart had examined the bones and reported that the medullary substance was as a rule healthy, while the cortical layer was in many places much thinned, in others absent. Characteristic cancer cells could be seen in the cortex, but there was no evidence of inflammatory action. The process had been so slow and inflammation so entirely absent that there had been no pain even on pressure on the bones. The only other parts in which cancer cells could be found were the two layers of the pleura.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, July 18th, 1896.

RESECTION OF GASSER'S GANGLION.

AT the meeting of the Société de Chirurgie, M. Poirier spoke on resection of Gasser's ganglion for neuralgia. He said that having occasion to recently perform that operation, he experimented the different methods proposed on the dead body, and came to the conclusion that after all the operation was not so difficult as was generally supposed.

The method he preferred was that recommended by Rose, Horsley, Krause and Doyen.

The first incision was the same as that followed by Salzer in resection of the inferior maxillary nerve in the oval foramen. After having thrown down the flap towards the angle of the inferior maxillary bone, the temporal aponeurosis was cut through along the zygoma and the malar bone severed along with the zygomatic apophysis, which was cut at its point of junction with its two roots. These parts turned aside brought into view the coronoid process, sheathed in the tendon of the temporal muscles. This process was cut across and the temporal muscle raised up, which permitted the denudation of the fossa, by which the oval foramen was brought to view, with the inferior maxillary nerve emerging from it. A small portion of the temporal fossa in its lowest part was then resected, and the dura mater brought to view, as well as the intercranial portion of the nerve. M. Poirier cut through both of the

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maxillary nerves, and extracted the ganglion of Gasser. The whole operation took only twenty minutes.

Syphilitic Laryngitis.

M. Meudel spoke on the case of a man of forty, who had had syphilis ten years ago, and who was seized in April last with all the symptoms of tertiary laryngitis—acute œdema of the aryteno-epiglottic folds, perichondritis of the thyroid cartilage of the right side. The patient suffered greatly from dyspnœa and dysphagia, which, however, yielded to local scarifications.

The medical treatment consisted in injections of calomel of one grain each; seven were given in the space of two months.

Iodide of potassium was given during two days, at the dose of one drachm daily, but the local infiltration increased so rapidly that the man's life was in danger. This accident proved how dangerous it was to administer iodide of potassium in large doses in tertiary laryngitis.

A member remarked that the danger of iodide of potassium in this affection was not generally known, and deserved to be borne in mind.

Cancer of the Uterus.

Dr. Duvrac, in his thèse for the M.D. Paris, chose for subject the favourable action of chlorate of soda on malignant neoplasms of the uterus as recommended by Dr. Boucher, of Rouen. It is given internally and applied locally as a dressing. For internal use, he recommends the following formula:—

Chlorate of soda, ʒvj;
Syrup ,, ,, ʒj;
Water ,, ,, ʒij;

From two to eight tablespoonsful a day.

Angina Pectoris.

Prof. Rendu in a recent clinical lecture treated the differential signs of false and true angina pectoris. The true angina is always associated with the existence of cardiac lesions and especially of the coronary arteries; but the absence of physical signs do not always affect the diagnosis, as it frequently occurs that the lesions are only discovered after death. However, there are presumptive signs which deserve to be taken into account. First, the age of the patient; true angina is very rare before forty. The pain commences always in the heart, that is to say is central, while in the pseudo angina, the *début* is ascribed to the arm, as in the attacks of epilepsy. In the former also, the pain is described as fixed to the one point, while in the latter it radiates in several directions. The frequency of the attacks constitute an important distinctive sign. In the true angina they are rare and the patient liable to succumb in the second or third attack. Another important feature lies in the cause which provokes the seizures; the true angina is provoked by walking efforts, emotion and the labour of digestion, and occur in the daytime, while in the false angina the attacks are generally nocturnal.

Another fact not to be lost sight of is that the patients suffering from true angina are pale, can neither stir nor breathe. In the false angina, on the contrary, the patient is agitated, gets up from bed and runs to the window as in the case of asthmatics.

At the time of going to press, the Metropolitan Hospital Sunday Fund had reached to nearly £45,000. That sum includes £1,000 which has been promised by Sir Savile Crossley as a further donation.

Germany.

[from our own correspondent.]

Berlin, July 17th.

THE SURGICAL CONGRESS.

Hr. Baumgärtner introduced the

Treatment of Hæmorrhoids.

He said that all the methods in use had one or other disadvantage, and he had bethought himself of one that possessed all advantages requisite, and that was yet free from disadvantages; this was the removal of the dilated veins, without removing the mucous membrane except in those spots in which it was adherent to the vein. He examined the hæmorrhoids with the speculum and the finger, and made their upper limits accessible by section of the external sphincter. The mucous membrane was now dissected and reflected, laying the veins free. These were then ligatured with catgut and cut off and the mucous membrane was replaced. The after treatment consisted in the retention for four to six days of a gum elastic tube, enveloped in iodoform and opium for a like period.

Hr. König (Berlin) said the operation was made too scientific. He burnt all the hæmorrhoids off, it was unscientific, but it helped his patients. Not one of these had complained that too much mucous membrane had been taken away, or had had trouble in defæcation or stenosis. Cauterisation had the advantage that it could be performed simply and speedily.

Hr. Kehr (Halberstadt) gave a report on 209 cases of

Operation on the Gall-Bladder,

with special reference to 29 cases of unusual difficulty. He said that Langenbuch was the father of gall-stone surgery, and that before the time of his preparatory labours he, the speaker, had never had a successful case. The number of cases in which he had operated showed the confidence the profession had in it. The operation could be divided into five groups. (1) The stones were in the bladder or the duct; no need existing for the removal of the gall-bladder. Of the 127 cases in this class, one died three days after operation from cardiac paralysis. In all the cases the fistula was eventually closed. (2) On account of suppuration the bladder had to be removed, and was removed after Langenbuch's method, of 21 cases, 1 died; (3) The stones were in the choledochus and too large for extraction, in 30 cases were removed by choledochotomy, and 1 by cholelithotripsy; 2 deaths, 1 from dilatation of the stomach, and 1 from perforative peritonitis. (4) Seventeen times no stone was present, but other troubles, such as tumours, adhesions, &c., exploratory puncture was necessary, 2 deaths. (5) Along with the stones carcinoma or other grave complication was present; of 19 patients 10 died. The mortality, therefore, depended on the condition met with on operating. In 41 cases the operation lasted from 2 to 4 hours, in 5 gastroenterostomy was performed at the same time.

The permanent results were very good. Recurrence took place only once, and in that case a silk thread, used in the operation, was the cause, he then only employed catgut for a time, until a suture gave way when he returned to silk, and left the end long so that it could be withdrawn,

As regarded indications for the operation, all the

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patients had undergone long courses of treatment without benefit, and had suffered violent pain. Generally the stones were very large. The operation was not dangerous.

Hr. W. Körte had obtained excellent results in uncomplicated cases. The contents of the gall-bladder were often infectious even when there were no indication that they were so. When the jaundice was extreme there were frequent fatal parenchymatous hæmorrhages. In a certain percentage of cases he saw recurrences, or troubles caused by surface adhesions after operation.

Hr. Hasse, Nordhausen, read a communication on the

ALCOHOLIC TREATMENT OF CARCINOMA.

He had made a communication on attempts to treat carcinoma by alcohol in 1878. The treatment consisted in the injection of alcohol into the circumference of the growth, and in 3 cases of carcinoma of the uterus had led to good results. He continued his observations for a year, and since then he had waited. After twenty-three years all the patients were alive and well. This result was very remarkable, and was superior to that obtained by surgery. The treatment was suitable for mammary carcinoma, but it had the inconvenience of taxing the patience of both patient and surgeon, but it had the immense advantage of protecting against recurrences. The treatment owed its success to the formation of a connective tissue capsule being formed around the growth, that obliterated the blood vessels and induced shrinking of the tumour. He asked his colleagues for further cases to treat.

Hr. Hofmeister read a note on

STERILISATION OF CATGUT.

He said the most suitable material for suture was catgut, but its sterilisation was difficult, as it could not be boiled. He had now overcome the difficulty, by first immersing the catgut in formaline; as this altered gelatine substances to the extent that they could be boiled without injuring the tissue. This formalinizio and then boiled catgut was a perfectly ideal aseptic suture material.

EXAMINATIONS IN MEDICINE.

IT is proposed to introduce a number of alterations in the method of teaching and examining medical students. These alterations will nearly all be in the direction of longer periods of study, and of including subjects that are at present not recognised officially, particularly the special branches of practice. It is also proposed that as a rule the M.D. degree shall not be conferred upon any one until the Staats Examen shall have been passed. There is no question of the M.B. or M.D. degree conferring a legal right to practise. Such a right has never existed in Germany, and the tendency is certainly not in the direction of conferring powers on the Universities not possessed by them at present. The proposals also include opposition to the use of foreign degrees. The use of the title "Special Arzt" or "Specialist" will also be restricted, and will only be permitted to those who are specially approved. To gain such special approval it will be necessary for candidates to study two years at the special klinik of a German University, or a special poliklinik or a special hospital authorised for the purpose, and to show that the candidate is practically conversant with his specialty. The proposals have been submitted to the Medical Chambers, as to the Medical Faculties of the Universities.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, July 17th, 1896.

MYOPATHIC SYPHILIS.

PROF. NEUMANN discussed at his clinic the different forms of syphilitic lesions occurring in the muscles which affected their contractions and free movements. The most common of these took place in the masseter, interfering with the movements of the jaws and impairing mastication and vocal function. The sterno-cleido-mastoideus comes next, producing torticollis, the biceps, stiffening of the elbow-joint, &c. Gummatous myopathia is always protracted and produces a number of subjective symptoms, among which are local pain, difficulty of movement or a weak condition of some local muscles. This appears to be due to the quantity of quinma in the neighbourhood of muscles and nerves, preventing the contractions, inducing pain and sometimes chronic cramp. These phenomena are not uncommonly met with in the masseter, temporalis, and zygomaticus, where they produce paralysis of the face.

In cases where ulceration occurs, the protracted discharge excites other syphilitic affections in the nutritive functions, and produces cachexia. While the disturbance among the muscles is diffuse and a favourable resolution takes place of the morbid material, adhesions remain among the muscles in the fascia and the skin, where even the periosteal covering may become involved, forming spindle-shaped cicatricial bands with a comparative loss of mobility The sterno-cleido-muscle is most frequently the site of gumma in females where it forms at the lower end a large swelling like an orange, sometimes on both sides involving the trachea and œsophagus with functional disturbance. The neighbouring bones, clavicle and sternum are not infrequently involved in the process. These swellings sometimes recede without interference or anti-syphilitic treatment, but frequently go on to ulceration, the openings at different parts of the surface forming fistulous canals. Ossification is rare but sclerosis is common involving a wide area, where other tumours may form, necessitating surgical interference.

Gumma is usually a phenomenon of advanced syphilis whose manifestations are exhibited in other organs long before the muscles become involved. When the incidence of attack is compared it will be found relatively less frequent in skeletal muscles than those of other parts. The statistics of age and sex do not supply any trustworthy data. Nélaton affirmed that young people were never afflicted with gummatous myopathy, and that congenital or hereditary syphilis was later in attacking the muscles than acquired, but every day facts tend to disprove these dicta.

The diagnosis of gummatous swellings are not always so easily recognised as stated in text-books, though many can be decided at a glance, where age may assist in solving the difficulty, but if this confirmatory test be absent, and doubt exists as to the specificity of the disease will be almost insurmountable, such as differentiating between sarcoma of the muscle and gumma. Antisyphilitic treatment may throw some light on the subject as the microscope is not to be relied on from the testimony of Virchow who has conclusively shown that there is a stage in the growth of both neoplasms where the elementary structure is indistinguishable. The prognosis can never be very

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favourable at the best. The antisyphilitic treatment may reduce the severity, but "restitutio ad integrum" can hardly be expected.

LEPROSY.

Many theories have been advanced with the hope of establishing something definite concerning leprosy. Practical experience will not coincide with any yet offered. Ignaz Pordes (Herzegovina), who is medical officer of an inland county, records the history of a large number of cases, all of which he affirms have a common cause of origin, viz., general disturbance of the sensory system, with changes in the skin, mucous membrane, and bones. He agrees with Danielssen and Boeck that leprosy is not peculiar to climate or ethnography, as he has met with it among the poor and well-to-do, in the cold and marshy districts as well as the warm and dry regions. He cites a case as a common example. Paprac, æt. 30, a Mahometan, always resided inland, and married, has three children, who are perfectly healthy, as well as two brothers who reside in the same house with him. A number of other relatives in the same neigubourhood are all healthy. The father of the patient died at 72 years, and his mother, æt. 55, still lives in the best of health. Nothing can be traced to any of his ancestors. According to the patient's own statement he had always been healthy, till about the fifth year after marriage, when he commenced to feel an itching on the skin, which was followed by a rash. This apparently was treated with sulphur preparation, and disappeared for a month. About this time he felt feeble in all his movements, with a painful contraction of the limbs, general malaise, and disturbance in the nutritive functions, which lasted a month, and finally settled in the tibial and ulnar nerves, with lancinating pain and febrile phenomena. The pain continued severe in the toes and finger joints for a few months longer till the second year of the disease, when hyperæsthesia commenced and finally gave place to the anæsthesia. In the third year pemphigus vesicles formed on the right extremities which soon passed into ulceration leaving thick crusts which desquamated. Pigmentary patches with nodules the size of hazel nuts were also present. Between the fourth and fifth year of the disease the nails and three toes of the right foot with two fingers ulcerated away. In the neighbourhood where the patient has lived all his life there are 92 Mahometans all well to do; the climate is mild, ground dry, water good, and his diet has always been a mixture of flour, milk, coffee, mutton and fish.

The Operating Theatres.

MIDDLESEX HOSPITAL.

TWO CASES OF GASTROSTOMY.—CASE I.—Mr. ANDREW CLARK operated on a man, æt. 46, who had been suffering from difficulty in swallowing for upwards of two years. The patient had been more or less under Mr. Clark's observation for the last twenty years. He first had a syphilitic chancre; this was treated in the ordinary way, but the man was casual in the way of continuing the treatment, with the result that frequent relapses necessitated an occasional visit; with this exception his health had been remarkably good, and both his mother and father attained great ages. The first symptom of his present condition occurred a year ago, and consisted in difficulty in swallowing and retching accompanied by occasional hæmatemesis. This continued, until in the autumn of the same year he found himself unable to swallow even liquids; he then for the first time sought advice for his condition. Iodide of potassium was given, and with difficulty bougies were introduced into the stomach, and he obtained relief. After about six months, however, he suffered such great distress that he consented to the operation of gastrostomy, which had been urged upon him for several weeks, and which was performed just a year after the advent of the first symptoms. The operation was done by a vertical incision in the line of the rectus, with the ninth costal cartilage for the guide, under strict antiseptic precautions, the stomach was at once recognised and sutured to the abdominal wall. Owing to the extremely low condition of the patient, it was immediately opened, and a small quantity of beef-tea introduced into the viscus. In three hours the patient being quite recovered from the operation, an ounce of beef-tea was introduced, and this was repeated every hour for the next forty-eight hours, the frequency and amount being gradually increased, and on the fifteenth day he was able to feed himself, and left the hospital. Two months after, the patient was seen; he had improved in health and general condition, and was enabled to give some attention to his business.

CASE II.—The same surgeon performed gastrostomy on a man, æt. 55, but who looked a great deal older. The patient had never been ill in his life before, and the present symptoms dated back only three weeks before admission. There was no definite history of syphilis. The trouble began by difficulty in swallowing, and a short time after taking food, what may be described as stringy, frothy sputum was brought up. Iodide of potassium was given, and several unsuccessful attempts were made to pass a bougie. This treatment went on in the hospital for six weeks, when, owing to his great emaciation and the practical inability to get anything into his stomach, gastrostomy was decided on. An incision similar to that in the former case was made and with some difficulty the stomach was found, brought up to the wound and carefully sutured to the abdominal wall. The symptoms not being extremely urgent the ordinary procedure of doing the operation in two stages was employed, the wound being dressed with dry dressing and the patient sent back to bed. For forty-eight hours everything went on well when suddenly he complained of acute pain in his stomach. Shortly after he fell into a state of collapse and died.

The two points Mr. Clark said which might be commented on in these two cases were: First, the facility with which the stomach may be found; secondly, the question of performing the operation in one or two stages. Owing to the fact of the stomach not having had its functions to perform for some time it is often contracted and drawn up towards the diaphragm and the spleen or the transverse colon presents in its place. A careful examination, however, of the parts will generally enable the surgeon to recognise the right structure, the smooth, thick stomach wall being different to anything else. With regard to performing the operation in one stage, looking at the two above cases, it seems, he said, that had it been done in the second as well as the first the result might have been different. The objection, of course, is that the contents of the stomach, if the viscus be opened before it become adherent, are apt to ooze into the peritoneal cavity and set up what would probably be a fatal peritonitis. On the other hand, when the patient is in the condition he so often is when the

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operation is called for, he requires immediate nourishment, which can only be given by completing the operation at once, and it seems that if the serous surfaces are carefully and closely approximated there is but little danger of extravasation into the peritoneum, for, in a very few hours, the opposed surfaces become agglutinated. He further remarked that if patients would only consent to have the first part of the operation performed before they get almost into a state of collapse, there would be no risk in defering the incision into the stomach four or five days, which, perhaps, is a safer method after all.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 22, 1896.

THE ENTERIC FEVER OUTBREAK AT NEWPORT.

THE Supplement of the twenty-fourth annual report of the Local Government Board, containing the report of the Medical Officer, Dr. Thorne Thorne, for the year 1894-5 has been recently published. As usual, it contains a mine of useful and suggestive information, and forms a fit successor in a series of which Great Britain may well be proud. When such a mass of material is under consideration, especially when we consider that sanitary science is yet in its youthful days, it must almost of necessity happen that we cannot acquiesce in all the views put forth in this substantial volume. Still, at the same time there is an abundance of what may be called non-contentious matter, which will repay careful study by all who are indirectly or directly interested in the preservation of the public health. Among these records none are more interesting and instructive than the clear and logical investigations of local outbreaks of infection disease. During the twelve months under consideration twenty-two such inspections were undertaken by the Board. Of these we propose to direct the attention of readers to one only, namely, that which deals with an epidemic of enteric fever in the Borough of Newport and in certain parts of the adjoining Isle of Wight Rural District. The subject of water-borne typhoid is prosaic and familiar, and at this time of day one would have thought it well-nigh an impossible one. Yet here we find a filthy district and a polluted water supply in a wealthy neighbourhood and, so to speak, at the very gates of the Queen's favourite palace. During the year 1894 it appears that 516 persons were attacked in Newport and its vicinity by the disease mentioned, and out of this number there were 51 deaths. In the absence of such community of conditions in the matters of sewerage, drainage, general sanitary circumstances, or milk supply, as would point to one or other as the active agent in spreading the fever, all these conditions were excluded. The inquiry of the Inspector of the Board, Dr. Theodore Thompson, was thus narrowed down to the only remaining common condition, namely, that of the water. The main part of the Newport supply, which by the way is in the hands of the Corporation, is obtained from wells in the chalk. Near the waterworks is a large mill pond, contaminated by leaky cesspools, privies, and drains. That water could percolate from one to the other was conclusively proved by experiment. A quantity of chloride of lithium was thrown into the mill pond, and the salt was afterwards detected both in the wells and in a reservoir fed by springs, the water having been previously free from lithium. Besides this comparatively direct method of pollution there was further more circuitous route for the transmission of fæcal matter. Near the Newport Waterworks is a considerable aggregation of houses. The drainage of the greater number of these dwellings passes into leaky cesspools excavated in the chalk. The remaining factor to establish the circle of communication is furnished by the fact that the general trend of the underground water to the deep wells and springs is such that it must encounter some of the leaky cesspools referred to. Here we have strong presumptive evidence of probable contamination of the Newport water supply at both superficial and deep levels. At the same time it should be noted that repeated bacteriological examinations of the water failed to reveal the presence of the pathogenic *bacillus typhosus*. As usual, if we were to be guided by chemical analysis alone the water would have been perfectly pure and wholesome. But the carefully sifted evidence of a typhoid outbreak rises superior to the negative findings of the laboratory, and when taken together with the ascertained possibilities of sewage pollution of the wells and springs reduces proof of the *fons et origo mali* to the highest attainable pitch of exactitude. Altogether, the account furnished by Dr. Thompson affords an excellent illustration of the dangers

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that attach to a water supply derived from the chalk when the soil of the area from which it is drawn is polluted by sewage matters. But what is to be said of the local board that tolerates such a system of excrement disposal as that shown to have existed at Newport. The sanitary authority has not adopted the Notification of Infectious Diseases Act. The Official Inspector accordingly found himself faced at the outset with considerable difficulty in ascertaining the amount and distribution of fever in the borough. This is the stumbling block in the way of investigation and reform that in the first place suggested the desirability of notification. Newport has now passed through the furnace and will no doubt reform its ways. It has experienced the scourge which must sooner or later fall like a fierce avenging Nemesis on the backs of all those who neglect the primary laws of sanitation.

THE BRITISH MEDICAL ASSOCIATION AND MEDICAL DEFENCE.

THE subject of medical defence is assuming an interesting aspect in view of the efforts which are being made to prevail upon the British Medical Association to embark upon a scheme of medical defence as part of the objects of this great organisation. There is no doubt that the present age is one of centralisation, and here is an instance in which the combination of forces would be calculated to have the best results. Of course, so far as the Association is concerned, this scheme is a large one to undertake, and nothing can be done in the promotion of the object, save that which is strictly legal. This fact was well shown in the extraordinary general meeting of the members of the Association which was held in Birmingham last week. As a preliminary step towards discussing the question of medical defence the Council brought forward certain resolutions suggesting alterations in the memorandum of association. Dr. Ward Cousins, who proposed the resolutions, pointed out the remarkably complicated nature of the proceedings which would have to be gone through before any alteration in the memorandum could be legally consummated. For example, in the first place, if the resolutions were agreed to, it would be necessary to call a second extraordinary meeting at Carlisle to confirm the decision. Then, in the event of this being done, a notice would have to be sent to the Registrar of Joint Stock Companies, and the next step would be for counsel to draw up a petition, in which would have to be explained exactly what the objects and the purposes of the Association were. It would then have to go before the judge of the High Court, and he would have to be satisfied on various legal points. After that it might require the sanction of the Board of Trade. Assuming that all these high functionaries and bodies sanctioned the petition, then the Registrar of the Joint Stock Companies would require a notice to this effect. With this last act the circumlocution business would come to an end, and the Association would have gained its point. It appears, however, that among commercial authorities an alteration in the memorandum of a public company is regarded as a most serious matter—an opinion which is proved by the fact that since the Act came into force in 1890, empowering alterations to be made, in only one instance has the privilege been made use of. Mr. Butlin, the Treasurer of the Association, is opposed to the proposed alterations, and moved an amendment at the meeting to the effect that a definite scheme for medical defence should be drawn up and submitted to all the Branches, who should be allowed six months to consider their reply. It is, of course, the duty of the Treasurer to guard the money-box, and so far Mr. Butlin, we think, is right. But when so universal a feeling has been shown in favour of the Association embarking upon the undertaking, we think that he is wanting in enterprise in urging a course of delay. The usefulness and practical working of medical defence has been well proved in the organisation of the Medical Defence Union, and with this the profession generally is fully familiar. It is difficult, therefore, to suppose that any sensible or expedient reason can be advanced for delaying that which before very long must of necessity become an accomplished fact. Mr. Butlin admitted that the Association had a sufficient reserve fund and a very good surplus revenue, but he was opposed to anything being done in a hurry or foolishly. It may here be recorded that the Treasurer's amendment was lost, while in the end, after some slight verbal alterations, the original resolution was carried. The following resolution was also subsequently agreed to after a long discussion, namely, that "every member of the Association shall pay a subscription to the Association of one guinea per annum, but that the Council shall have the power to increase or diminish this sum, provided that in no case shall the total amount to be paid by each member exceed thirty shillings. Such subscription shall entitle him to receive the *Journal* of the Association for the current year." By this resolution, then, the utmost that the members can be called upon for the purposes of medical defence is nine shillings over and above the usual subscription of one guinea. It will be interesting to learn how these resolutions will be received at the second extraordinary general meeting, notice of which has been given to take place in the New Public Hall, Carlisle, on Tuesday, the 28th inst., at ten o'clock.

Notes on Current Topics.

The New Photography and Ophthalmology.

WHETHER the new photography will prove of much use in the practice of ophthalmic surgeons has yet to be proved. If, however, the results of the experiments carried out by Van Duyse (*Arch. d'Ophthalmologie*, February, 1896), and Harousch (*Annal d'Ophthal. et Otol.*, Vol. V., p. 267) are to be regarded as wholly trustworthy, it would appear that ophthalmology will not benefit much by Röntgen's discovery. One of the most interesting points determined by Harousch was the relative resistance to the X rays displayed by the various structures of the eye. The structure which

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offered the least resistance was the capsule of the lens, then followed the choroid and retina, the sclerotic, cornea, and vitreous body, in each of which a proportional increase in resistance was shown, and, lastly, it was found that the lens offered the greatest obstruction to the passage of the X rays. Another point of interest determined by the experiments was that the rays produce no sensation of vision, whether projected through the cornea, lens and vitreous, or directly through the sclera and choroid. An attempt was made to localise a piece of steel which had passed into the vitreous two months before the patient came under observation. The vitreous was hazy. The experiment failed inasmuch as no foreign body could be seen. However, both Van Duyse and Harousch agree in thinking that the new photography may be of use in determining the situation of a piece of metal when the latter is lodged in the anterior segment of the human eye. On the other hand the obstruction shown by the transparent media of the eye to the passage of the rays, similar to that which obtains in the case of glass, would seem to indicate that Röntgen's discovery will only prove of limited use to ophthalmic surgeons.

The Question of Professional Privilege.

THE remarks of Mr. Justice Hawkins on the violation of professional secrets, in the Kitson *v.* Playfair case have evidently not been lost upon the profession. Indeed, when a judge on the Bench expresses himself as strongly as Mr. Justice Hawkins did in a matter closely affecting medical men, it is not to be wondered at that a note should have been made of his opinion. In the Divorce Court, last week, before Mr. Justice Barnes, two practitioners, who had attended the respondent in a case, declined to give evidence unless ordered by the Court to do so. They stated that in regard to his, the respondent's, condition, they did not feel justified, unless compelled, in disclosing the nature of the complaint. Mr. Justice Barnes, "It is a very proper objection, but you may take it you are compelled." With this expression of opinion from the Bench their objection vanished, and the necessary evidence was given, which resulted in a decree *nisi* being granted. It is clear that these two practitioners were perfectly justified in the course which they adopted, and it is especially worthy of note that the precedent which they established received the concurrence of the judge.

The Forthcoming Congress of Dermatology.

THE latest announcements of the Reception Committee of the third international meeting of the above Congress in London show that no effort is being spared to ensure a successful gathering. On the first day there will be an informal reception of visitors, while the more serious business will begin on August 4th with a presidential address by Mr. Jonathan Hutchinson. Prof. Kaposi, of Vienna, and Dr. Ernest Besnier, of Paris, will also address the opening meeting. On Wednesday evening the Lord Mayor and Lady Mayoress will entertain the Congress at the Mansion House. A banquet will be offered to foreign members on Friday, and on the following day the President gives an "at home" at Haslemere, where the party is invited to visit the house of the late Lord Tennyson. From this summary it will be evident that from the social point of view there is every prospect of a brilliant gathering. As to the scientific side of the Congress, the published programmes appear to be characterised by the two desirable features of system and thoroughness. The museum comprises sections dealing with drawings, casts and models, naked-eye preparations, microscopic specimens and drawings, and a collection of English works and atlases. A great deal of importance is attached to the demonstration of patients, who are to be shown upon six or more occasions. This part of the proceedings, it is hoped, will form one of the most striking and practical features of the Congress. The bacteriological section is under the management of Dr. Sims Woodhead. It is likely to be of extreme interest now that micro-organisms are known to play so important a part in the etiology of many diseases of the skin. Great strides have been made of late years in the special study of dermatology, and the forthcoming meeting cannot fail to be of the greatest interest to all who are connected with that branch of the profession. But above and beyond the practice of the specialist, many of the subjects to be discussed will have a distinct value to all who are engaged in the wider fields of medicine. Those who are desirous of becoming members should at once forward the membership fee of £1 (which entitles to the volume of *Transactions*) to the Secretary-General, Dr. Pringle, 23 Lower Seymour Street, London, W. About 400 members, British and foreign, have already signified their intention of being present.

Ice Contamination.

FROM time to time the question of the spread of disease by means of ice creams is advanced by some energetic Medical Officer of Health. From a scientific point of view, there can be no doubt whatever that these frozen delicacies are capable of spreading pathogenic microbes in an active condition. In other words, freezing does not destroy the vitality of germs, although in most instances it appears to inhibit or suspend their activity for the time being. With these facts in view, it is impossible to avoid the conclusion that many of the conditions under which ice meant for human consumption is stored and hauled must make it dangerous stuff for consumers. To say nothing of its passage from ships to carts and storehouses, where it is trampled on by labourers and handled about with picks and shovels, there is the street delivery, which may be seen any day of the week in all large towns. Outside a well-known restaurant, we recently witnessed the unpacking of an ice-cart one hot mid-summer afternoon. The huge blocks of ice were taken out of the cart and ranged side by side upon the filthy pavement and kerb. Small pieces of ice chipped off in the process were greedily snapped up by onlooking urchins. It is clear that, under such conditions, the ice could not fail to be covered with swarms of spores and bacteria of all

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kinds, pathogenic and otherwise, such as abound in the dust of a London street. The point seems well worthy of the attention of those who are responsible for the preservation of the health of the public.

A Plumber as Physician.

THE useful and necessary ancient craft of plumbing, as everyone knows, has of late years been considerably advanced in its importance, chiefly owing to the exacting requirements of the modern sanitarian in the matter of inside household construction. This view of the question was apparently accepted by all sorts and conditions of men at the recent Edinburgh Congress of Plumbers. Indeed, several distinguished scientists did not hesitate to speak of these handicraftsmen as necessary adjuncts of the medical profession. Any hopes, however, that may have been raised upon that occasion have been since destined to receive a rude awakening at the hands of the law. From the newspaper accounts it appears that a firm of plumbers recently sued a customer in the Edinburgh Small Debt Court. Their account included an item for £1 for "medical rubbing." They were attending to the leaky pipes, and incidentally treated the defender for rheumatism. The sheriff very properly dismissed the claim and we trust has thereby excluded a new class of unqualified trespassers upon the field of legitimate medicine. It is true that some centuries ago certain barbers developed their craft into a scientific corporate body, The connection between plumbing and sanitary science, however, is too mechanical and commercial to afford a similar opening for the plumbers, however much they may wish to follow in the wake of the barber-surgeons.

Medical versus Legal Coroners.

THE revival of the vexed contention of whether a coroner should be a medical or a legal man is much in evidence at present in the district of the East Riding of Yorkshire. The vacancy of the coronership for the district is being hotly contested by Mr. H. M. Holt, Medical Officer of Health for Malton, and a local solicitor. In country districts it very often happens that the representative of law is successful against the representative of medicine for the office of coroner, mainly for the reason that the former has greater opportunities for cultivating the acquaintance of those who are in a position to assist him in the contest. However this may be, we nevertheless hold firmly to the opinion that a medical training is of much greater advantage to a coroner than a legal one, and it must be conceded that London has pronounced in favour of medical men as coroners. All the most important coroners' posts in the metropolis are held by medical men. So far as the East Riding appointment is concerned, it rests with the Yorkshire County Committee, consisting of seven representatives from each of the Ridings. This arrangement should at least secure an impartial decision.

Typhoid from Creamery Milk.

IT will be recollected that a couple of years ago, Dr. Welply, of Bandon, called public attention to the danger of the dissemination of disease through the agency of infected creamery milk. His representations produced good effect at the time, but have been since, to some extent, lost sight of. Within the last ten days the subject has been again brought into notice in the same district, and facts have been recorded which seem to establish Dr. Welply's case on official authority. The Local Government Board Inspector, sent down for the purpose of investigation, has reported that within the past nine months thirteen cases of enteric fever have declared themselves in the neighbourhood, and that there appears to be no doubt that the persons affected had been using creamery milk. It is not, however, to be supposed that the creameries were wholly to blame. On the contrary, it seems evident that the enteric poison was imported to the creameries by the sending in of milk from the local farms where typhoid existed, and that the sole fault of the creameries was that they omitted to sterilise the milk, by boiling or otherwise, before they distributed it to the public. Whether this process is possible on the large scale remains to be shown, but, if it is not, it will be necessary for the public to be on its guard against separated milk from creameries.

Disease among Tramps.

THERE is no doubt that tramps have been and are still a fertile source of the dissemination of disease throughout the country. We believe that the smallpox epidemic in Gloucester was primarily due to the infection conveyed by a tramp. Thus the casual wards attached to the various unions may become the starting point of disease from which large communities may suffer. The question involved in this undesirable condition of affairs is whether some arrangement might not be arrived at by which the tramps were submitted to a medical inspection, either at the time of their admission to, or preparatory to their departure from, the casual wards. This suggestion was recently brought before the Salford Board of Guardians, and a resolution was proposed that the Local Government Board should be

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requested to take action empowering Guardians to detain all vagrants suffering from contagious or infectious diseases. Investigation showed that at least twelve per cent. of the persons who entered the tramp wards of this union were the subjects of infectious disease. The harm which would be calculated to result from this proportion will be readily understood when it is borne in mind that the same towels and the same baths were used by the healthy tramps as by the infected ones. That there should be some scheme of inspection of the vagrants seems to us to be an admirable suggestion. The matter might well be taken into consideration by the Local Government Board. There is no doubt that were this inspection to be systematically enforced throughout the country, the dissemination of a large amount of preventable disease, which at present can be traced to the persons patronising the casual wards, would be put a stop to.

The Anti-vivisectionists Again.

THERE was a meeting of a society last week which rejoices in the name of the "Independent Anti-vivisection League," and it is scarcely needful to say that the most extravagantly absurd statements were made concerning medical men and vivisection. The worst of these anti-faddists is that they never will face the truth when it bears against their fads. They persistently avoid seeking for the truth for fear that they may find their cherished beliefs effectually disproved. Thus it is useless to argue with them; no matter what may be said showing that their convictions are entirely erroneous and based upon false premises, they will not be convinced, and the only thing to be done with a person who has made up his mind that black is white is to leave him alone. A lady, for example, at the meeting above referred, stated that "only three per cent. of the medical profession were practical vivisectors, yet that never was told. The doctors were silent upon it because the rule in the profession not to divulge anything was stronger than any other." How interesting! What wicked person could have been playing with the credulity of this lady, by which she was led to give utterance to such nonsense? It is such an easy matter to make a faddist believe anything which accords with his or her fad. They will absorb and make their own anything and everything which favourably bears upon the matter. Of course, unless they possessed this faculty, they could not be faddists, for the nature of "faddism," if we may be excused for coining such a word, is essentially to believe that which is not true, and to endeavour to pass off as true that which is essentially false.

Nomenclature of Disease.

THE last edition of the Official List of Diseases and their synonymes, compiled by the Joint Committee of the London College of Physicians, was issued last week by Her Majesty's Stationery Office, to every medical practitioner whose name is on the *Register*. Just as it is necessary that standards of weights and measures, officially stamped, shall be preserved in some inaccessible position, for the possible instruction of posterity, so it may be regarded as essential that an official list of morbid conditions should be prepared and preserved, but it is not easy to see how any immediate benefit can accrue, therefrom, to either the profession or the public. However, the publication of the list will, no doubt, lead to accuracy in the compilation of future works on medicine and the correlative sciences, and for that reason, its issue is welcomed.

Ladies and Bicycling.

AT last the long-expected objection has come! The pastime of bicycling by ladies, out of which they have derived so much health, enjoyment, and amusement has been repeatedly assailed with a view of turning its devotees into another channel of occupation. So far, however, by the spirited enthusiasm with which the new craze has been taken up, all these assaults have proved unsuccessful. However, there is admittedly some danger of acceptance in the last objection which has been advanced. There is a decided artfulness in its promulgation, and lady bicyclists, taken unawares, might be disposed in consequence to look for the first time with some askance at their new plaything. We allude to the allegation concerning the "bicycle hand." Ladies are now being warned that "the bicycle hand is a thing of ugliness and a horror for ever." The distinctive features of this hand are stated to be that "it becomes flattened, bulges out at the sides, gets lumpy and out of shape, and the fingers all become crooked," and all these dreadful results are held to be due to the habit of clutching the handle of the machine. But after all, assuming this terrible allegation to be true, what does it matter? Let women cultivate health, and

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and directors of the [redacted] by [redacted] an[redacted]ege of admission thereto is to be granted to all who can show that they have done good work in research, and they shall be entirely free of payment.

THE Court of the Apothecaries' Society of London have decided to admit this year to the freedom of the Society a number not exceeding ten of its licentiates, on payment of a sum of £28 each. An announcement to this effect will be found in another column.

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The Volunteer Medical Staff Corps.

THE annual inspection of the Volunteer Medical Staff Corps, under the command of Surgeon-Colonel Norton, took place last week in Hyde Park, opposite Knightsbridge Barracks, the inspecting officer being Brigade Surgeon-Colonel O'Farrall. The number on parade was 420, out of a strength of 470, but the number of absentees was largely due to their compulsory attendance in the casualty departments of the varions London hospitals, the duties in connection with which it was quite impossible for them to leave, even for such an important occasion as the inspection of their corps. A new and important feature in this corps is the addition of a transport section, consisting of five waggons, together with eleven horses, the inspection of which took place for the first time this year. The men forming this section, thirty-seven in number, have gone through a full course of driving and riding at the Cavalry and Artillery Barracks, and the evolutions which they performed, though requiring considerable skill, were admirably carried out. The new drill also took place for the removal to the ambulance of mounted wounded men. The plan has not yet been made use of in the English army, but either it or some corresponding method will of necessity have to be introduced. The idea was taken from the French, and the words of command and the arrangement of the men in the carrying out of the drill were compiled by Surgeon-Captain Rawnsley, the Adjutant to the corps. The novelty of the drill seemed greatly to interest a large crowd of spectators who witnessed the inspection. The various forms of drill in use in bearer companies performed by the corps gave complete satisfaction to the inspecting officer, who in an excellent speech congratulated the Commanding Officer and the members of the corps on their efficiency, general appearance, and the soldier-like manner in which they performed their duties.

The Antiquity of Post-Nasal Growths.

ALTHOUGH the recognition and operative treatment of post-nasal growths have been the means of relieving a large amount of human discomfort and physical trouble during the past quarter of a century, it is interesting to learn from Meyer, of Copenhagen, that the affection is probably one of great antiquity. This observer has been studying the portraits and busts of historical personages in the Vatican, and in some of these unmistakable signs were present, showing that the persons represented suffered from occlusion of the naso-pharynx. Again, the portrait of the celebrated sculptor Canova, painted by himself, showed him as a typical sufferer from adenoid vegetations. Other historical persons mentioned by Meyer as having had adenoids were the Emperor Charles V. and Francis II. of France. Lastly, in the Chiaramonti Museum, in Rome, Meyer found three busts of sufferers from adenoids. These are interesting observations, which might obviously be greatly added to, were the various museums, picture galleries, and statuary collections throughout the world to be similarly investigated.

The First Ostrich Eggs laid in Great Britain.

THERE has been quite a flutter of excitement in Glasgow during the past few days in consequence of the presentation to the Kelvingrove Museum by Mr. George Sanger, circus proprietor, of two ostrich eggs, laid in his circus, one on Sunday, 12th, and the second on Tuesday, 14th inst. It is said that these eggs are the first which have been laid in the United Kingdom, consequently the occurrence is of great interest as a fact in natural history, and certain officials have been burnishing up their knowledge in consequence. It is intended to hatch the eggs by means of the incubator in the museum. In the event of the eggs being fertile it will be towards the end of August before the hatching, or, as it is termed, *chipping* takes place, as it requires six weeks before the egg of the ostrich (*struthis camelus*) chips out. We hope that these eggs will prove fertile, and that no unforseen accident will occur to prevent the pair of young ostriches from adorning the Kelvingrove Park.

A Prize of £200,000.

A NEW YORK merchant, named Rouse, suffering from optic nerve atrophy, has offered a reward of £200,000 to any physician, surgeon, scientist, or wise man, who will restore to him his sight. Some time ago it happened that he discovered one of his employes to be affected in the same way as himself. He took a great interest in the man, and provided him with the best medical treatment possible. As the result of this the man, out of gratitude, has offered to submit himself to any kind of treatment that is thought worthy of trial, and thus those who intend to compete for the £200,000 prize must first test the efficacy of their treatment upon the grateful workman.

Monuments to Pasteur.

THE Versailles "Conseille d'Arondissement" has started a one-franc subscription to erect a national monument to the mighty dead, and there is no reasonable doubt that the populace will respond to the invitation to take part in the recognition of the great scientist's memory. The municipality of Lille has also voted a statue to him, and has given the commission to a sculptor at the cost of £2,400, collected by private subscriptions. While nations and all humanity are thus testifying to the grandeur of this friend of his fellow creatures, there still remain a dozen or two fanatics who fill the pages of the *Echo*, and other such newspapers, with abuse, not only of Pasteur, but of all who are seeking to perpetuate and continue his great work.

SURGEON-MAJOR GENERAL H. F. PATERSON, who retired from the Army Medical Service last week after a period of thirty-nine years with the colours, is an Aberdeen graduate, having obtained his M.D. in 1858. He was commissioned as an Assistant-Surgeon in 1857, and was promoted Surgeon in 1873, Surgeon-Major three months later, and ran through the gradation list until he was senior in his rank with date from 1892.

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A Medical Man Awarded £550 for Slander.

AT the Manchester Assizes last week Dr. O'Meara, of Burnley, brought an action against Dr. Burns, also of Burnley, and Dr. Laird, formerly of that town, and now of Glasgow, to recover damages for alleged slander and libel. The slander complained of related to Dr. O'Meara's attendance upon a woman who had sustained a fracture of the thigh, and was contained in a letter written by Dr. Laird, who was then Dr. Burns's assistant, to the Medical Superintendent of the Manchester Royal Infirmary. The jury found for the plaintiff, £500 damages against Dr. Burns and £50 against Dr. Laird.

Bradford and School Board Certificates.

THE attention of readers may be drawn to a letter from a Bradford correspondent, which appears in another part of our present issue. A short while since we commented upon the action of the School Board Authorities of the town in question, who attempted to force local medical men to mention the name of the disease in certifying that a child was unable to attend school. Supposing a doctor were to fill in "syphilis" as the cause it is pretty certain that whether right or wrong he would thereby infallibly lay himself open to future complications. In short, as we have elsewhere pointed out, to demand a specific cause for non-attendance is often to ask the certifying surgeon to commit a gross breach of professional confidence, and, at the same time, to lay his neck in all kinds of legal nooses. We are glad to find that the medical men of Bradford have taken a firm stand in resisting a most unfair encroachment upon their professional and social dignity, to say nothing of their personal safety.

Increase of Lunacy in Ireland.

AT the last meeting of the Clonmel Asylum Board of Governors, it was reported by the Resident Medical Superintendent that the Asylum was greatly overcrowded, and that the numbers of insane requiring admission was still increasing. It has been found necessary to take a wing of the local workhouse and to increase the staff of the asylum to enable them to cope with the demand for their service.

Collapse of Anti-vaccinationism.

THE Lambeth Guardians, who for years past have been determined in refusing to limit the dissemination of small-pox, have thought it wise to reconsider their attitude, and have ordered their officers to enforce the Vaccination Acts in all cases.

A PAINFUL sensation was created in Blackpool on the 16th inst. by the receipt of news from Edinburgh that Dr. M'Naughton had died suddenly. The deceased left Blackpool two days previously to consult a specialist as to his health, when heart failure brought about the end. Dr. M'Naughton, who had twice been Mayor of Blackpool, was an alderman, justice of the peace, and most popular in the town.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH ROYAL INFIRMARY.—At the last weekly meeting of the Board of this Institution, the architect's completed plans for the new medical pavilion were considered and passed. The estimated cost of the building is £30,300. The part of the plans submitted concerning the bathing establishment to be placed on the ground floor was new, and caused some discussion. Dr. Batty Tuke was the only Manager present who found fault with them, basing his objections on the extravagance of building elaborate baths so far from the other wards, especially as the Board had, within the last twelve months, adopted a system of extreme economy, economy so extreme that they actually wished one of the surgeons to pay for a glass of soda-water drunk on the premises before an operation. The surgeon, we believe, scored off the Board on that occasion by requesting the Managers to pay for the tea provided at the hospital's expense at their meetings. A much more rational ground for objecting to the plans, however, might have been advanced by insisting that the baths should be housed in a separate building. Among those proposed are sulphur, Turkish, Prussian (or vapour) and douche baths, and they are to be located in the floor immediately below a ward of twenty-two beds. The plans provide for special precautions being taken to prevent the heat generated by these baths affecting the ward above, but it appears to be rather a risky experiment to house patients immediately above such a bathing establishment, and our only hope is that the £600 which it is to cost will not have to be doubled in a short time by the removal of the baths to a small separate building more accessible to the patients in the whole hospital, and that those in the ward above will not suffer from occasional vapour baths on unexpected occasions.

EDINBURGH BRANCH OF THE BRITISH MEDICAL ASSOCIATION.—We believe that this Branch of the Association intend to invite the Association to hold its annual meeting in Edinburgh in 1898. It is hoped that by that time the MacEwan Hall will be ready for use, and will be available for the mass meetings of the Association. Rumour points to Sir Thomas Grainger Stewart as the President on that occasion, though Professor Annandale, who has been elected President of the local Branch, might be, with courtesy, chosen for that position

THE HISTORY OF AN ISOLATED OUTBREAK OF ENTERIC FEVER IN A VILLAGE.—The chief point of interest in Dr. M'Vail's report on the health of Stirlingshire and Dumbartonshire is the account of an attack of typhoid fever in the secluded hamlet of Fintry. Nestling in a valley to the north of the Campsie Fells, with a population of only 150, composed of a straggling line of houses on each side of the unfrequented road from Kilearn to Denny, the village has hitherto had little need of medical service, and, indeed, no medical man resides within several miles of it. The water supply comes from the hills on each side of the village, each cottage having its running spout fed by the hill streams behind it. In September last Dr. M'Vail was summoned to the village, to find 17 cases of typhoid fever among eleven families in the village. The nearest hospital was eight miles away at Lennoxtown, and was too small to hold all the patients, even if it had not been full of scarlet fever cases at the time. The outbreak had to be

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dealt with on the spot, and luckily a library building, with a cubic capacity of 9,000 feet, was available. The proprietor, Mr. Duns-Waters, at once consented to allow it to be used for a hospital, and provided some of the necessities of treatment in addition. Nurses were procured from Glasgow, and nearly all the necessary material had to be conveyed from that city, first by train, and then by cart for eight miles over the Campsie Hills. A medical man was specially engaged to reside in the village until the epidemic had ceased. Thanks to these energetic measures only one other case occurred, making 18 in all, with two deaths. The hospital was opened on September 9th, and closed on November 16th. The cost of coping with the outbreak reached almost £300, and as the source could be traced to the milk supply, Dr. M'Vail's contention that all dairies, even the smallest, should be placed under the supervision of the Local Authorities is amply justified.

LOW DEATH-RATE IN EDINBURGH.—Since the beginning of this year the death-rate in Edinburgh has been unusually low, rates of 13 and 14 per 1,000 having been recorded for many of the weeks. The figures for the last three weeks have been 13, 14, and 14 per 1,000. The absence of any serious attack of influenza, for only a few isolated cases have been recorded, and the uniformly mild weather, with unusually slight daily ranges, accounts for the wonderful health of the inhabitants and the low death-rate.

FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.—The President and Fellows of the Faculty of Surgeons of Glasgow have issued invitation cards to a garden party to take place in the Royal Botanic Gardens, on Friday, 24th inst., to the delegates attending the Health Congress and also to representative citizens and medical practitioners in the city and suburbs. There seems, however, some doubt as to the power of the Corporation to close the gardens to the ratepayers for such a purpose. This doubt is caused by one of the bye-laws. The Corporation, by notice posted near the entrance gate, *may* close the gardens, the winter gardens, and the plant houses, or any of them for such time as they may think necessary for improvements or repairs being made, or for any purpose. Therefore, it is hoped that the sub-committee of the Botanic Gardens will receive permission from the Town Council so that no hitch may take place or cause any friction or disappointment.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

ELECTION OF DIRECT REPRESENTATIVES TO THE GENERAL MEDICAL COUNCIL.

WE have received the following addresses from candidates:—

To the Registered Medical Practitioners of England and Wales.

BROTHER GENERAL PRACTITIONERS,—At the last election of the General Medical Council in 1891, I was induced to solicit the distinction of representing your interests as one of your Direct Representatives on the General Medical Council of Medical Education and Registration, and although a candidate at a late hour, the large and substantial number of 4,818 votes was recorded in my favour.

This significant number of votes, after careful thought and consultation with my medical friends, appears to justify my candidature on the present occasion, and to point to the inference that many medical men desire to give more practical effect to the opinion of the late Sir Andrew Clarke, "That the general practitioner should be represented by one of themselves, a genuine working member of their own body, familiar with the history of the struggle for medical reform."

Over twenty years ago, as a member of the Council of the late Medical Defence Association, under the Presidency of Sir Benjamin Richardson, I began to take a part in medical reform; and as a general practitioner of thirty-four years, I have been engaged actively and zealously in the many varied phases of the arduous life of a general practitioner, and thus may have claim to some knowledge and experience concerning many questions of vital consequence and burning interest to the great majority of the rank-and-file of the profession, such, for instance, the danger to be apprehended by the creating in any form "a new order of medical practitioner (without any, or an inadequate curriculum). The abuse of hospitals, of medical aid associations, and of the club practice, especially by the *juvenile branches* of the Foresters and Odd Fellows, which have proved very detrimental to the interest of the general practitioner. My earnest efforts shall be, if elected, to get the Death Registration Act so amended as to include the registration of stillborn infants, and of the just payment to medical men for their much-needed and useful certificates, without which our mortality tables would be useless. (*a*) The Vaccination Act should also be altered, so as to provide for payment for certificates written by all practitioners for successful, or non-successful, or unsusceptibility to vaccination, which we are now compelled to give gratuitously, and often at great inconvenience to ourselves. The increase of the number of Direct Representatives shall have my earnest support; and as the Dental profession is now a learned profession, and the health and happiness of the public immensely dependent upon its usefulness, it should, in my opinion, have a special representative. I think, too, I may be able to give a not useless help in the questions of discipline, and in the penal cases that occupy so much valuable time of the Council.

I also think it necessary for the maintenance of the dignity and prosperity of the profession, that it is equally the duty of the General Medical Council to use its funds and exercise its functions under Sections XIII and XXXI of the Medical Act of 1858 for the carrying into execution, and in maintaining in their integrity these too often forgotten Sections of that Act, *which provides for the rights and the interests* of men entering the profession, *especially with those clauses* which place them under obligations and restrictions.

Myself, in my early professional life, a parish doctor, the interests of that large body of general practitioners, who hold office under the Poor-law Board, should always have my ready ear, my thoughtful attention, and willing aid. It is thus, as a general practitioner of over thirty years of varied professional life that I appeal for your support and interest, for of scholarly learning, scientific attainments, profound medical knowledge, and surgical skill, there is nothing lacking at the Council table.

For the further information of the electorate, allow me to subscribe myself as I appear in the "Medical Directory of 1896," and for my encouragement, I am pleased to be reminded of the legal principle that I will try and make true "Ubi jus ibi remedium."

FREDERICK HENRY ALDERSON,

Southerton House, Hammersmith, W.—M.D.And., 1880; M.R.C.S.Eng., 1863; L.M., 1867; L.S.A., 1863 (Middlx.); Mem. Counc. Roy. Brit. Nurses' Assoc., Mem. Brit. Med. Assoc., Vice-Pres. (Pres. 1886-7) W. Lond. Med. Chir. Soc., Mem. Counc. St. And. Grad. Assoc., Vice-Pres. Cent. Counc. Lond. & Cos. Med. Protec. Soc., Med. Ref. Gresh. Assur. Co., Sen. House Surg. W. Lond. Hosp. 1863-4, Asst. House Surg., Poplar Hosp. 1862-3, late Pres. Med. Practitioners' Assoc. Author of "The Wants of the General Practitioner of the Present Day," 1886; "State Pensions for the Aged," 1893; "The State Remuneration of the Medical Men," 1894; "The Danger of the Non-Regulation of the Practice of Medicine," 1892; "Medical Attendance on the Sick Poor not Paupers," 1886; "Septic Pneumonia," 1888; "The Treatment of Placenta Prævia," 1890; "Case of Relapsing Typhlitis—Re-

(*a*) If medical certificates were more frequently paid for, they would be more thoughtfully written, and consequently more valued, nor meet with the occasional censure of our Judges and Magistrates.

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covery after Aspiration"; "Cases of Difficult Fractures in Private Practice." Contrib. "Case of Extra-Uterine Pregnancy—Recovery," Trans. W. Lond. Med. Chir. Soc., Vol. I.; "Cases of Scirrhus of the Breast in Private Practice," Ibid, Vol. II; "Evidence before Lords Committee on Hospital Question," 1891; "Transverse Fracture of Patella," *Practitioner*, 1887; "Case of Placenta Prævia—Recovery," *Lancet*, 1875; "Case of Suicide by Chloroform," *Prov. Med. Journ.*, 1891; &c.

July 18th, 1896.

GENTLEMEN,—As a candidate for election as your representative on the General Medical Council, I ask your support. When the 1891 election took place I was requested to oppose Mr. Wheelhouse and Sir W. Foster, all my expenses being guaranteed. As, however, Mr. Wheelhouse and Sir W. Foster consented to be re-elected, I refused to be nominated. I deeply regret that these two eminent practitioners have retired from representing us. Only those few practitioners who work quietly and persistently in matters of medical reform can have any true idea of the amount of work accomplished on our behalf by Mr. Wheelhouse and Sir W. Foster. As Parliamentary Secretary to the Local Government Board, he has stood up for the interests of the profession and the public welfare.

I think my views have for some years been before you, and that they have not been expressed in a limp or colourless manner. I am no novice in matters affecting the welfare of practitioners; my aim is to take up practical, to-day questions, the early solution of which will give some immediate return.

My views upon the following leading questions are:—

1. I am opposed to the formation of an inferior order of midwifery or of medical or of surgical practitioners.

2. I am in favour of urging Boards of Guardians to put into operation "the extra midwifery fee order" of 1847, so that Poor-law Medical Officers may receive a fee of from 10s. to 40s. for each confinement conducted.

3. Of urging Boards of Guardians to put into operation "the general order of the Local Government Board," 1892, whereby guardians are empowered to appoint district midwifery nurses.

4. Of opening Poor-law infirmaries for the clinical instruction of senior medical students, and of the repeal of Section 20 of the Metropolitan Poor Act, 1869.

5. Of the Poor-law Officers' Superannuation Bill, now before Parliament; to its including *Medical* Officers and to its extension to Scotland and Ireland.

6. I am opposed to medical aid and other under-paid club appointments.

7. I am in favour of a revival of the apprenticeship system.

8. I am in favour of, and have first called for, a marked increase in the number of direct representatives.

9. I am in favour of increasing the stringency of the preliminary examinations.

10. I am in favour of fixing the minimum age of entry to the study of medicine at eighteen years of age.

11. I am in favour of establishing one final conjoint examining body in each division of the United Kingdom.

12. I am in favour of making the practice of *any branch* of medicine or dentistry for gain by any person not registered in the *Medical Register* a penal offence.

13. I am in favour of the punishment of those who grant any document which professes to entitle the holder to practise midwifery or medicine or surgery unless such persons are empowered by the existing Medical Acts to grant such.

14. I am in favour of a radical amendment of the Death Registration Acts.

15. I have advocated, and still advocate, the proposed compulsory registration of stillborn infants.

16. I am in favour of the repeal, or a very stringent amendment, of the Patent Medicine Stamp Acts.

17. I am in favour of checking the sale of poisons and other dangerous drugs by chemists by means of the unauthorised re-dispensing of the prescription of a practitioner.

18. To obtain statutory power, so that the General Medical Council may either censure, or fine, or suspend a practitioner, thus keeping the extreme penalty of removal of a name off the *Register* for the most serious offences.

I have long worked in favour of my proposal to create a widows' fund for the benefit of the widows and orphans of medical practitioners, while my views upon the better management of voluntary medical charities have been frequently stated.

I shall be willing to amplify my views upon the above important questions, affecting as they do the welfare of our calling, and shall be glad to receive the name of any practitioner who will give me his support.

ROBERT REID RENTOUL.

Hartington Road, Liverpool.

SIR,—My name having been mentioned in certain of the medical journals, in connection with the direct representation of the medical profession in Scotland in the General Medical Council, I have received numerous letters requesting my views on the chief questions presently engaging the professional mind. Will you allow me, therefore, to present through your columns the following brief summary of my views on these questions?

1. I am opposed to the formation of any new order of practitioners, either male or female. I am of opinion that as matters stand at present, we have too many orders, and that these might, with benefit to the public and to the profession, be reduced to two:—(a) An order legalised to practice medicine and surgery by a state examination, all the present Corporations being extinguished as such; (*b*) An order possessing the State qualification, with the voluntary addition of a University degree, the degree-granting power of the Universities being left undisturbed. The University of St. Andrew's should be made the University of all the extra-mural schools and colleges in Scotland.

2. No "lying-in" woman should want for proper medical attendance in urgent cases. Of this requirement any well-trained nurse is capable of judging. The attendance should be obtained in Scotland through the Parochial Board, and the remuneration for such services should come from the parochial rates.

3. I am of opinion that no unqualified person should be allowed to practise either medicine or surgery for gain, and that, as the law at present stands, the ignorant public are not sufficiently protected against imposition. In this respect amendment of the law is urgently required.

4. I am of opinion that the medical profession as a whole is not adequately represented in the General Medical Council, and that the interests of the Universities and Corporations eclipse the just interests of the practitioners.

5. Our State Hospitals (in Scotland, the Parochial Board Hospitals) should be available for the purposes of medical instruction. I fail to see why all the clinical instruction required by the medical student should not be obtained in this manner, and thus the specious excuse for the excessive and demoralising work in connection with hospitals would lose much of its validity.

6. My considerable experience of medical students satisfies me that the present preliminary examination is *ostensibly* sufficiently stringent; that the medical curriculum is absurdly overcrowded with subjects of little practical value in medical or surgical practice, that it should be reconstructed at least to the extent of putting the subjects of chemistry (which should be limited to the principles of the science, and the chemistry of living bodies), zoology, and botany into the preliminary examination.

7. I hold that it is perfectly competent for the poorer sections of the public to co-operate, so as to command the best available medical and surgical skill; while it is equally wrong in principle, and unjust to the medical profession, that the affluent should command the same inadequate terms as the artizan class, under the club system. Of "Medical Aid Associations," we have no experience in Scotland; but I think it highly improper that any qualified practitioner should so lend himself that greedy and unscrupulous laymen can make a profit out of his labour.

8. These are my opinions on the chief questions presently engaging professional attention throughout the Kingdom. If they are found to be in harmony with those of the majority of the profession in Scotland, and if I am otherwise deemed suitable for the honourable position of

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Direct Representative for Scotland in the General Medical Council, my services are at the disposal of my professional brethren; if otherwise, I am totally indifferent.

I am, Sir, yours, &c.,

D. CAMPBELL BLACK, M.D., F.R.S.Edin.,
Professor of Physiology in Anderson's College Medical School.

Glasgow, July 18th, 1896.

THE CIVIL RIGHTS DEFENCE COMMITTEE AND THE GENERAL MEDICAL COUNCIL.

The following letter has been sent by the Select Committee of the Civil Rights Defence Committee to the candidates for seats at the forthcoming election:—

DR. J. G. GLOVER. DR. F. H. ALDERSON.
DR. LOVELL DRAGE. GEO. BROWN, ESQ.
DR. SAMUEL WOODCOCK. DR. T. M. DOLAN.
DR. RANTOUL.

DEAR SIR,—In respect of your candidature for a seat on the General Medical Council I am requested by my Committee to ask (1) an expression of your opinion whether it is the duty of the Council to apply its funds and exercise its functions under Section XIII of the Medical Act (*a*) in carrying into execution and in maintaining, in their integrity, those sections of the Acts which provide for the rights and interests of men entering the profession equally with those which place them under obligations or restrictions? and (2) whether you consider the due observance of the rights and interests guaranteed to medical men under the Act (especially under Sec. XXXI supra) to be essential to the best interests of the public, as well as of the profession, in securing for the public and the profession a supply of the most eligible men of each generation?

In the case of Mr. R. B. Anderson, duly registered under the Medical Acts, and supposed to have possessed these rights, the provisions of Sec. XXXI (*b*) have by the judges, whose duty it seemed to be to enforce them, been maliciously violated, punitive damages, costs, and imprisonment have been inflicted for acts done in the proper practice of his profession, and he is declared by the judgment in Anderson v. Gorrie and others to have no remedy for these wrongs. My Committee is advised that on the legal principle "Ubi jus ibi remedium" it now appears that these are not "rights" which medical men hold under Section XXXI cited above, but indulgences and privileges, of which they may at any time be deprived by the arbitrary or malicious will, caprice, or malice of any judge of record to whom they may be compelled to have recourse to maintain such "indulgences," or before whom they may be brought on any fraudulent or speculative claim or charge.

Of this deprivation of the rights of medical men it will be seen that the denial of the right of remedy is that which makes the danger general and immediate to the whole profession.

The constitutional means available to "carry into execution" Section XXXI of the Medical Act under such circumstances are—(1) appeals to the highest appellate tribunals from these judgments, and, (2) if necessary, appeal to Parliament for amendment of the law; and these means we ask the General Medical Council to adopt or support.

If your reply on the questions as to general principles in paragraph 1 of this letter is in the affirmative, may I ask whether, in the event of your election to the General Medical Council, you will use your influence to induce the Council to act on these principles in the case in point?

I have the honour to be, Sir,
Your obedient servant,

TIMOTHY HOLMES, Chairman of Select Committee.

In the action of Marshall and wife *v* Anderson, Mr. Anderson, for acts done strictly in the proper exercise of his profession (viz., retirement from a case on being rudely treated) was mulct in damages and costs, and was held to bail and imprisoned to make him pay them. In Anderson *v* Gorrie and others, these wrongs, though found by the jury to be a wilful perversion of justice, were declared by the then Lord Chief Justice of England to be "Judicial Acts," or acts of the Crown acting by the judges for which there is no remedy; so that if this judgment be correct it is, as stated, always open to the judge to arbitrarily cut down our charges or give damages and costs against us and send us to prison whenever in the practice of our profession we meet with an ill-disposed patient who happens to be supported by an ill-disposed judge.

(*a*) Sec. XIII. "All monies payable to the respective Councils shall be paid to the treasurers of such Councils respectively, and shall be applied to defray the expenses of carrying the Act into execution in manner following."

(*b*) Sec. XXXI. "Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of Her Majesty's Dominions, and to demand or recover in any court of law with full costs of suit reasonable charges for professional aid, advice, and visits."

BRITISH MEDICAL ASSOCIATION—THE SECTION OF ETHICS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Our attention having been called to a letter of Dr. Laffan in your issue of the 8th inst., we desire to say that we alone are responsible for declining to accept his paper on "Internal Hospital Abuse."

We took this course simply because the subjects for discussion were settled a long time before Dr. Laffan communicated with us. We pointed out to that gentleman that time would not permit us to add any other subject to our (already) extensive programme. And we think that most members will agree with us that it is more than doubtful whether we shall be able to get through the work in the limited time at the disposal of the section.

If Dr. Laffan had shown his zeal for work at an earlier period of the year he would have occupied a prominent place in the list of gentlemen who are desirous of getting rid of hospital abuse, both internal and external.

The idea of anyone succeeding in snuffing out Mr. Lawson Tait is too ludicrous. He would require an extinguisher far more capacious than we are in a position to produce.

Faithfully yours,

ROBERT MUIR
T. GARRETT HORDER } Hon. Secs.

P.S.—We find that it was not until June 11th that Dr. Laffan intimated his desire to read a paper.

PROFESSIONAL IRRESPONSIBILITY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Under the above heading, your issue of July 15th, contains a leaderette which I should like to supplement. I would suggest to you to publish the judgment, for I do think that it is one of very considerable importance to the profession. There is no one calling which is more sinned against by the public at large than ours. It seems to me that we should, for that very reason, furnish to the public the minimum of injustice at our hands. I cannot hold that it is just (as the judges have declared in that opinion) that a medical man is to go off scot free for any mistake he may make, provided that it affects opinion only. The judges, in making this startling pronouncement, do not appear to have considered that it is very rarely, if at all, that treatment can be unaffected by opinion. The leaderette states that the unhappy plaintiff (these words are my own) was supported, needless to say, by the testimony of other practitioners. Now, Sir, this was a case of anatomy, pure and simple. It was as much of a case of anatomy as would be the question as whether two kidneys existed or one, or as to whether there were four chambers in the heart or one. I gave it as my opinion that the plaintiff, who is now separated from her husband and ruined into the bargain, laboured under no malformation whatever, and in that opinion the specialist appointed by Judge Warren entirely concurred, and her solicitor further offered to submit the woman to the examination of any Dublin specialist whatever who might be named by the defendant. This offer was refused. The judges unanimously held that there was a mistake, in other words, that Dr. Horne and myself were right, but that it being an error of opinion only the defendant could not be held liable in damages. Without in any way referring to the defendant or wishing him any ill, I cannot but regret this decision, as it seems to me both

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morally indefensible and calculated to injure our profession in the highest degree with the public.

I am, Sir, yours, &c.,
THOMAS LAFFAN.

The following is the best newspaper report of the decision in Dwyer *v.* Russell which we have been able to find, and we publish it in response to the request of our correspondent :—

HIGH COURT OF JUSTICE—QUEEN'S BENCH DIVISION.

[*Before* Mr. Justice O'Brien, Mr. Justice Johnson, and Mr. Justice Holmes.]

DWYER V. RUSSELL.—The action, which was tried at the last sittings, before the Lord Chief Justice and a special jury, was brought by Mrs. J. Dwyer, wife of a farmer, to recover damages from Dr. G. Russell, of Cashel, Surgeon of the County Infirmary, for an alleged libel contained in a medical certificate, and also for negligence. Defendant pleaded privilege and a denial of the negligence alleged. Mr. Justice O'Brien, in giving judgment, said that the Lord Chief Justice ruled that the occasion was privileged. The jury found that the defendant had acted and certified with care and skill, but that the certificate was written not without malice. On the other hand, they found that it was a libel, while they negatived the defamatory sense imputed. He (Mr. Justice O'Brien) did not know of any authority for holding that a medical man could be made liable for a mistake merely of opinion as distinct from negligence in treatment. It appeared to be impossible to follow in legal responsibility the diversities of medical opinion. Doctors differed, with the proverbial result. If one doctor went wrong the remedy was another doctor or no doctor, as some might think. The Court must conclude here on the evidence, that the defendant was mistaken in the view he took, but actionable negligence was out of the question in the case. With respect to the cause of action for libel, the finding of the jury that the publication was not without malice, was inconsistent with the other findings, and must have been the result of a misconception in the minds of the jury. There was no ground for any suspicion of collusion between defendant and the husband of the plaintiff. It would be impossible, without violating all ideas of justice, to hold a medical man liable in damages for an occurrence so ordinary and innocent as had happened in the present case. Neither malice nor negligence had been proved, and the judgment should be entered for defendant, with costs. Mr. Justice Johnson and Mr. Justice Holmes concurred.

[The question decided by the learned judges was entirely apart from the accuracy of the opinion either of Dr. Laffan, Dr. Horne, or Dr. Russell. Assuming that the judgment of the latter gentleman was wrong (which we do not suggest) the judges held that a medical practitioner cannot be held liable in damages for an incorrect opinion as long as he brings to the investigation of the case reasonable skill and an honest desire to tell the truth. It appears to us that such a decision of the Court is not only just, but it is absolutely necessary for the public benefit. If Dr. Laffan's idea were put into practice, and, if practitioners were to be made liable in damages for every mistake in diagnosis they might make, the immediate result would be that no practitioner would give utterance to any diagnosis, and the public would have to pass through its sicknesses in complete ignorance of their nature or their possible effects.—ED.]

CANNABIS INDICA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent "Thesis" will find Dr. W. B. O'Shaughnessy's papers on the preparations of Indian Hemp, "their effects on the animal system in health, and their utility in the treatment of tetanus and other convulsive diseases," very useful reading. The papers were published in the "Trans. M. and Phy. Soc. of Bengal, 1830-41," and in the "J. M. and Phy., Calcutta, 1840-42." Some later contributions appeared in the "Prov. M. and S. Journal" in 1843. A paper of his also appeared in the *Lancet*, Vol. II., 1840.

Next in importance, in my opinion, is Donovan's paper on Cannabis Indica, which was published in the "Dublin Quarterly J. M. Sc.," in 1844.

Christison made some original experiments to test the physiological action of the drug in 1850-51, and published his experiments in the "Edinburgh Monthly J. M Sc. for 1851."

The pith of these papers of O'Shaughnessy, Donovan, and Christison, appeared in the older writers on Materia Medica, and more recently in the "U. S. Dispensatory," and Dorvault's *L'Officino*.

Of monographs on the drug one of the most valuable is Moreau's psychological studies, published 1845, in Paris; with this Berthault's Cannabis Indica, its history, physiological effects, and therapeutic uses (1845), published in Paris, might be read.

Dr. Russell Reynold's thirty years experience of the value of Cannabis Indica in neuralgia, published in the *Lancet*, Vol. II., 1890, is a very valuable contribution to the therapeutics of the drug from the clinical standpoint.

Its clinical value in phthisis is the subject of a paper in *El Siglo Medico* (1861), by Don T. Desmartio, in which he recommends the inhalation of the smoke of the burning leaves. M. Germain See, in 1890 (*Bul. Gen. de Thér.*), dealt with the value of the drug in neuroses, and in the same paper and volume M. Tirard published an account of the toxic properties of the extract. Matheson ("New Y. J. M. S., 1891"), reports its good effect in combating the opium habit; and Suckling (Brit. Med. Journ., 1891) praises it in the treatment of cholera.

S. L. D., in the *Lancet* (1891), describes the curious effects of a half-grain dose of the extract on himself.

Recent papers are noted in "Neale's Digest." I find in the fourth edition of that excellent book forty-eight references, and on looking up the Index Catalogue I see there are eighty-six given; these later references are all old ones. One of the latest writers on the drug, Rankin (*Lancet*, 1895), speaks well of its use in gastric ulcer. Mackenzie ("Sem. Med.," 1894) declares that the drug is a specific for the continuous form of headache that begins in the morning and lasts all day.

Roberts ("Chem. Ztg.," 1894) describes a substance to which he gives the name canna bindon, which produces symptoms resembling those of cannabis indica.

The following references to the "Year Book of Pharmacy" are worth looking up :—M. Hoy's, 1883; Dragendorf, 1878; Warden and Waddell, 1885, 1887, 1880; Aaronson, 1885; Deprez, 1879, 1873; Mackenzie, 1887; Bond and Edwards, 1888; Lawrence and Reynolds, 1890, see 1891; Smith, 1892; Hooper, 1894; Frankfurt, 1895.

I am, Sir, yours, &c.,
GEORGE FOY.

THE SCHOOL BOARD MEDICAL CERTIFICATES QUESTION AT BRADFORD.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The action of the School Board in refusing to accept the certificates of two medical men, to the effect that a child was unfit to attend school owing to ill-health, to which you drew attention last week, will no doubt have astonished many. But the great majority, the tens of thousands of the working classes who are directly amenable to the rule of the Board's official, will recognise this as a familiar illustration of the harsh and autocratic manner in which the compulsory powers entrusted to the Board are enforced. It is merely one out of many instances of tyranny long familiar to them. The local press, representing all political parties, has been unanimous in its condemnation of the School Board in this matter; while not one word has appeared in its favour.

The exposure and universal condemnation of the Board so affected its chairman that he rashly published an exculpatory letter. This consists largely of a gratuitous and unprovoked attack on the medical profession. Subsequently, with equally bad taste and judgment, he misused the ceremonial opening of the new school at Frizinghall, varying the formal proceedings, by a defence of the Board's oppressive action with an accompaniment of discourteous references to the medical profession. But not one word of approval could he elicit from the meeting or from the press. The medical profession feel

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unwillingly constrained to reply to Mr. Milthorpe, and to let the ratepayers know how the members of the Board act towards respectable ratepayers whose children are not well enough to attend school.

But, first, we would strongly protest against the uncalled-for discourtesy exhibited by Mr. Milthorpe towards the medical profession. His lofty expressions of regret "that the medical men should have assumed such an attitude," seems to indicate that he has yet to learn what attitude is naturally assumed by gentlemen, members of an honourable profession, when attacked without provocation and treated with discourtesy and disrespect by an important public board and its chairman. Mr. Milthorpe should learn that resentment and a settled determination to assert our rights are natural results of the Board's action. We have not provoked the contest. But we do not fear it, and we shall not be the first to retire from it.

When a parent is summoned before the Board to account for the non-attendance of his child at school, and ill-health is the cause of absence, the parent has no choice but to depend on his own statement alone, or supported by a medical certificate. According to Mr. Milthorpe, the Board is accustomed to accept the certificates of some favoured doctors, and to disregard those given by others. Without any knowledge of the condition of the little patient, the Board simply refuses to believe the certificate of a qualified medical man stating that the child is ill. Sometimes the parents in these cases are told to take the child to the Board's medical adviser *after* the certificates have been refused. The Medical Officer is thus required to give judgment as to whether his employers were right in refusing to believe the certificate of the child's medical attendant, as well as to test the veracity and professional skill of the signer of the certificate. The independence of the Board's Medical Officer in this dilemma may be judged from the recent case of "Whitworth." In this case the Medical Officer decided that his employers were right in disbelieving that the child was too ill to go to school, although four doctors attended in court to give evidence that it was! The Medical Officer of the Board, in his zeal, omitted to examine the child's heart, the weak condition of which was one of the chief causes of its inability to attend school regularly. Without examining the heart it was impossible to ascertain its condition. Medical certificates are accepted by the Town Hall authorities as to whether patients have small-pox, fever, &c., and as to whether they must be removed to the hospital; they are necessary evidence to authorise burial; they are sufficient evidence to insure a person's life for large sums of money; they are sufficient evidence to immure a person in an asylum for life; but in Bradford they are not sufficient to convince the School Board that a little child of six requires a few days' rest from school!

An ailing child, only partially recovered from illness, is directed by the doctor to play about till it is stronger, and not to go to school for the four hours' regular daily work. It is spied by the inspector playing in the street, its only playground. Forthwith the parent is summoned, because, says the Board's adviser, "If the child is well enough to be seen in the streets, it is well enough to go to school!" The Board, it must be observed, has no legal power to direct a parent to send a child to its medical officer to be examined, and all parents should politely decline to do so. They have no right to send their medical officer into a house to examine a child. In the recent case of "Whitworth," the parent was summoned to the police court with thieves and drunkards as a criminal, for not sending to school a child which several doctors said was not fit to go. The parent handed to the stipendiary two medical certificates as proof of the condition of his child; the magistrate read them, and said the child was obviously unfit for school. The case would then have been dismissed had the school inspector not intervened, exclaiming, "This mother is always making such excuses!" Yes, sir, she frequently had to plead the same excuse, the child being a delicate one, and unable to attend school regularly, and she had medical evidence to support her pleading. On the intervention of the inspector, the stipendiary adjourned the case for three weeks.

With what object? No man could say. On the adjourned hearing, he admitted himself he did not know! At this adjourned hearing, the parent was dragged for the second time into Court, four medical men were present for the defence, but the School Board, obviously seeing they must be beaten and discredited, withdrew all charges against the parent, the witnesses were not examined, and the case was dismissed. The parent's application for costs for these vexatious proceedings was refused. Why? "Because," said the stipendiary, "I have never given costs in such cases before"!! This may seem incredible, but it is true. The parent is dragged before the School Board and produces medical certificates; they are disregarded; he is twice dragged into Court, he attends with witnesses, the case is withdrawn, and yet the parent is left to pay the costs! We trust this narrative will be duly weighed by the public. It cannot but rouse the indignation of every ratepayer in the borough. The quibbling excuse sometimes urged by the Board, that *they* do not want certificates, is completely exploded by the fact that they feel compelled to get certificates from their own doctor. We protest against the Board's Medical Officer being set up as an infallible guide who is to certify that his employers are right in disbelieving other doctors. We protest against his assumed right to criticise the fitness of children for school, when the private medical attendants, who know the cases, say they are unfit for school. We ask no favour from the Board, but we demand that the certificates of duly qualified medical men be treated by the Board with the same respect shown them by the Town Council and all other public bodies. The medical profession have done nothing in this matter which they can regret. The conduct of the School Board is such that no man can approve of it, and on reflection they must feel it is indefensible. We regret to be obliged to write at such length, but the subject is of great public importance, and we write on behalf of a society deeply interested in such matters.—We are, Sir, yours, &c.,

THOS. WHITESIDE HIME,
President, Bradford Medico-Ethical Society.
JOHN DUNLOP, HERBERT E. HICK. } Joint Hon. Secretaries.

Obituary.

DR. J. RITCHIE BROWN, OF SALTCOATS.

DR. J. R. BROWN, Medical Officer of the Burgh of Saltcoats, died last week after an illness lasting 18 months, resulting from an attack of paralysis. He graduated with honours at Glasgow University in 1853, and at first intended to devote himself to ophthalmology, but, his health failing, he went abroad for some time, and returned to carry on his father's practice at Saltcoats. Very successful in practice, he took a large share in the management of local affairs, both for the parish and the school board. He is succeeded in his practice by his eldest son, one of the third generation in a direct line practising in Saltcoats.

Department of Lunacy.

OVERCROWDING INCIDENTS AT THE CORK DISTRICT ASYLUM.

THE latest annual report of this asylum by the Medical Superintendent has several points of interest. Overcrowding seems to be suffered from, and typhoid fever has broken out in different places, the disease being attributed to the overcrowding. A long inquiry was made by Dr. O'Farrell, Inspector of Asylums, regarding the suicide of a patient who strangled himself in the asylum on 24th May last. He was received as a suicidal case, was placed in the observation division, and a caution card issued to the attendants that he was on no account to be lost sight of. The Inspector reports that the entries in the case book regarding this patient were meagre and imperfect, and give no continuous record of the patient's behaviour and treatment in the asylum, and while this duty is properly regarded as pertaining to the assistant medical officers, the Inspector does not consider that the Superintendent should be relieved from the duty of inspecting them from time to time. It appears from the evidence that O'Connor the patient remained only twelve days in the observation ward, and that he was then sent to No. 3 convalescent ward, and that the "caution card" was withdrawn. The Inspector is of opinion that the

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period in the observation ward—12 days—was too short for such a case, and that the "caution card" had been prematurely withdrawn. The Inspector's report is one of considerable importance to all Asylum medical officers. He sums up as follows:—"The questions which immediately present themselves in connection with this painful occurrence are: (1) Is sufficient provision made under the existing arrangements for the safety of such cases? and (2) How far the attendants responsible for the patients' safety are to blame? Suicidal patients are the chief difficulty, and a constant source of anxiety to officials of lunatic asylums. They should, as long as they remain actively suicidal, never be allowed to remain alone for a moment by day or by night."

Dr. Woods, the Resident Medical Superintendent, read a statement, of which the following is a summary:—"The night staff has been strengthened, but not the day staff, and while it is agreed that an increase in the staff is necessary, there is no place to house them. The question of providing more accommodation for the staff has frequently been considered, and Dr. Woods thinks that the governors do not realise the extent of the overcrowding, in fact, no one not resident in the asylum can fully understand the want of accommodation in almost all departments, owing to the rapid increase in numbers of late years. While it would be a great advantage to have a larger staff, he does not consider the ward at the time of the accident was unsafely manned. Had Attendant Attridge remained in the day room, where he was placed by the Charge Attendant, and not been moved into the dormitory where he had no business, the suicide could not have taken place." It is one of the most frequent failures of duty on the part of attendants to leave wards without any supervision at all, and so long as human nature is what it is, even with a larger staff such accidents will happen. Dr. Woods appears to have his hands full owing to the overcrowding of the asylum, and we sincerely sympathise with him in his present difficulties.

Laboratory Notes.

TANNALBIN.

THE disadvantages attending the exhibition of tannin or preparations thereof in conditions of the intestinal tract calling for an astringent, have led to the production of a tannate of albumen (tannalbin) which resists disintegration in the stomach, but undergoes gradual decomposition in its course along the intestines, yielding its tannin constituent free to exert its astringent properties. The combination of tannin and albumen is prepared by a special process, which enables it to pass unchanged through the stomach where, consequently, it causes no local functional disturbance. It is a light grey powder devoid of taste and odour and it is indicated in all cases of intestinal catarrh accompanied by diarrhœa. Judging from the reports by foreign observers its effects are really remarkable, and it would really seem that in tannalbin we have available an astringent of the greatest value. Tannalbin is sold by Mr. Kuhn, 36 St. Mary-at-Hill.

TAKA-DIASTASE.

THIS very active diastase is obtained from a fungus of the species Eurotium oryzæ, a mycelial of the Aspergillus family. Its activity may be judged from the fact that at blood-heat it converts over a hundred times its weight of starch within half an hour. The uses to which so active (and cheap) a ferment can be put in the kitchen, the brewery, and the bakehouse are many, but what concerns us more immediately is its employment to secure amylaceous digestion in persons in whom this function is imperfectly performed. Messrs. Parke, Davis & Co. put Taka-Diastase up in 2½ grain tablets to be taken with or soon after meals. The digestion of the starchy elements of the food being thus secured, acidity and flatulence, the result of irregular fermentations, are avoided.

TRITICINE.

WE have received from Messrs. Goodall and Sons, of the Castleford Mills, Castleford, samples of a new prepared food known as "Triticine." This is a finely granular white powder representing the nutritive substances contained in flour after the indigestible constituents thereof have been eliminated. Chemical analysis shows it to contain the full complement of albumenoid compounds in a readily assimilable form, with a minimum of moisture, and an unusually large proportion of carbohydrates, in other words, the indigestible cellulose which enters so largely into the structure of the grain, has been removed, leaving the pure starch and gluten, in association with the mineral compounds which are indispensable to a perfect food. When prepared for consumption it is a highly palatable and digestible food, well suited for general use, though it will be found specially useful in the case of infants and invalids.

EFFERVESCENT VICHY LENTIFORMS.

WE have received from Messrs. Newbery and Sons samples of Messrs. Warner and Co's. Effervescent Vichy Lentiforms. One of these dissolved in a glass of water yields a solution which may be conveniently used under certain circumstances in place of the natural solution, being very portable and vastly more economical than the latter.

Medical News.

The General Medical Council.

A MEETING of the medical profession was held last week at the rooms of the Medical and Chirurgical Society, 20 Hanover Square, to hear addresses from Dr. J. G. Glover, one of the present representatives on the General Medical Council, who again offers himself for re-election, and from Dr. Woodcock, of Manchester, and Dr. Lovell Drage, of Hatfield, who are candidates nominated by committees for the seats on the council resigned by Sir Walter Foster, M.P., and Mr. Wheelhouse. Mr. Frederick Wallace, President-elect of the Metropolitan and Counties Branch of the British Medical Association, took the chair. Dr. Glover said he thought that during the last few years the Council had been brought into closer contact and sympathy with the medical profession, owing, in some measure, to the system of direct representation. Many important questions were before the Council, one relating to the insufficient protection afforded to the profession by the law. He referred particularly to the difficulty of getting medical Bills passed through Parliament. Dr. Woodcock said he was of opinion that the Council should be a more ipotent factor in raising the dignity of the medical profession, and should be more of a terror to evil-doers than it had hitherto been. If elected, he would do his best to increase the usefulness of the Council. He was in full sympathy with those who wished to see improvements in the profession. Dr. Lovell Drage, in his address, dwelt particularly upon the necessity of increasing the age at which students could be registered. They might be qualified at 21, but ought not, he thought, to be allowed to practise alone, without supervision, until they were 23. In the end, the meeting passed resolutions pledging itself to do all in its power to return Dr. Glover once more at the head of the poll, and cordially supporting the candidature of Dr. Woodcock and Dr. Lovell Drage as intended colleagues of Dr. Glover at the ensuing election to the Council.

Small-pox in Coventry.

SMALL-POX has broken out in Coventry. Recently many cycling workmen had gone out to Lisbon to work in a factory there. One man returned, and he and his wife are now in the small-pox hospital. The Medical Officer proposed to vaccinate fifty unvaccinated children in hospital but the parents of only one of them consented.

Society for Relief of Widows and Orphans of Medical Men.

AT the quarterly meeting of the Court of Directors of this Society, held the 8th inst., the President Sir James Paget in the chair. It was resolved to distribute £1,256 among the 5,312 orphans asking for grants, and the 5 recipients of the Copeland Fund. The expenses of the quarter were £45. Two new members were elected and the deaths of two reported. A fresh application for a grant from Copeland Fund was considered and assistance given. A further sum of £928 4s. 7d. has been received from the executors of Miss Emma Carpen, making a total of over £4,000.

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The Medical Aid Societies in Stockport.

FOR some time considerable dissatisfaction has been expressed by the medical men of Stockport with regard to their relations with the friendly societies of the town. There are 38 of these societies in the hands of 14 doctors, who recently issued a circular stating that unless fresh arrangements were made their contracts with the societies would come to an end. The chief changes asked for were an increased charge per member, and a wage limit whereby well-to-do members of the societies would be prevented from receiving medical advice at the same price as the poorest member. The societies refused to comply with either of these conditions, and consequently the medical men sent in their resignations, which will all take effect within the next month or two. In order that the poorer classes in the town, who have been greatly benefiting by the old method, may not suffer, the medical men are discussing the advisability of starting a medical dispensary, at which advice and medicine should be obtained almost gratis, each case being considered by the doctors themselves on its merits, and not as connected with any societies. The societies on their part propose to engage a medical man who will act solely in their interests at a fixed salary, and be prevented from practising outside the limits of the societies.

Aberdeen University.

THE Medical Faculty is now closed for the session. The following is the list of prizewinners:—In the Anatomy Departments the results are: Practical anatomy—1, J. C. Tennant (prize); 2, Henry Fraser (prize); class for study of organs of special sense—1, Lessel P. Stephen, M.A. (prize); osteology—1, J. A. Fraser, M.A. (prize). In the Botanical Department—Botany, seniors—1, W. Maclaren, M.A. (prize); juniors—1, J. Strachan (prize); 2, H. F. Lyall Grant; 3, John Mitchell (prize); 4, Henry Fraser (prize); practical botany, seniors—1, H. Lyall Grant; 2, John Mitchell and James Strachan(equal); juniors—1, H. Lyall Grant. In the Chemistry Department—1, H. B. Tawse (silver medal); 2, A. Westerman (bronze medal).

The Scarlatina Epidemic in Dublin

is waning. According to the report of the Registrar-General for the week ending the 11th inst., the number of cases admitted to Hospital was 19 less than those admitted in the last week of June, and the number remaining in hospital was 12 less than that of the first week of the present month.

Charing Cross Hospital Medical School.

THE presentation of scholarships, medals, prizes, and certificates to the successful students of the school took place on July 14th, when the Hon. Mr. Justice Vaughan Williams occupied the chair. The Dean (Dr. Montague Murray) in his report, after referring briefly to the changes in the teaching staff of the school and hospital, went on to say that the recent death of Professor Huxley had served to remind them that they had been somewhat behind in acknowledging by suitable memorials their relation to some of their most distinguished students of past years. By means, however, of a re-arrangement of existing scholarships and by the establishment of a special fund, they had been enabled to found memorials to Dr. Livingstone and Professor Huxley, both old students of the school. The memorial to Livingstone takes the form of an entrance scholarship of 100 guineas per annum, and that to Huxley of (1) an entrance scholarship of £55 open to the sons of medical men; (2) a second year's prize in anatomy and physiology; and (3) a lectureship dealing with recent advances in science and their bearing on medicine and surgery. The first of these Huxley lectures will be delivered in the anatomical theatre on Monday, Oct. 5th, by Dr. Michael Foster, Professor of Physiology in the University of Cambridge and Secretary of the Royal Society. Mr. Justice Vaughan Williams congratulated the school upon its successes, and remarked that there was a considerable affinity between law and medicine, as both professions required from their members the exercise of very good discretion, and were the recipients of confidences which he supposed no one would like to entrust to anybody except to his doctor or to his lawyer. At no time, he continued, were medical opinions considered so safe a guide as they were now in the administration of justice. The proceedings terminated on the motion of Sir Joseph Fayrer according a vote of thanks to Mr. Justice Vaughan Williams for presiding.

London Hospital Medical College.

ON July 13th the prizes and certificates were distributed by Mr. Albert Druce, the Chairman of the College Board to the successful students. The following is the list of the scholarships and prizes awarded:—Entrance scholarships—Price Scholarship in Science: (£120), H. Balean. Science Scholarships: (£60), O. Eichholz; (£35) A. B. Soltan. Price Scholarship in Anatomy and Physiology: C. R. B. Wall. Buxton Scholarships in Arts: (£30), F. Challans; (£20) C. A. Marsh. Other scholarships and prizes—Clinical Medicine (£20) Scholarship: A. B. Fry; honorary certificate, H. W. L. Barlow. Clinical Surgery £20 Scholarship: A. M. Barraclough and W. B. Dove, equal; honorary certificates, A. B. Fry and R. W. Wakefield. Clinical Obstetrics (£20) Scholarship: A. M. Barraclough; honorary certificates, F. F. Ward and L. F. R. Hutchinson. Andrew Clark Prize (£26): F. F. Waldron; honorary certificate, H. Innes. Lotheby Prizes in Chemistry, £2) prize, F. A. Johns; honorary certificates, A. Howard and H. D. Pollard. £10 Prize: O. Eichholz; honorary certificates, H. Balean, C. Parker, and F. Challans. Sutton Scholarship in Pathology (£20): A. B. Fry. Anatomy and Physiology £25 Scholarship: C. Pike; honorary certificates, W. R. Dunstan, and G. H. Herbert. Anatomy and Biology £20 Scholarship: H. Balean and A. B. Soltan, equal; honorary certificates, O. Eichholz and F. Challans. Dressers' Prizes: £15 prize, A. F. Tredgold; £10 prizes, F. S. A. Berringer, E. Merry, and F. M. Morris; £7 10s. prizes, C. E. Goode and H. J. May. Practical Anatomy Prizes: H. Balean, F. M. Morris, C. Pike, and H. D. Pollard.

Vital Statistics.

THE deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 19·9 per 1,000 of their aggregate population, which is estimated at 10,846,971 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 22, Birmingham 21, Blackburn 12, Bolton 16, Bradford 13, Brighton 13, Bristol 14, Burnley 12, Cardiff 18, Croydon 14, Derby 12, Dublin 25, Edinburgh 17, Gateshead 23, Glasgow 20, Halifax 17, Huddersfield 14, Hull 22, Leeds 21, Leicester 17, Liverpool 23, London 20, Manchester 20, Newcastle-on-Tyne 19, Norwich 18, Nottingham 15, Oldham 17, Plymouth 22, Portsmouth 19, Preston 18, Salford 23, Sheffield 24, Sunderland 22, Swansea 10, West Ham 16, Wolverhampton 23. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 2·9 in Portsmouth, 3·2 in Gateshead, and 6·8 in Hull; from whooping-cough, 1·6 in Cardiff and 1·8 in Wolverhampton; and from diarrhœa, 2·6 in Sheffield and in Sunderland. 3·3 in Liverpool, 3·4 in Leeds, 3·5 in Bolton, 3·7 in Leicester, 4·0 in Salford, 4·2 in Wolverhampton, and 4·3 in Birkenhead. In no case did the death-rate from scarlet fever or from "fever" reach 1·0 per 1,000 in any of the towns. The 64 deaths from diphtheria included 47 in London, 4 in Birmingham, and 3 in Liverpool. No death from small-pox was registered in any of the large towns.

The Conjoint Boards in Ireland.

The following candidates have passed the second professional examination as undernoted:—

1. Complete Examination.—W. Bennett, R. V. Brews, J. A. Byrne, G. Carroll, H. H. A. Carter, B. M. M. Coffey, J. Conway, J. M. M. Crawford, R. M. Fisher, D. A Fitzgerald, S. R. Godkin, H. E. Howley, J. Jacob, W. Meagher, R. H. Moffit, W. J. Murphy, W. M'Lorriman, J. Neilson, D. J. O'Meara, D. J. O'Regan, P. S. O'Reilly, R. W. Orpen, C. B Posley, D. Power, R. W. Richards, E. E. Roberts, A. J. Trinston.
2. Passed in Anatomy.—J. F. Allen, J. W. Clarke-Beyliss. E. Bennett, W. R. Blackwell, G. Canilla, R B. Daly, E. Duffey, R B. Elliott, D. Harrington. J. J. Huston, M. J. Hynes, A. W. A. Irwin, A. H. Jacob, J. W. Langstaff, S. W. Little, T. F. Loughrey, H. R. Loverock, G J. O'Kelly, J. Verdon, H. J. C. Wallace, R. J. White, A. A. Woods.
3. Passed in Hospital Practice.—E. Duffey, G. T. O'Kelly, M. P Ryan, A. A. Woods (and in Chemistry).
4. Passed in Physiology.—R. J. Cane, D. Harrington, S. W. Little, S. F. Sheehan, S. W. Spaight, H. J. C. Wallace.
5. Passed in Materia Medica.—A. W. A. Irwin, A. H. Jacob, C. G. Jones.
6. Passed in Histology.—E. Bennett, W. S. D. Bird, W. R. Blackwell, G. Canilla, R. B. Elliott, D. Harrington, M. F. Hession, M. J. Hynes, A. W. Jacob, J. L. Jones, J. W. Langstaff, S. W. Little, H. J. C. Wallace

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials* and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

ORIGINAL ARTICLES OR LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

AN EXTRAORDINARY DEATH-RATE.

WE are accustomed in this country to reports of low death-rates from favourably placed towns, such as 11, 12, and 13 per 1000 of the population, and even London, with its enormous area, has only averaged a death-rate of 16 to 17 per 1000 during the past few weeks; but the last official reports from Cairo and Alexandria to hand record an appalling state of things in the opposite direction; the former having a weekly mortality of 111, and the latter one of 78 per 1,000 of its population, a record which recalls the returns from Hamburg some three years since during the epidemic of cholera in that city. Of course, this fearful death-rate, which would soon decimate the entire population, is also due in great measure to cholera, there having been no fewer than 269 deaths from this disease in one week in Cairo, and this in spite of the improved sanitary conditions under which the people live since the English administration.

J. D. B. (Loughton).—Samples have been submitted to us, and will be reported upon in due course.

GENERAL PRACTITIONER (Preston).—We find that our correspondent has been misinformed. We have authority for saying that no medical man is connected with the company.

DR. T. J. D. (York).—The International Congress of Gynæcology and Obstetrics will be held in Geneva during the first week in September. Dr. Leith Napier, of 67 Grosvenor Street, W., is the Secretary for Great Britain.

MR. F. B. H. (Cardiff).—We are obliged for our correspondent's appreciative note. The special matter to which he refers was dealt with a fortnight ago in our columns. Any further information, however, on the subject will be gladly received.

SURGICAL TABLEAUX VIVANTS.

AN evening entertainment given at Kroll's Theatre in Berlin, before the German Congress of Surgeons, consisted of *tableaux vivants* in a series representing the rise and development of surgery from the earliest times to the present day. All the performers in this novel entertaintment belonged to the medical profession, even the ladies were the daughters or relatives of members of the Congress.

DR. SAUNDERS (London).—The gentleman named is an old subscriber, nevertheless we shall be glad to comply with our correspondent's request.

FOURTH YEAR'S MAN.—The publishers of the book are Messrs. D. Appleton and Co., New York.

STUDENT (Plymouth).—It has been suggested that ether should be administered by the rectum in cases of operations about the head and neck, by which means all risk of septic contamination of the wound from the ether apparatus would be avoided.

PUBLIC HEALTH.—A Police Order in Paris came into force on June 5th, 1896, by which it was forbidden for any person to expectorate in a public vehicle, whether a tramway car, an omnibus, or a cab.

KISBY FUND.

FURTHER subscription acknowledged:—Dr. Wilson (Castleblayney), £1. DR. P. MCKENNA, Hon. Sec.
Carrickmacross.

PARLIAMENTARY QUANDARIES.

THE *Pharmaceutical Journal* publishes the following very amusing letter which a constituent recently received as reply to his representative that he would vote for a particular Bill:—"Dear Sir,—I am in receipt of your letter of yesterday's date on the subject of the ——— Bill. I am rather of opinion that I have promised someone to vote against the Bill, but can't quite recollect definitely. I am, however, endeavouring to find out."

DR. ANGUS MACPHEE and DR. SWANSON.—Your letters are unavoidably held over on account of the length of the candidates' addresses.

YOUNG PRACTITIONER.—It is not against the canons of professional etiquette to use a red lamp, but our correspondent would do well to avoid it. The red lamp outside a medical man's door is now becoming a thing of the past, and is, we are glad to say, less resorted to.

Vacancies.

Denbighshire Infirmary, Denbigh.—House Surgeon. Salary £50 per annum, with board, residence, and washing. Applications with testimonials to be sent to the Secretary, W. Vaughan Jones, not later than the 30th inst.

General Hospital, Nottingham.—House Surgeon. Salary £100, rising £10 a year to £120. Applications and testimonials to the Secretary not later than August 8th.

Glasgow Samaritan Hospital for Women, Victoria Road, S.S.—Clinical Assistant (lady). Applications and testimonials to the Subscriber not later than the 25th curt.

Nottingham Borough Asylum.—Second Assistant Medical Officer (unmarried). Salary £100 per annum, with apartments, board, washing, &c. Applications and testimonials to the Medical Superintendent not later than July 27th.

Royal National Hospital for Consumption, Ventnor.—Assistant Resident Medical Officer (unmarried). Salary £70 per annum, with board and lodging. Applications and testimonials to the Board of Management, 34 Craven Street, Charing Cross, W.C., at once.

Sussex County Hospital, Brighton.—Fourth Resident Medical Officer (unmarried). Salary £30 per annum, with board, washing, and residence. Applications and testimonials to the Secretary not later than August 5th.

The City of London Hospital for Diseases of the Chest, Victoria Park, E.—Resident Medical Officer. Salary £100 per annum, &c. Applications and testimonials to the Secretary not later than 31st July.

Wandsworth and Clapham Union.—District Medical Officer. Salary £60 per annum, with fees, &c. Applications to the Clerk not later than 29th July.

Wolverhampton and Staffordshire General Hospital, Wolverhampton.—Resident Assistant. Board, lodging, and washing provided. Applications with testimonials to be addressed to the Chairman of the Medical Committee not later than Monday, the 27th inst.

Appointments

CAMPBELL, H., M.D.Lond., F.R.C.P., Physician to the West End Hospital for Diseases of the Nervous System, London, W.

CLARK, H. C., M.R.C.S., L.R.C.P., Junior House Physician to the North-Eastern Hospital for Children, Hackney.

DAVIS, H. J., M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P.Lond., House Physician to the West London Hospital.

EAMES, C. W., L.R.C.P.Lond., M.R.C.S., Assistant Medical Officer at the Workhouse by the Leeds Board of Guardians.

ELLACOMBE, G. W., M.R.C.S., L.R.C.P., House Surgeon to the West London Hospital.

FARRANT, M., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Workhouse of the St. Thomas's Union.

GOLDIE, J. D., M.B., C.M.Edin., Junior House Surgeon to the West Ham Hospital.

GRAHAM, D. J., M.B., C.M.Edin., Resident Medical Officer to Chalmers' Hospital, Edinburgh.

KINGDON, W. R., M.B.Durh., an Assistant Medical Officer at the City Asylum, Birmingham.

LITTLEWOOD, H., F.R.C.S., Honorary Assistant Surgeon to the General Infirmary, Leeds.

MACGREGOR, P., L.R.C.P., L.R.C.S.Edin., Deputy Medical Officer for the Paddock Sanitary District of the Huddersfield Union.

MARMION, H., L.R.C.P. & S.Edin., L.F.P.S.Glasg., Assistant Medical Officer to the New Infirmary, Isleworth.

MULLEN, W. L., M.D., Ch.B.Melb., Medical Officer to the Sunbury Lunatic Asylum, Victoria, Australia.

MURRAY, J. H., M.B.Lond., M.R.C.S., L.R.C.P., Assistant Medical Officer to the Borough Isolation Hospital Nottingham.

REEKS, H., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Workhouse of the Steyning Union.

SAUNDERS, B., M.B., M.C.Aberd., House Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

SAWSON, H. A., M.B., Ch.B.Melb., Acting Medical Superintendent for the Beechworth Lunatic Asylum, Victoria, Australia.

STATTER, W. A., L.R.C.P., L.M.Edin., Honorary Physician to the Wakefield Clayton Hospital.

Births.

COLBECK.—July 18th, at 14 Porchester Terrace, London, W., the wife of E. H. Colbeck, M.D., M.R.C.P., of a daughter.

DU CANE.—July 15th, at Darwen, Lancashire, the wife of Herbert Du Cane, M.B., C.M., of a son.

DUFF.—July 16th, at 3 Tyrwhitt Road, St. John's, London, S.E., the wife of C. E. Duff, M.B., of a son.

Marriages.

WILKINSON—ASTLETT.—July 14th, at Camberwell, S.E., T. B. P. Wilkinson, M.B., B.Ch., B.A.O., of Plymouth, eldest son of the late Dr. T. Wilkinson, of Clonsallie, Ireland, to Celia, eldest daughter of J. H. Astlett, of Mundania Road, Honor Oak.

Deaths.

BERNEY.—July 12th, at La Lécherette, Vaud, Suisse, Marc Auguste Berney, M.D., of Rolle, Vaud, Switzerland.

BRETT.—July 11th, at Watford House, Watford, Herts, Alfred Thomas Brett, M.D., C.C., aged 68.

GREENE.—July 15th, at Boyne Hill Avenue, Maidenhead, Frederick W. Greene, M.R.C.S.Eng., L.S.A., late Indian Medical Officer to Immigration Trust Board, Natal, S. Africa.

JEPHSON.—July 8th, at Glasgow, John Holmes Jephson, M.D., of Warwick Gardens, Kensington, Surgeon-Major, late of the 49th Regiment.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, JULY 29, 1896. No. 5.

Original Communications.

NOTES OF A CASE OF PSEUDO-MEMBRANOUS COLITIS CURED BY RIGHT INGUINAL COLOTOMY AND DOUBLE OOPHORECTOMY.

By J. CHRISTIAN SIMPSON, M.D.

PSEUDO-MEMBRANOUS colitis appears to be less frequently reported in this country as compared with the number of cases recorded by some American authors. In addition to the present case, I also saw one which was fairly severe, in consultation, two years ago, with Mr. Philpot, late of Aylesbury, and personally know of two others of a milder type, one patient having recovered after an illness of a little over one year's duration. Powell gave as early as 1818, a very complete account of this disease in the "Transactions of the College of Physicians of London," under the title of "Painful Affection of the Intestinal Canal." Todd, Copland, and Simpson also noticed it in their works, and Hutchinson, in 1857, showed specimens of casts. In the Medical and Surgical Reports of the Manchester Hospital, for 1870, Whitehead recorded ten cases, and also gives a bibliography. Amongst American authors, Da Costa wrote on it in the *American Journal of Medical Science* for October, 1871, and Wales in Pepper's "System of Medicine." In the *Lancet* of March 2nd, 1895, Dr. Hale White remarked: "It has been suggested that in a very intractable case, it might be justifiable to open the colon high up." In the following week, Mr. Keith announced in the *Lancet* that in June, 1894, he had performed such an operation with complete success. She was a patient of mine, and the following are notes of the case, which, I believe, is the first one permanently cured by surgical treatment:—

When I first saw Miss C., in 1893, she was 34 years of age, and complained of severe abdominal pain, and the passage of copious muco-membranous discharges and a considerable amount of blood per rectum. There was also amenorrhœa. She had suffered more or less in this way for four years, but as far as she remembers the first attack of abdominal pain occurred in 1883.

Her father, though aged, is healthy; mother died of paralysis, æt. 68; three brothers are alive and strong; four sisters are alive, and one died of consumption. Miss C. had always had some intestinal trouble in the shape of constipation, and when this was relieved by laxatives or an enema, diarrrhœa was the result, and lasted several days, after which, constipation was as marked as ever. Variety in diet had no good effect. Menstruation had commenced at the age of fourteen, and was always irregular and painful, both before and during the flow, which, though not excessive, was often clotted. In 1883 she had an attack of abdominal pain, beginnining in the left iliac fossa, the exciting cause of which was unknown. It necessitated her keeping in bed, in which she had to lie with her legs drawn up. When the pain passed off in about a week's time, she was able to get about as usual, but during the next five years she had many similar attacks, each lasting from a few days to a week. No alteration in the usual character of her motions was noticed during these years. In 1889, however, she did notice a change in that of the menstrual discharge, for instead of clots, false membrane was passed, and the flow was greater and accompanied by more pain. This condition lasted from January to August of that year, after which there was almost complete amenorrhœa. About the time when the uterine pseudo-membrane began to be passed, she observed one day that she was discharging fleshy membranous masses from the bowel as well, and it is possible this may have been going on for some time previously. The intestinal condition gradually became worse, and was accompanied by slight hæmorrhage, which had periodic exacerbations at intervals of two to three weeks. In 1891, as I am informed, she was passing about a pint of membranous discharge daily; there was no hæmorrhage so long as she remained in bed, and the rest improved her condition greatly, but bleeding recommenced when she got up. In 1892 her general condition was no worse, the discharge, though daily, was not so copious, and the bleeding still occurred more severely at irregular intervals. There had been no recurrence of the previous attacks of severe abdominal pain, though she suffered constantly from general abdominal and intestinal pain, particularly a few days before bleeding occurred, and at these times a greatly increased amount of membrane was passed.

When she came under my care, at the end of 1893, her general condition was as follows:—She was tall and spare, and had a muddy-looking complexion She was dull and depressed-looking, and her expression denoted continual suffering, which was much aggravated by any attempt to walk or move about. Her temperament was decidedly phlegmatic. Lips were pale, and the gums often covered with flaky white patches; when these were detached the gums looked raw and bled readily. Tongue was pale, flabby, and indented by the teeth; there was a dirty fur, especially posteriorly, and the breath had a strong, almost fæcal odour. Anorexia was almost constant, and whenever food was taken, there was great pain in the stomach, and also a peculiar burning, aching sensation in the abdomen generally; at other times there was a dead numb feeling. There had been slight hæmatemesis twice. Constipation was most marked, and when relieved by a laxative or enema there was great abdominal pain and tenesmus during its action. Internal piles were present and sometimes bled, but this was distinguishable from the hæmorrhage coming from higher up. The stools were composed of scybala, varying quantities of membrane, mucus, and blood. Sometimes the membrane was passed in detached pieces, either with or without fæces, at other times longer pieces were discharged; one measured at least 23 inches, and it had a peculiar reticulated appearance. I never happened to see a complete tubular cast of the bowel. My friend Dr. Aldren Turner microscopically examined this membranous matter on several occasions, and reported on it as follows:—"Further examination of the casts you sent me has brought forward no evidence as to their tuberculous nature. They are chiefly

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of a homogeneous nature, although a high power reveals a certain fibrillary arrangement; there are no cellular elements. I should say the case is one of membranous (plastic) colitis, analogous to a similar state met with in the bronchi, occurring in, I suppose, a tuberculous subject. It is a rare condition, and, as was pointed out I think by Virchow, the nature of this inflammation which is rare in mucous surfaces is the common type on serous surfaces." As regards the amount of the hæmorrhage, the following is the patient's own description of one of the exacerbations.

"Bleeding commenced on October 30th, 1893, after dinner, a good teacupful, and again, but not quite so much. Tuesday morning, the same quantity an hour or two after breakfast, and twice after tea, a good teacupful each time. Twice, Wednesday morning, first thing, a good breakfast-cupful if not more, about two hours after that, not quite so much; about the same quantity after dinner and about three hours after that another good breakfast-cupful if not more. Thursday morning, not quite a teacupful, and a few hours after that another teacupful. The first night, Monday, as soon as I was in bed, a good tablespoonful rose up in my mouth twice, but not any more afterwards nor since."

Palpation and percussion of the abdomen were practically impossible on account of the pain thus caused. Rectal examination was also very painful and did not reveal any unusual condition of the mucous membrane, except some internal piles.

The heart was slightly dilated and the pulse weak and soft but regular, about 80 per minute. There was a tendency to faint when the pain was severe as for instance after an enema had acted. Hands and feet mostly cold and clammy. At times aortic pulsation was very marked.

There was slight consolidation of the right apex, but it was quite dry. She has occasional attacks of bronchial catarrh, but no casts have ever been expectorated.

Skin mostly dry, except on the extremities. There was usually a peculiar mawkish odour very like that of the breath. There was little subcutaneous fat, but no œdema. In 1892 she had four or five big boils on her back but none since.

The quantity of urine was very variable; at times it was of a dark colour, with a thick deposit, at others offensive. The frequency of micturition was sometimes very troublesome, though there was not very often much pain. Once or twice there was almost complete retention for two or three days. There was no albuminuria.

There had been amenorrhœa since August, 1889, but (?) a vicarious menstrual discharge per rectum. A vaginal examination without an anæsthetic was impossible on account of the pain caused.

She frequently had bad vertical headaches, and depression and lassitude were most marked. More or less constant abdominal pain and the other abnormal sensations already noted, also peculiar sensations in the legs, numbness and a feeling as if walking on hay. At times the arms felt lifeless. Great weakness in the legs, and often a funny stiffness in the crural muscles. Sight very dim at times, at others, flashes of light or muscæ volitantes. The taste and smell were vitiated, probably on account of the state of the tongue. In February, 1894, she was confined to bed for several weeks with an attack of severe abdominal pain, which was most marked along the site of the large intestine. The pain was much aggravated when the bowels moved, but no rise of temperature was ever detected. After the acute stage had subsided under treatment, a mixture containing about two drachms each of salicylate of soda and tannic acid in fifteen ounces of mucilage was administered as an enema, for Revilliod had found this efficacious in some similar cases, but they must have been very mild forms of the disease, as it was a complete failure in this instance and was merely productive of severe tinnitus and a condition of semi-collapse which lasted for several days, during which time she was in a most critical state. When she recovered from this, an operation was proposed and explained to her, and after due consideration she consented and was then anxious to have it performed as soon as possible.

On June 24th, 1894, Mr. Keith examined her under ether and finding that the right ovary was large determined to examine it before performing colotomy. The incision, one and a half inches in length, was made in the right inguinal region as usual, and on drawing up the right ovary it was found to be decidedly enlarged. It was impossible to reach the left ovary, and a median incision had to be made. The ovaries and Fallopian tubes were then removed, the median incision temporarily closed, and the colon opened. The fæcal matter was very viscid and adhered closely to the mucous membrane in patches. The median incision was then sutured, and the operations were completed in thirty-five minutes. Flatus was passed in from five to six hours, and fæces were passed about fifty hours after the operation. On the third day the cæcum was washed out, and charcoal lozenges were now frequently taken day and night and during the whole convalescence.

On June 29th there was a copious discharge of fæces, and the same afternoon the cæcum was again washed out. Evening pulse 84. About 10 p.m. she had a rigor, temp. 103·4°, pulse 112, considerable pain along the colon. June 30th, 12.45 a.m., temp. 104° and pulse 116, perspiring freely and passing flatus, no urticarial rash. Temperature and pulse fell rapidly, but rose again to 104°, at which point it remained until next day. The rectum and colon were both washed out with a long tube, and mist. alb. was given. From July 3rd to 5th there was much improvement, the pulse varying from 70 to 80. On July 5th the rectum was again washed out and a rise of temperature to 104° was the result. This attack, however, was much shorter than the previous one, and subsequent lavage of the cæcum or rectum never caused a similar disturbance. Between July 6th and August 12th there was a free discharge of fæcal masses of varying sizes; the breath was now inoffensive, the tongue clean, and she took food well. It was not until the latter date that a communication was established between the anus and the fistula. On August 14th she was able to leave her bed. Next day the cæcal fistula was plugged to cause the fæces to pass along the colon to the anus, and by the aid of an enema this result was obtained. There has never been the slightest discharge of membrane or blood since the operation. In October she was able to sit up in a chair for several hours at a time, and to walk from one room to another. She put on flesh and had none of the old pain, though at times there was slight abdominal tenderness. On October 22nd she was driven three miles to her home and no bad results followed, but on November 2nd she over-exerted herself, and by 7 p.m. there was severe pain at the site of the artificial anus, through which a small piece of gut prolapsed. By 9 p.m. this was the size and appearance of a tomato, measuring 4 by 2½ inches. It was very painful and irreducible; an opiate was given, and hot fomentations were applied during the night, but with no beneficial result. Next day ice was tried and found to be more soothing, but the mass was still irreducible, and some symptoms of obstruction were coming on. At 4 p.m. chloroform was administered, and Mr. Keith tried taxis, but without effect; he then proceeded to nick the constriction both downwards and upwards, and after manipulating it for an hour the gut was reduced. The incisions were stitched up tightly, and no further trouble was experienced. Between this and February, 1895, the improvement was well-maintained, and the patient able to take plenty of food; there had been an occasional motion per rectum

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without an enema. On Feb. 10th Mr. Keith released the gut from its attachments to the parietes and pared the edges; a continuous suture was first applied, and then a second row of interrupted stitches. The gut was then replaced in the peritoneal cavity, and the abdominal wound closed in the usual manner. At 1 p.m. on the next day flatus passed. A dose of castor oil was given on the seventh day and another on the twelfth; there was a good motion after each. The patient now took tripe and other soft foods, and in May, 1895, she wrote, "it seems like a new life and almost too good to be true."

It is now two years since the first operation, and with the exception of some hæmorrhage which usually accompanies a general flushing she is very well indeed, and has only once or twice seen any muco-membranous matter since the artificial anus was obliterated, and that when there has been a tendency to constipation.

Remarks.—This case is a very typical example of the disease, which had advanced to a serious stage, and was uninfluenced by any medicinal or dietetic treatment. It accords in almost every particular with accounts of cases given by various well-known authors. The precise connection, however, between a similar disease affecting the mucous membrane of the uterus and large intestine may not perhaps be at first sight apparent, but anatomically there is a direct nervous communication. The nerves of the uterus and its ligaments are derived from the hypogastric plexus above the point where it bifurcates into the two inferior hypogastric plexuses which distribute nerves to the rectum, bladder, vagina, and cervix uteri. The hypogastric plexus through its upper part is connected with the 1st and 2nd sacral ganglia, the lumbar ganglia and the aortic plexus, which, in turn, is formed by branches derived from the semilunar ganglia, the renal plexus, and also a few filaments from some of the lumbar ganglia. The aortic plexus supplies the aorta, and gives rise to the inferior mesenteric and part of the spermatic or ovarian plexuses, as well as to the hypogastric plexus. The inferior mesenteric plexus supplies the descending colon and its sigmoid flexure, and, by means of the superior hæmorrhoidal plexus, anastomoses with the branches of the left hypogastric plexus in the upper part of the rectum. The rest of the large and the whole of the small intestine derive their nerve supply from the superior mesenteric plexus, which is a continuation of the lower part of the great solar plexus. These various nerves end in Meissner's plexus, which lies between the muscular and mucous coats of the intestine; it is gangliated, and supplies the mucous membrane and glands. The plexuses and ganglia are also connected with corresponding spinal nerves, and, therefore, the various abnormal sensory and motor symptoms can be readily explained. I have already described in *The Edinburgh Medical Journal*, for June, 1889, a case of "Reflex Spastic Paraplegia," in which the exciting cause was a retroverted subinvoluted uterus. The intimate nervous relation between the reproductive organs and the alimentary canal is commonly manifested by the occurrence of sickness, colic, flatulence, or diarrhœa in some women in connection with menstruation or in some other cases of uterine or ovarian irritation. In Miss C.'s case the association was so marked it was at once apparent to me that a common cause was at work, either primarily in the nervous system or secondarily through it, so as to produce a similar disease in the uterus and large intestine. The repeated more or less regular exacerbations of bleeding from the bowel after menstruation was in abeyance, were most likely of a vicarious nature, as it is unusual for any gross lesion of the mucous membrane to exist, or to be caused by the separation of the pseudo-membrane. Colotomy is a recognised line of treatment in any case where it is necessary to give complete rest to the large intestine in either benign or malignant disease. But if we take into consideration all the symptoms of this disease, together with the intimate anatomical relation between the two great systems involved, the association of double oophorectomy with colotomy seems to be a proceeding, not only justified pathologically, but also by the great success which has attended the performance of the two operations in Miss C.'s case. Sufficient time has now elapsed to assume it is practically certain that a permanent cure has been accomplished. The occurrence of rigors on two occasions after lavage of the gut is, perhaps, a not unexpected result, and the wonder is that no urticaria developed, which so frequently occurs after the use of a simple enema when masses of impacted fæces have been dislodged. The length of time which it took to establish a free passage from the anus to the cæcal opening is rather remarkable, for this was not accomplished until fifty days after the operation, though many attempts had been previously made. Fortunately, the complication of prolapse through the artificial anus is a rare one, and it is curious that it took place so long after the fistula had been established. One other point is important, *i.e.*, the time when the artificial anus can be closed. In this case seven and a half months elapsed, but every case must be judged on its own merits. It is certainly better to err on the safe side and be too late than too soon in obliterating it, even when the bowel seems to be in a normal state and able to fulfil its functions.

Tunbridge Wells, July, 1896.

Therapeutic Notes.

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra; Hon. Fellow to the Southern Surgical and Gynæcological Association, U.S.A.

Peptenzyme.

For some months past I have been prescribing peptenzyme for hospital and private patients. I was induced to try the drug by the representations of the makers that it digests food in acid alkaline and neutral menstrua. My first patients were two infants of three months old, who had been fed on farinaceous food, and were in a miserable condition: flatulent, constipated, and constantly crying with pain; their stools consisted of pipe-clay-like masses of undigested starches, and the children evidently lived on their own tissues. When examined by me they were puny creatures of skin and bone, painful to look at. Regulating the dietary, I prescribed grain doses of peptenzyme with bicarbonate of sodium. The results were very satisfactory; the children regained flesh and health, of course, the alteration of diet and the use of an occasional laxative must be credited with a large share of the good effect, but the peptenzyme was, in my opinion, the medicinal agent to which credit is principally due.

In cases of alcoholic dyspepsia following on a bout of drinking, where the tongue is red like a steak, associated with vomiting and an intense thirst, I have prescribed the elixir of peptenzyme with benefit, my usual prescription being ten grains of bicarbonate of sodium and a drachm of the elixir in an ounce of water four times a day.

Prescribers have long wished for a peptonoid preparation which can be prescribed with alkaline and neutral solutions, and, so far as my experience goes, peptenzyme answers these requirements perfectly. My experience with the drug, short as it has been, is so favourable that I give it to the profession so that the claims of peptenzyme as a preparation possessing the properties of all the digestive agents of the animal economy may be fully tested.

Etherisation.

At the meeting of the American Surgical Association

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at New York, Dr. George Gay, of Boston, made the following remarks on etherisation :—

"Old people suffering from chronic bronchitis or œdema of the air passages, are not good subjects for ether, as the irritation tends to increase the secretion, which occasionally becomes so profuse as to drown the patients in their own fluids. This accident is peculiarly liable to occur in heavy drinkers, in those suffering from chronic urinary disease (as stricture and its sequelæ), and in those profoundly prostrated by any lesions affection (as strangulated hernia and malignant disease). I once lost a patient in this manner, when about to operate for a gangrenous inguinal hernia which had been strangulated for a week. He took the ether well enough at first but as the operation was about to begin, it was noticed that his respiration was obstructed by mucus, which increased with alarming rapidity, even pouring out of his mouth and nose. He died in a few minutes.—*The Medical and Surgical Reporter.*

ANÆSTHETICS.

At a meeting of the Californian Medical Society (*Occidental Medical Times*) Dr. Hudson read a paper on "Forty Years' Experience with Chloroform," in which he gives his personal experience under the following circumstances :—In the fall of 1846 Dr. Morton, of Boston, visited the Albany Medical College to exhibit his discovery before the professors. He asked if any student had a tooth he wished to be extracted to step forward. Being one of the graduating class, Mr. Hudson took the dental chair. Morton used a paper-cone inhaler, largely saturated with ether It was applied firmly to the exclusion of air. It choked very much, and the sense of strangulation was so great that the memory thereof has ever since restrained Dr. Hudson in its use.

His objections to ether are thus stated :

1. Its distressing suffocation.
2. The longer time necessary to anæsthetise.
3. The less complete anæsthesia.
4. Its occasional failure to produce anæsthesia.
5. Its frequent injury to the kidneys.
6. More persistent vomiting than when chloroform has been used.

The Surgeon-General's report of 1,210 cases of anæsthesia during 1865 shows that the proportion of vomiting after chloroform was 14 per cent., and after ether 29 per cent. These statistics were based upon operative experience on soldiers whose normal resistive powers are greater than those of any other class of patients. In general practice, where half of our patients are women, the record against ether would be increased.

Many patients die in hospital within one or two days after etherisation from vomiting and exhaustion. These cases are not reported as sequenees of ether inhalation.

Examining 37 deaths under chloroform, from the "Surgical History of the Civil War," we find that nearly all died before the operation began, or was completed, and with a small quantity of the drug. Three of them were ascribed to heart disease, three to spasm, two to paralysis of the heart, two to overdose.

The great majority of the deaths, he concludes, were due to mal-administration—mal-administration consisting in faulty inhalers and overcrowding the anæsthetic.

He recommends wire-frame inhalers, to which the chloroform can be added by drops, and the vapour inhaled with a free admixture of atmospheric air.

From his war time experience, he gives stimulants before anæsthetics, in which practice he is borne out by Dr. Bedford Brown's experience, which is as follows :—

Two patients suffering from compound fracture of the frontal bones had the fragments removed, thus exposing the cerebrum, which was plainly to be seen. "The invariable action of the anæsthetic was to suppress hæmorrhage, and positively to reduce the circulation in the brain and the arterial tension. When the patient was threatened with collapse from chloroform, stimulant injections promptly increased the circulation and arterial tension in the brain."

He is also in favour of morphia. and thus concludes a highly interesting article :—"With these adjuncts, morphine and brandy, as heart and nerve sustainers, we may temper the lethal giant, chloroform, to the relief of all conditions of suffering humanity."

LOBELIA INFLATA.

As an external application to bruises, wounds, and sores, Dr. Millard (*Medical and Surgical Reporter*) recommends tincture of lobelia as the best dressing. It is analgesic and antiseptic. He states that it was the favourite dressing for wounds of the American Indians.

Dr. Francis Porcher (*Southern Fields and Forests*) refers to its use by Cherokee Indians. Lobelia syphilitica, blue lobelia, or cardinal flower, depicted and described by Woodwill's "Medical Botany," was credited with anti-syphilitic virtues when applied externally by North American Indians. Sir William Johnson bought the secret from a tribe and introduced the plant into British medicine. A fair trial proved that the drug had little therapeutic value, and its use has discontinued.

LISIDINIA.

Lisidinia is a crystalline substance, of a pink colour, hygroscopic, and strongly alkaline. It belongs to the ethyl series of which it is a diamine (Hoffman). On Dr. Ladenbury's recommendation it has been used in the treatment of gouty-rheumatism. Professor Gerhart (*Riforma Médica*) reports two cases : one acute, the other chronic, of gouty-rheumatism which made good recoveries under the lisidinia treatment. The drug is said to be capable of dissolving five times more uric acid than biberazine.

CHLOROBORATE OF SODIUM.

Rüger recommends the chloroborate of sodium as a valuable antiseptic. A solution of 3 or 5 per cent. is an active germicide, clear as water, and non-poisonous. Internally, however, it is inefficacious, probably owing to decomposition. It is prepared by adding a solution of the ortho-borate of sodium with a subchloracetate of the same base.—*Revista de Ciencias Médicas de Barcelona.*

TINEA CAPITIS.

Dr. Bottle recommends the following prescription for tinea capitis :—

Alcohol, 12 grammes ;
Iodine, 0·5 gramme ;
Dissolve and add collodion, 25 grammes ;
Venice turpentine, 7 to 5 grammes ;
Castor oil, 2 grammes.

To be painted on the eruption for three or four days. —*Gaceta Médica de Cadiz.*

AN epidemic of scarlet fever is raging in Hornsey. It is confined almost entirely to the poorest sections of the parish, and the local hospital is full. The District Council have fitted up two more wards, and are prepared to increase the accommodation to one hundred beds.

THE University of Jena has conferred the degree of "M.D." upon Prince Bismarck. The Prince is also a doctor of philosophy, of theology, of law, and of political science.

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ABSTRACT OF

The Cavendish Lecture

ON THE

CENTENARY OF THE DISCOVERY

OF

VACCINATION BY EDWARD JENNER. (a)

By THOMAS BRYANT, M.Ch., F.R.C.S.Eng. & Irel,.

Consulting Surgeon to Guy's Hospital; Past President of the Royal College of Surgeons of England, &c.

ONE hundred years ago a medical practitioner residing in a remote village in Gloucestershire, and who might have been described as obscure, wrote to Mr. E. Gardner of Frampton, an old and intimate friend, the following letter, dated from Berkeley, July 19th, 1796.

"DEAR GARDNER,—As I promised to let you know how I proceeded in my inquiry into the nature of that singular disease the cow-pox, and being fully satisfied how much you feel interested in its success, you will be gratified in hearing that I have at length accomplished what I have been so long waiting for—the passing of the vaccine virus from one human being to another by the ordinary mode of inoculation. A boy of the name of Phipps, æt. 8, was inoculated (on May 14th), in the arm from a pustule on the hand of a young woman who was infected by her master's cows. Having never seen the disease but in its casual way before, that is, when communicated from the cow to the hand of the milker, I was astonished at the close resemblance of the pustules in some of their stages to the variolous pustules. But now listen to the most delightful part of my story: The boy has since been inoculated for the small-pox (July 1st) which, as I ventured to predict, produced no effect. I shall now pursue my experiments with redoubled ardour.

"Believe me, yours, very sincerely,

"EDWARD JENNER."

The letter I have just read is now in the possession of the Royal College of Surgeons of England with a large number of other valuable Hunterian, Jennerian, and Baillie records, which are to be treasured by the College for all time as a distinct collection under the name of the Hunter-Baillie collection, the whole having recently been kindly presented to the College through me, according to the wish of the late Mr. William Hunter Baillie and his surviving sister Miss Helen Baillie. The pleasure with which Jenner indited this letter to his trusted friend, and reported the complete success of his crucial with his control experiment on vaccination, can be understood in a measure by all of us, and we can likewise appreciate how by his success in his well-thought-out experiment he was encouraged to go about his work with redoubled ardour. At any rate, the interest the perusal of this letter has raised in my mind and the possession of the letter with other original papers connected with Jenner and his work have induced me in giving this lecture, which bears the honoured name of Cavendish, the great chemist of the air, to bring before your notice the doings of another great Englishman, who has both directly, by the discovery of vaccination, and indirectly, by introducing a new method of investigation, been of incalculable advantage to his fellow creatures all over the world. And as this year is the centenary of Jenner's discovery I have been encouraged to bring his name and good work before you.

[Mr. Bryant after this entered fully into the history of Jenner's life and described the reception recorded to vaccination in the various countries of the world.]

In England, and particularly in London, vaccination, in common with all other great movements, was sadly opposed—prejudice and the pleasure of opposition had its influence, and inefficient and careless methods helped both. A striking instance of incredulity was exhibited on March 28th, 1808, at a place of public discussion in London called the British Forum, when the following subject was brought forward for discussion; "Which has proved a more striking instance of the public credulity, the gaslight of Mr. Winsor, or the cow-pox inoculation?" The result of the discussion was that both gaslight and cow-pox were handed over to scorn and ignominy. That incredulity as to the value of vaccination itself was rapidly displayed after its introduction was not surprising, as well as incredulity as to the relative value of cow-pox and small-pox inoculation, which was then in vogue; indeed, such feelings were but natural. Hostility and opposition to the practice of vaccination as well as to the theory upon which it was based were also to be anticipated, for the curious tribe of anti's, including "anti-vaccinists," as they were then called, has always been present in the world and still exists; and although those unreasonable people may do some harm amongst the thoughtless and ill-informed, they help to stimulate healthy exertion and at the same time give the public an opportunity of studying human nature in one of its oddest forms. Nevertheless, it is clear that hostility to the practice of vaccination was very serious, for the writer of an able article in the *Edinburgh Review* for 1806 upon the subject (vol. iv., p. 33) wrote that "in the whole course of our censorial labours we have never had occasion to contemplate a scene so disgusting and humiliating as is presented by the greater part of this controversy; nor do we believe that the virulence of political animosity amongst the lowest scribblers ever gave rise to so much coarseness, illiberality, and absurdity as is here exhibited by gentlemen of sense and education discussing a point of professional science with a view to the good of mankind." That carelessness in the operation of vaccination and in the transference of the vaccine virus had in Jenner's time, as in our own, some influence for harm in an occasional instance is also true; but such a fact is no more an argument against vaccination than any other act, for carelessness, of all human virtues, must be calculated upon as a human certainty. In Jenner's time, carelessness must, however, have had a more pernicious influence, for the vaccine inoculation was not confined to members of the medical profession. In 1800 it was openly practised by some of the clergy. In a pamphlet before me, dated 1806, I read that a Mr. T. J. Read, who was curate of Leckhampstead and Akeley, near Buckingham, in March, 1800, began to vaccinate both the labourers of those villages and vast bodies of men who were working at the Grand Junction Canal, which was then in progress, and that in the course of six years he had inoculated upwards of 4,700 persons, and that not one of his cases had subsequently had small-pox, although many had run extreme risks. This custom of amateur vaccination was, indeed, so general that the National Vaccine Establishment, in its report for 1815, drew attention to it in the following terms, which, please note, are commendatory, and not, as they would have been in this age of Medical Acts, the reverse:—"The board cannot omit to direct your Lordships' attention to the *meritorious conduct* and zealous exertions of private individuals, not of the medical profession, who have not only vaccinated many hundreds every year, but who have studiously maintained a supply of lymph in their districts for the perpetual renewal of vaccination. It has particularly noticed the ardent zeal of Mr. Ellis, of Rhos Farm, who has vaccinated several thousands in North Wales without a single failure, and also of the late Rev. Mr. Holt and the Rev. Mr. Finch, two of the earliest friends to the practice, and who met with undeviating success, a success which puts to shame the negligent practice of some belonging to the medical profession." In 1818 the National Vaccine Establishments were so pleased with public non-professional assistance that they appointed honorary vaccinators to help in their work, and most of them were private gentlemen, ardent patrons of vaccination. This act on their part was somewhat curious, for at this time the same establishment began to recognise the necessity of acquiring knowledge as to the best modes of practice, for reports came in of failures, or supposed failures, which were, of course, exaggerated in the eyes of the public and helped the quacks and sceptics to encourage variolous inoculation, which at this period of the world's history seemed to be very much in their hands, with those of farriers, publicans, nurses, and low, cunning people of both sexes and of various descriptions.

I propose, now, to say a few words about the success of

(a) Delivered before the West London Medico-Chirurgical Society on June 17th, 1896.

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vaccination, for its very success at the present time is employed as an argument against its use. Indeed, small-pox since the introduction of vaccination has so steadily and so rapidly diminished that the present generation of people, until lately, have little knowledge of its existence, and, consequently, hardly understand the necessity of seeking a preventive for an affection which seems so remote; and I question whether the present generation of medical men are fully alive to its former dangers. The following brief observations may consequently be of interest. It may be accepted as a correct statement that before the vaccine inoculation was introduced in 1798, 3,000 lives in London, and 40,000 in the United Kingdom were *annually* the direct victims of small-pox, and that these numbers multiplied by six—or 18,000 in London, and 240,000 in the United Kingdom—indicated the number of people who had been affected with the disease every year. Out of every 1,000 persons who died from any cause, 100 died from small-pox, and 600 had it; for 1 out of every 6 infected with small-pox died from it. This mortality was calculated when the practice of variolous inoculation had been very general, whereas before inoculation was introduced, 1 out of every 3 persons attacked by natural small-pox died. It may also be accepted as true that of those who survived the ravages of the disease a number—at least twice as large as that given to indicate its fatal average—were afflicted with blindness or hideous deformity which rendered life miserable. Indeed, Mr. Moore, the author of an excellent pamphlet (A Reply to the Anti-vaccinators of 1806) referred to the well-known institution in the South of London for instructing the indigent blind, and reported that no less than three-fourths of its occupants had lost their sight from the small-pox. These figures taken together suggest an amount of preventable human misery which is appalling, as it affected every year 130,000 of our own country-men and -women. At the present time the mortality of small-pox appears but trifling, for in 1894 the Registrar-General reports that in a population of over 30 million persons in which the death-rate was 16·6 per 1,000, the deaths from small-pox were only 820 or 27 per million people, or one death from small-pox in every 37,000 persons. And in 1895 in the metropolis out of a population of 4,400,000 there were 55 deaths from small-pox, or one in every 80,000; and out of 1,546 deaths one only was from variola, whereas 100 years ago, instead of one death from variola out of the 1,546 deaths there would have been 154 deaths. In the Continental war of 1870, in the well-vaccinated German troops there were but 300 deaths from small-pox; whereas in the imperfectly-vaccinated French army there were 23,400 deaths from the same disease. Jenner always considered small pox and cow-pox as modifications of the same distemper, and that in employing vaccine lymph, we only made use of means to impregnate the constitution with the disease in its mildest, instead of propagating it in its virulent and contagious, form, as is done when small-pox is inoculated.

"It is," he wrote later, "the small-pox in a purer form than that which has been current among us for twelve centuries past. The security given to the constitution by vaccine inoculation is exactly equal to that given by the variolous. To expect more from it would be wrong."

In 1811 Jenner wrote: "At the commencement of vaccination, I deemed variolous inoculation after vaccination the necessary test of security. I now—that is, thirteen years later—feel confident that we have one of equal efficacy, and infinitely less hazardous, in the re-insertion of the vaccine lymph." Jenner clearly by this observation recognised the value of re-vaccination. He also advocated the use of lymph from the calf when it can be procured.

The question of variolous inoculation was then briefly referred to.

In 1802 the House of Commons voted Jenner £10,000, and in 1807 £20,000 more, as a reward for his discovery; but this was not done without opposition and much worry to Jenner. Indeed, in 1801, when the subject of vaccination came before a committee of the House of Commons appointed to receive evidence of its value, Jenner wrote to Lady Berkeley, his neighbour, "that he trusted that the committee would hear enough to remove all that nonsense which had crept into the brains of some of the sceptics, and be able to trace it to its true source, when it will appear to have sprung either from jealousy, as at Gloucester (near his home); from envy, as at Bristol; and from stupidity, as half the country over." In 1798, after the publication of his book, Jenner spent many months in London to demonstrate the truth of his discovery, yet during this time he was unable to prevail on one individual to submit to the operation of vaccination. Mr. Cline, the distinguished surgeon of Guy's and St. Thomas's Hospitals, did the first case in London in August, 1798, using some of the virus Jenner had given him. He, however, evidently did it with only half faith as to its specific virtue, for he used the vaccine upon a boy who had hip disease, under the theory that the counter-irritation excited by the cow-pox might prove beneficial to the disease. The vaccination, however, took well and went through its normal course, and the influence of this case and Cline's example in using the virus did much to encourage the introduction of vaccination. In 1821 Jenner still complained of the want of encouragement he received from his own people, and he always considered London to be the centre of opposition to the vaccine practice. In a letter to his friend Gardner he alluded to a paragraph from Berlin in which some high mark of distinction was made to his name by a foreign nation when no marks at all had been made by that to which he belonged. He wrote: "Not only the people you see assemble to celebrate my name, but the Court itself through the proper officers. And why are all these attentions paid to me? For this plain reason: they see the truth of my original position that 'vaccination properly conducted (in such hands as their own, for example) is capable of banishing from their city, and I believe their empire, the small-pox—the severest scourge that ever spread its desolations among them.' The observation must not be confined to Prussia, as it will equally apply to the Continent in general. If any portion of the Continent has been more conspicuous than another in eradicating this poisonous weed it is Denmark, as we are told in a late publication that it is now (1821) eleven years since a single case of small-pox has been recorded in Copenhagen or indeed in any part of the Danish dominions, so strictly have the edicts of the Government been enforced respecting the prohibition of small-pox inoculation and the use of the vaccine only."

But time warns me that I must bring my observations to a close, for hitherto I have drawn your attention only to Jenner's work on the cow-pox and the influence it has had upon the world in supplanting variolous inoculation and doing much towards realising Jenner's hopes and stamping out small-pox altogether. That this result may come is quite possible if human effort continues to work in the right lines, but that we have not yet reached it experience too surely records. It may, however, be said with truth that small-pox is now, thanks to vaccination, a comparatively rare and certainly a somewhat unheeded affection; indeed, it has for some years been so lightly regarded by the public that vaccination has neither been rightly valued nor carried out with the care which is essential to bring about its full beneficial effects. The influence of the anti-vaccinationists and the delay in the publication of the report of the Vaccination Commission, which has been sitting seven years, have also probably had a pernicious effect upon the public, leading the ignorant and thoughtless to believe that the law of compulsory vaccination has been abolished or suspended, and that the Vaccination Commission itself is hesitating about pronouncing a definite opinion upon the value of the practice and in enforcing its general adoption. It is to be fervently hoped that the conclusions of this Commission will be clear and decided, and as there can be no open question as to the value of vaccination in suppressing small-pox, so there ought to be no question as to the expediency and justice of making it compulsory. The object-lesson now being so painfully given at Gloucester, near Jenner's own home, ought to be taken to heart by the country generally, and strengthen the opinions of those in authority who are the custodians of the public health: for it has made clear, to all who know what vaccination has done in the past to suppress variola, that where it has been so disgracefully neglected, as at Gloucester, it has proved as fatal as of old in at least one case out of every five attacked; and that small-pox unchecked by the only known available means of vaccination would soon re-

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assume its former power and become the same devastating and disfiguring scourge it was in the seventeenth century. For my own part I cannot do otherwise than regard Jenner—the discoverer and introducer of vaccination—as the greatest benefactor of the human race that this or any other country has produced, and I believe that the magnitude of this single act, which now seems to us so simple, has had its influence in leading the professional world to look upon Jenner himself as by no means so great a man as many others who have done less good work than he. In this opinion I am sure the world has been entirely wrong, for no one can read his life as written by Baron—though not in a very happy vein—or read the many letters of his which are now in the Hunter-Baillie Collection and not feel that Jenner possessed the true Hunterian characteristics; that as an observer he was quick, deep, and accurate; as a worker, untiring and zealous; as an experimenter, careful and precise; and as a thinker, of the highest and clearest kind. Cautious almost to a fault, he, like Hunter, postponed the publication of his thoughts and discoveries until there was no room for doubt as to their truth, so that in 1823, a few days before his death and twenty-five years after he had given his great discovery to the world, he could write: "My opinion of vaccination is precisely as it was when I first promulgated the discovery. It is not in the least strengthened by any event that has happened, for it could gain no strength. It is not in the least weakened, for if the failures which have been reported had not happened the truth of my assertions respecting those coincidences which occasioned them would not have been made out." And now, nearly a century later, we, his successors, can endorse these views, for no flaw has yet been found in Jenner's discovery, or in his recognition of the value of re-vaccination. I could say much in support of my opinion of Jenner's general character, but time forbids, and I cannot do better in closing this address than quote some words from an autobiography of his intimate friend Mr. Gardner, commenced about 1810, this gentleman having been a man of literary tastes living at Frampton, near Gloucester. "In the year 1780," wrote Gardner, "I fortunately became acquainted with that luminary in philosophy and in the art of medicine, Dr. Edward Jenner, since the celebrated discoverer of the vaccine inoculation. I was so much flattered by him that I ranked amongst the first friends of his early youth. I reflect upon the hours, the days, the weeks, the months, and the years which I spent in his society as the happiest in my life. How often have I dwelt with silent attention upon his profound remarks upon various subjects of natural philosophy, particularly those of a physiological kind, and how frequently have I witnessed his skill displayed in the various parts of his profession. Honoured with this gentleman's friendship I have passed more than thirty years of my life and intercourse equally instructive and delightful. No man, I should suppose, has known Dr. Jenner more than myself, and to know him is to know everything that is excellent in human nature. His skill in his own profession has long been acknowledged and has been by the learned world justly appreciated. The genius of Jenner was formed by nature for higher pursuits than the medical art. He was the poet, 'poeta nascitur'; that gift divine so rarely bestowed upon man was given to him, and though his unremitting ardour in the pursuit of natural history and his attention to the duties of his profession prevented him from the frequent exercise of his talent for poetry, yet the fire, in some measure extinguished but not smothered, sometimes burst out. He was peculiarly happy in epigram. Dr. Jenner, so eminent as he is by his natural and acquired endowments, by a sort of singular composition of character has not lost any of those soft amenities which polish the surface of human life. In him was always perceived the gentleman of polite and elegant manners which gilded over the profundity of his philosophic remarks. Nothing harsh was ever found in Jenner, and were I inclined to censure any part of his conduct it would be his too ready acquiescence with the sentiments of some of his associates, however absurd; but this was the acquiescence of philanthropy. As the discoverer of the vaccine inoculation, we behold him for a series of years unremittingly pursuing the grand object which he had in view, undism ayed by prejudice, and only smiling at the assaults of ignorance. Shielded by his good sense from the shafts of envy, he consigned to posterity (that certain judge of merit in very branch of science) the eulogium of his genius and his labours. With this distinguished character I have in the social intercourse of uninterrupted friendship spent more than thirty years of my life; in his company I have experienced some of the happiest days of my existence. He was my guide, my counseller, and my friend. Language can go no further." Nor, may I add, is any addition wanted, for such testimony as I have read from a lifelong friend of Jenner, and which was not written for publication, bears the stamp of truth upon it. It remains for us, therefore, to recognise the claims of Jenner upon the admiration and gratitude of humanity, and, as Englishmen, to be proud of the distinction which his immortal discovery has conferred upon us. Let us keep in mind the opinion of Professor Virchow, speaking as an ethnologist in Berlin on May 14th, 1896, that "all the peoples that had not been reached by vaccination, or that had not accepted it, had disappeared from the face of the earth, destroyed by the small-pox"; with that of M. Hervieux, who, on May 12th, 1896, in an eloquent address upon Jenner, delivered before the Académie de Médecine in Paris, said:—"Resting on the triple base of animal vaccine, re-vaccination, and compulsion, this power is sufficient to defy all the assaults of small-pox, and may be proclaimed to be the grandest conquest of medical science." But our gratitude and pride must not stop here, for Jenner, by his methods of investigation pointed out to scientific men a new direction in which future triumphs were to be won, and which in the hands of our best scientists already promises to be productive of untold value. The results of their work and consequently of Jenner's work cannot yet be fully estimated, but the light which has been thrown by Pasteur and his co-workers—when working in Jenner's line—upon the causes of specific diseases and the means of fighting them has encouraged the most hopeful of us to expect that many, if not all, of the contagious diseases with which we are now afflicted may in the near future be as much under human control as small-pox is now known to be, and that the development of Pasteur's work in the direction which has been so skilfully worked out by Sir Joseph Lister may in the future be productive of as much good as it has already proved to have been in the past. Let us, then, cherish these memories and encourage such labours and be careful whilst we do so not to lose anything of their value by carelessness or indifference.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Case of Ptomaine Poisoning from Ingestion of Cold Roast Lamb.

By George Burbidge White,
A.B., M.B., Univ. Dub., F.R.C.S.I., Diplomate in State Medicine.

The last Sunday in June, 1896, a family of four persons dined off a joint (leg) of roast lamb; the meat, before and after cooking, appeared to them perfectly good and fresh. The Monday following, the lamb was used again for dinner, cold, having, in the meantime, been lying for about 26 hours, the weather at the time being hot, though somewhat moist. The next day, Tuesday, each of the four members of the family felt unwell; on Wednesday, to the malaise was added vomiting, diarrhœa of a fœtid character, vertex headache, furred tongue, and flatulent colic, but the temperature, as far as revealed by the observations taken, was not increased in any of the patients.

On the last mentioned day the four patients, three females, and one robust male, were placed under my care, and active treatment commenced. Meanwhile, from the suspicious nature of the case, most searching inquiries were made as to the nature of the food, &c., taken for a few days previously, other sources of probable causes being eliminated, the lamb was singled out as the *fons et origo mali*, and, when this conclusion was announced, one of the family then remembered having tasted a "tainted" piece of meat, but said nothing about it at the time, this at once confirmed the opinion that I had to deal with a case of poisoning from decomposing meat, I may here, state that, as far as is known, the meat was Irish, therefore, pre-

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sumably, not so liable to change as that which having been frozen and thawed again, namely, New Zealand or Australian meat in which the putrefaction proceeses are either delayed or altered.

Under treatment, three of the patients, viz., the male and two young girls recovered quickly, and after about a week, seemed quite restored to health, still suffering however from gastro-enteric irritation; the other female, who was middle-aged and not in strong health, did not fare so well, and had a narrow escape for her life. In her case, which lasted over a fortnight, the dominant symptoms were cardiac depression with tendency to syncope, cold extremities and precordial sense of sinking, fœtid flatulence, intense gastro-intestinal irritation, headache, with absolute asthenia at times, while the fœtor of the stools was almost unbearable. Under suitable treatment, she has made a good recovery, and is now convalescent, though during the crisis for 24 hours failure was impending, but the condition was averted by prompt exhibition of diffusible stimulants.

It is a matter of regret that none of the meat used upon this occasion, could be obtained for analysis, there is every reason to believe it was Irish, and killed recently, in which case the idea suggests itself, "Could the animal from which the leg was taken have been diseased while alive," the seriousness of the cases suggests great caution both to users and retailers of meat, to look well after its fitness or unfitness for consumption, it being only a short time since a child in Dublin was poisoned by eating unsound corned beef, *i.e.*, which had become decomposed and then unscrupulously put into brine to hide its state, and subsequently sold.

The inspection of meat and other food requires persons of exceptional skill and judgment, mere ordinary laymen would not be competent; but a medical man, a man of the very highest education, and good tone, would be in place here, a boon to the public, a Nemesis to retailers of unsound food.

Case of Toxic (tobacca) Kophosis.

M. H—, æt. 40, male, had been suffering from deafness and roaring in the ears for nearly two years, being rather worse in the mornings—he leads an active life. He consulted specialists about his hearing without much benefit. He placed himself under my care for cold in the head and dyspepsia. On examination I found among other things, that he had an unhealthy throat and large tonsils. Thinking I had found the cause of his deafness I advised him to have his tonsils reduced and his throat made right, he consented, and this treatment was carried out, alas! without any cure of his deafness. I felt rather puzzled, as I knew he had no organic deafness, and in thinking over his case I remembered that he was a great smoker, always, however, indulging in the evening, in fact, from about 7 p.m. to midnight every evening he constantly smoked pipefuls of heavy tobacco, while attending to his work, at which he was most zealous, it occurred to me this might have something to do with his deafness, &c., reflexly through the stomach. As it was found very difficult to keep his stomach in order I determined to stop his customary smoke for three days as a trial time, at the end of which he was to report progress. He was loathe to try this experiment, but, however, carried it out faithfully, and on the third day he came in great glee to tell me his deafness, together with the noise in his head, had vanished. They have not since annoyed him. I believe the roaring in this case was due to lessening of the tension of the perilymph in the semi-circular canals.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD JULY 9TH, 1896.

The President, CLEMENT GODSON, M.D., in the Chair.

SPECIMENS.

THE following were exhibited by Prof. ALFRED SMITH, M.D., of Dublin.

1. UTERUS REMOVED BY VAGINAL HYSTERECTOMY FOR MALIGNANT ADENOMA OF THE CERVICAL GLANDS.

The patient, æt. 34, single, enjoyed good health up to six months ago. Since then she complained of frequent and painful micturition, leucorrhœa, dysmenorrhœa, menorrhagia. Upon examination under ether, the cervix was directed downwards and backwards, and felt as if distended by an ovum. Fundus anteflexed with small fibroid, the uterus was very movable and easily pulled down. External os normal, profuse hæmorrhage on passing sound, and large masses were washed away with Bozeman's catheter; cervix curetted and scrapings sent for microscopic examination to Professor McWeeny. *Diagnosis:* Malignant adenoma of cervical glands. Uterus was removed by vaginal hysterectomy, using Doyen's clamp forceps. Recovery uninterrupted Malignant adenoma of cervical glands is, according to C. Gebherd (*a*) extremely rare, he can only find a record of six cases. Ruge and Veit (*b*) say that cases of adenoma in the pure form are rarely met with, and Brõse (*c*) agrees with them also in the extreme rarity of this affection. The specimen macroscopically shows the upper portion of the cervical canal greatly distended and excavated. The lower portion is apparently normal. The microscopic sections show a columnar cell epithelioma.

2. FIBRO-MYOMATA REMOVED BY INTRA-PERITONEAL ENUCLEATION.

A patient, æt. 35, married, no family, consulted me for dysmenorrhœa, menorrhagia ten days, metrorrhagia, and for a lump in the lower part of the abdomen which was very painful and prevented her wearing a corset. External palpation revealed a small hard tumour in the hypogastric region it was tender on pressure. Bimanually uterus enlarged to size of fourth month pregnant uterus, studded with myomata. No sub-mucous fibrous polypi. Patient urged operation, but prayed that her womb would be preserved in the hope that she might bear a child. Abdominal section. Uterus drawn out. Elastic band placed around cervix to control hæmorrhage. Two sub-peritoneal fibroids were easily removed by wedged-shaped incisions, and the base sutured with interrupted silk sutures. The capsule of the two interstitial fibromata were cut into and the tumours enucleated out of their beds. No opening into the uterine cavity. The cavity left after enucleation was brought together by interrupted silk sutures. There was slight oozing after loosening the elastic ligature, this was controlled by applying around the fundus a sterilised gauze sponge, which was wrung out of normal saline solution, temp. 105° F. Recovery uninterrupted.

The PRESIDENT asked where the portion for examination removed by curetting, in the first case, was taken from; was it high up in the cervical canal?

Mr. JESSETT, referring to the first specimen, said he believed that cancer at the junction of the body and cervix was very rare, but probably many cases began high up in the cervix and worked their way downwards and outwards. The case showed the great importance of examination under ether; otherwise the disease would probably have extended far before it was discovered. He had often been impressed lately with the difficulty of a proper examination without an anæsthetic. He noted that Prof. Smith used the clamps. He had lately seen Doyen, of Paris, who told him that there the clamps were always used, and that by that method they could take out a uterus in five minutes. With the ligature at least twenty minutes was required.

Dr. HEYWOOD SMITH thought the clamp had probably fallen into disfavour because they were removed too early. They should be left on at least three days. They had, however, the disadvantage of leaving a hole in the vaginal roof which might form the starting point of recurrence.

Dr. PURCELL said he did not use clamps as a rule, but he had used pressure forceps, leaving them on for thirty-six hours. The difficulty with clamps depended upon the size of the uterus; if the fundus could be brought down into the anterior fornix, nothing was more simple. In using the forceps they ought, if possible, to pass the fingers up to the top of the broad ligament so as to have it well under control. At the Cancer Hospital they used chiefly the ligature, of which they left one end long, hanging out of the vagina. By this means they could always

(*a*) "Zeitschr. f. Geburt u Gyn.," xxxiii, Bd., 3 Heft, '95.
(*b*) Idem, Bd., 7, S. 170.
(*c*) Idem, Bd., 31, S. 134.

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tell when the ligatures came away. He thought the method employed in the second case was the right one; had the growths been larger, oophorectomy or panhysterectomy would have been required.

Mr. J. W. TAYLOR had tried Doyen's method. Doyen employed special clamps so adapted that the whole broad ligament was well grasped. The operation was as in vaginal cœliotomy, the forceps being applied from above downwards. By this method he had performed the operation in fifteen minutes; with the ligature it took half an hour.

Dr. MACNAUGHTON-JONES observed that the method adopted in the second case was a recognised one; it was gratifying to hear of instances where that treatment was feasible.

Professor SMITH, in reply to the President, said that brain-like masses came away as soon as the curette was applied. He was glad to have Mr. Jessett's endorsement as to the value of examination under ether. He had used both clamps and ligature; the reason he preferred the former in this case was that the disease was limited, and he could get well outside it with the clamps. He left them on 48 hours, and had no trouble with them; but the patient had some difficulty in passing water. The difficulty was probably mechanical, as there were four clamps on each side; even the catheter was not easy to pass, owing to the urethra being retracted above the pubes. But he thought this might be an accident peculiar to this case. When he took off the clamps he found they had been so acted upon by the discharges that they could not be used again.

Mr. J. W. TAYLOR, F.R.C.S., of Birmingham, showed the following

1. TUBAL ABORTION SHOWING ENCAPSULATION OF THE BLOOD CLOT; MYOMA OF THE UTERUS IN THE SAME CASE.

2. CYSTIC MYOMA REMOVED BY PANHYSTERECTOMY; WITH PYOSALPINX.

(1) The combination of uterine myoma with tubal abortion was rare. He had pointed out in a former paper that encapsulation of the blood-clot was common in tubal abortion, but rare in tubal rupture. The specimen illustrated this fact. (2) The patient had suffered much from hæmorrhage, and when he saw her there were marked febrile symptoms, temperature being 104°. Owing to the complication of the pyosalpinx, he decided that total extirpation would be best. He operated much in the manner of Doyen; that is, the uterus was removed as a breast would be amputated, without previous ligature; but by cutting close to uterus, the vessels were not divided where they were still large, but after they had broken up into small branches; and the uterine arteries were secured after division. In this case he ligatured the broad ligament also on one side, in order to remove the pyosalpinx, but this was the only ligature put on before the uterus was removed. Both broad ligaments were then tied off below, the stumps were drawn down, and a purse-string suture applied. She was now making a good recovery.

Mr. BOWREMAN JESSETT thought that the case was one of great interest. Was there not a good deal of hæmorrhage from the ovarian arteries? He would ask Mr. Taylor also whether the ovaries and tubes were removed in the ordinary way, and whether the peritoneum was laced over? His own practice was to pass ligatures through the flaps, doubling these on themselves, which secured good drainage. He thought there was risk of after trouble if the peritoneum was laced up.

Mr. TAYLOR said that when the ovarian artery was divided near the fundus there was very little hæmorrhage. The peritoneal flaps were larger than when formed in the ordinary way, and he therefore drew them together with a purse-string suture, passed from the abdominal aspect.

Dr. MACNAUGHTON-JONES read notes of the following cases, of which a full report will appear later on:—

OVARIAN BLOOD CYST WITH EXTENSIVE ADHESIONS TO OMENTUM AND BOWEL. TWISTED PEDICLE AND SANGUINEOUS CONTENTS. REMOVAL AND RECOVERY.

The patient, æt. 36, miscarried in March 1895. In February 1896, she was suddenly seized with acute pain and symptoms of collapse. This was followed by a severe attack of peritonitis. When the swelling subsided, the tumour, occupying the right iliac and lumbar regions, was detected. At operation the tumour proved to be an ovarian blood cyst, reaching from the broad ligament to the hypochondrium; its pedicle was found rotated on its axis through three revolutions.

He showed the ovaries and tubes removed for persistent oophoralgia, and cystic degeneration of ovaries. The adnexa both sides were abnormal, with irregular ostia and cysts in the meso-salpinx.

INTERESTING CASE OF PREGNANCY AFTER REMOVAL OF AN OVARIAN BLOOD CYST.

The cyst had been exhibited in 1893 at the Gynæcological Society. The operation was a long and most difficult one in consequence of the universal pelvic adhesions (due to repeated attacks of peritonitis) present. The left sac, about the size of a large orange, was removed entire, filled with blood. The right ovary considerably atrophied was detected with difficulty, firmly attached to the pelvic wall at the right side. It was thought more prudent at the time not to attempt its removal. Menstruation continued after the operation, and now, three years subsequently, the patient has been delivered of a male child.

VASO-MOTOR COLOURATION OF THE FACE, WITH PIGMENTARY CHANGES ASSOCIATED WITH MENSTRUATION.

This case, so far as he (Dr. Macnaughton-Jones) knew, was unique in its nature. The drawing showed the vivid colouration of the face and the dark pigmentary circles extending below the malar bones. On two occasions there was extensive extravasation into the skin of the cheeks. There was no involvement of the sweat glands. The patient, æt. 22, suffered from severe dysmenorrhœa and oophoralgia.

CASE OF OBSTINATE CHRONIC SUPPURATIVE ENDOMETRITIS WITH SALPINGITIS, CURED BY CURETTAGE, CHROMIC ACID, AND IODOFORM PACKING OF THE UTERUS.

This was an interesting case of an enlarged and retroverted uterus in a patient who for some years had suffered from suppurative endometritis, with recurrent attacks of pelvic peritonitis. She was completely cured by free curettage after dilatation. The uterus was kept packed with iodoform gauze. The final result was the reduction of the uterus to half its previous size, restoration of mobility, and complete return of health to the patient.

CASE OF TUBAL GESTATION. OPERATION AND RECOVERY.

Recurrent hæmorrhages had taken place into a large sac of the meso-metrium. Extensive and firm adhesions completely fixed its walls. The omentum and bowel were adherent. These were separated at the operation, the sac was opened, the contents turned out, and the edges stitched all round to the peritoneum. A drainage tube was inserted.

OOPHORECTOMY FOR PERSISTENT HÆMORRHAGE FROM UTERINE FIBROID. PERSISTENT MENSTRUATION. RELIEF OF HÆMORRHAGE. REDUCTION OF TUMOUR.

The patient, æt. 44, was blanched from hæmorrhage. The fibroid filled the pelvis and was fixed in it. The left ovary (exhibited) was extensively diseased; the right ovary was most difficult to find, and it was impossible to remove the entire adnexa. A year after operation the woman's general health was perfectly restored, the uterus was much smaller, and quite movable. She has menstruated regularly, evidently through the portion of tube left, but the bleeding is in no way dangerous.

FIBROMA OF LEFT OVARY IN GIRL, ÆT. 22. REMOVAL. RECOVERY.

Full details of this case, referred to at the last meeting of the Obstetrical Society, in the discussion on Dr. Alban Doran's paper, were given by Dr. Macnaughton-Jones. It was an encapsuled fibroma, lying between the uterus and bladder in the middle line, the naked eye and microscopical appearances of which were laid before the meeting. The tumour was readily removed.

In the discussion that followed,

The PRESIDENT observed that he was much interested in Dr. Macnaughton-Jones's case of fibroma of the ovary, as it was like one of his own. The patient was æt. 15, and had never menstruated: the cervix protruded through the hymen, the uterus being pushed down by a mass above it. Mr. Langton operated, and the mass turned out to be a fibroma of the ovary. The case had never been recorded

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Dr. JOHN SHAW said he had operated a month ago on a fibroma of the ovary with twisted pedicle. As regards the question of pigmentation he had seen two cases which were instructive when taken together: the first was at a ladies' college in London; he discovered that the dark colour round the eyes was purely artificial; but it had been done so skilfully as to impose upon all. The second case was genuine; he had seen the lady when travelling abroad, and the dark colour was so marked as to give the appearance, at a distance, of goggles.

Dr. MORTON asked whether the pigmentation was due to subcutaneous hæmorrhage? He had at present under observation a young girl of 13; but the discolouration was not round the eyes, but on both lips. It looked like a case of vicarious menstruation.

Dr. HEYWOOD SMITH asked whether the pigmentation came on only at the time of the periods, and how long it took to pass off. It would be interesting to know the cardiac condition in this case, and whether the colour depended on nerve-irritation. He had a case of well-marked pigmentation at present in Warrington Lodge. He had seen a case of artificial colouration in which the doctor also was deceived.

Dr. C. H. F. ROUTH said that under certain circumstances, especially of uterine irritation, the glands round the vulva and in the axilla might become as black as ink. He had seen a case of uterine disease in which the patient from time to time had marks on her back resembling those seen in cases of disease of the suprarenal capsules. She improved with a course of Turkish baths.

Dr. MACNAUGHTON JONES, in reply, said he thought the dark colour was due to vaso-motor irritation rather than to pigmentation, and the effect was chiefly produced by extravasation. He had had another case of a patient who had spent some time in India; he thought at first that she had blackened her eyes, but he was able to satisfy himself that it was due to pigmentation. It was as black as Indian ink. That was quite different from the present case, in which he had noticed the colour come on rapidly, *e.g.*, after an electrical application. The curious feature about it was the extravasation. She had no cardiac disease, but she suffered from dysmenorrhœa.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY.

GENERAL MEETING HELD FRIDAY, JULY 17TH.

The President, Dr. GEORGE STOKER, in the Chair.

DR. WOODS showed a specimen of a larynx removed for carcinoma. The patient died on the 20th day from septic pneumonia of six days' duration.

Dr. WILKIN showed sarcoma of the vestibule. A hæmorrhagic nasal polypus was seen in November, and after removal the wound healed in two days. There has been no recurrence so far. Microscopically, it was a sarcoma.

Dr. B. BARON showed frontal sinus case which had come to him having been operated on by another gentleman. He showed the case as an example of failure because there was no free opening into the nose.

Dr. STOKER also showed a case in which all the symptoms of inflammation of the frontal sinus were present, and which had been much alleviated by oxygen.

Dr. HILL showed a case for diagnosis. (?) Tuberculosis of pharynx.

Dr. MUSGRAVE showed a patient. (?) Epithelioma of larynx, paralysis of abductor on the right side, no pain. Dys. 1 m. aphonia.

Dr. WHISTLER showed a new cannular laryngeal forceps.

Dr. PEGLER read notes of a case of acute hæmorrhagic lotitis media.

Mr. LAKE showed several otological specimens.

Dr. STOKER, in opening a discussion on

PRELIMINARY TRACHEOTOMY IN THYROTOMY FOR FOREIGN BODIES IN THE LARYNX,

remarked that the extreme rareness of the necessity for this operation in the sequence mentioned, did not, in his opinion, diminish the importance of the question. It had its origin in the discussion of a case of Mr. F. Marsh's at a previous meeting of the Association. When he had laid the case before them, and stated his arguments, *pro* and *con*, he should ask them to sit in judgment, and as a scientific body, definitely lay down the lines of procedure. Dr. Stoker then carefully considered all the points worthy of notice, especially as to hæmorrhage, both primary or secondary, to respiration, affections of respiratory tract, and the dangers of the operation itself.

Dr. WOODS had never done thyrotomy for a foreign body, but he agreed in general with the President in his remarks. As a rule the question of tracheotomy would come up first.

Mr. LENNOX BROWNE could not understand that there was any likelihood of the operation of thyrotomy becoming the usual method of treating foreign bodies in the larynx, nor had he heard of it as a usual treatment, or had it been often done.

Dr. BOSWORTH (New York) had also never done thyrotomy for the above cause, but judging from his own experience he did not think a preliminary tracheotomy was advisable in cases where thyrotomy was indicated.

Dr. MILLIGAN believed in the safety of preliminary tracheotomy in some cases, and he should remember, however, that the bodies could be removed without thyrotomy. In the double operation the tracheotomy wound should be closed.

Dr. STOKER was quite at one with previous speakers, his views had really only been re-echoed.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, July 25th, 1896.

SARCOMA.

AT the meeting of the Académie de Médecine, M. Réclus read a paper on the part of a corresponding member, treating on several cases of sarcoma in Algeria cured by native empirics. The author first remarked that the only cases of positive epithelioma he met with in that country were amongst Europeans; the natives seemed to be completely refractory to that affection. The cause of the immunity was the subject of much discussion for a long time. Many authors tried to explain it by the extreme sobriety of the people, and by the fact that very little meat is eaten by them, and absolutely no pork. The opinion would seem to be corroborated by a certain number of facts borrowed from medical and veterinary observation.

The author then related three cases of patients suffering from sarcoma, which were cured by native applications. The first was a man who came to consult him for a sarcoma of the lower eyelid on the left side. A relapse having followed the excision, the patient refused a second operation. A short time after he returned, completely cured; the treatment consisted in the application of tar made by a native doctor. The tar used by the Arab doctors is extracted from several shrubs, but principally from the juniper tree.

The second case was that of a native teacher, who presented two carcinomatous tumours of the scalp. The application of the native tar to the tumours made them disappear quite rapidly.

The third case was that of a Jewess of eighteen, who had a tumour over the mastoid process presenting all the signs of sarcoma. The malignant growth was removed, but returned at the end of a month, when it was excised again, and soon after re-appeared for the third time.

The young girl consulted an Arab doctor, who cured her in a short time with an ointment of native tar.

In commenting on these cases M. Réclus said that it was frequently very difficult to diagnose, even with the microscope, sarcomatous tumours, and that they can be easily confounded with tuberculous masses

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Locomotor Ataxy.

Dr. Raichline, of Paris, published recently an article on locomotor ataxy treated by what he termed "re-education of movements," and by which he had obtained considerable success.

Amongst the organic maladies, he said, which affect the nervous system, tabes dorsalis or locomotor ataxy is without doubt the most frequent, and its frequency is increasing, thanks to the incessant progress of civilisation and of *syphilisation*. It is also the disease the most to be dreaded by the interminable tortures it inflicts on its victims, and by its implacable evolution towards a state of impotence and cachexia.

What can be done for it? It must be confessed that we possess no specific treatment for tabes. The anti-syphilitic treatment gives little or no result, for, although the affection is of syphilitic *origin*, it is not of a syphilitic *nature*.

As to the pretended cures effected by the injection of liquid organic extracts as reported by the late distinguished Professor Brown Séquard, they were certainly very exceptional, and at the present time all are agreed in according to these extracts a simple tonic effect, as might be obtained from glycerophoephates.

In the absence, then, of radical remedies, we are obliged to have recourse to certain means, which, without having the pretension to cure the disease, possess at least the advantage of relieving the patient and improving his condition, such as the douche, electricity, massage, suspension, and certain medicines to relieve the fulgurating pains. But none of these means have any effect on the ataxy itself, that is to say, on the inco-ordination of locomotion. However, this want of a rational treatment seems to no longer exist, for clinical experience has already sufficiently demonstrated that we have in our hands a therapeutic method which succeeds admirably even in the most advanced stages of the malady, when the patient is totally deprived of the use of his limbs. This method we owe to a distinguished Swiss *confrère*, Dr. Frenkel, and to Dr. Hirschberg, who was the first to describe its operation and to furnish its principal indications and counter-indications.

This treatment consists in *séances* of muscular exercises, during which the patient executes a series of active movements under the control of his eyes and the vigilant direction of his medical attendant.

The first *séances* are devoted to exercises in bed. The patient begins by the most simple movements, that is to say, to a single articulation, foot, knee and hip (flexions, extensions, abductions and adductions), all the movements are executed very slowly and in perfect rhythm. When the patient has sufficiently mastered these exercises, he is taught to practise the movements on both legs simultaneously. The effect of the treatment manifests itself rapidly, the patient begins to be encouraged. Exercise in the sitting posture is then enjoined. The patient is put into an arm-chair and told to stand upright, placing his feet firmly and *flatly* on the ground, in a short time he will be able to stand up without help and to sit down slowly and regularly.

The education is finished by teaching the patient to walk, and to stand with the eyes closed. The *séances* are renewed daily and last from a half-an-hour to an hour each time. Generally at the end of two months the patient recovers his locomotive powers. Out of 12 cases treated in this manner by Dr. Raichline, 8 were considerably improved and the patients expressed themselves as well satisfied with the result obtained.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, July 24th.

The Curative Value of Fever.

At the Hufeland Society, Hr. Loewig gave an address on this subject. He said the question must be asked: Should we combat the fever? In a number of infectious diseases it, to do so, acted favourably; in a number of other cases, the question could not be answered, so that general rules did not suffice. Nature seemed to have given us in fever a remedy, and we should not attack this, but the infection. Treatment was rather complicated by this; we could no longer act according to the height of the fever, the other symptoms had to be considered. The whole of the disease must be comprehended, and we must individualise.

If, on the basis of these considerations, antipyretics should appear useless, they should not be rejected, as they acted as nervine tonics, and we had not to consider so much how far they reduced temperatures as how far they favourably influenced the circulation and respiration. For the same reason hydropathic treatment was useful.

Hr. Jakobs thought special weight should be laid on the leucocytes in febrile conditions. When one succeeded in increasing the leucocytes, one would have gained a greater advantage than in attaching importance to the temperature.

Hr. Strauss remarked that the cold water treatment of Winternitz induces a hyper-leucocytosis and that from this point of view the treatment was rational.

Hr. Liebreich considered that the matter was not yet sufficiently ripe for discussion and that the decision should be reached by scientific methods.

In the *Centralbl. und Gynœkologie* (17/96) is an article by Dr. Hofbauer on the

Value of Artificial Leucocytosis in Septic Puerperal Diseases.

The material for the article was furnished by Prof. Schauta's klinik. Stimulated by the experiments of Jaksch who first employed leucotactic remedies, especially pilocarpine in severe cases of pneumonia, in which little or no leucocytosis was taking place, the author attempted treatment on the same lines in grave puerperal diseases. For the sake of uniformity he exclusively employed the nucleine of Horbaczewsky which had a prompt leucotactic action, possesses scarcely any disagreeable by-properties, and under the influence of the pancreatic secretion gave off nucleic acid, which acted as a bactericide. He remarked the following effects in the course of his observations.

1. The General Condition: The influence on this was very marked, and often surprising. Patients who previously lay in an apathetic, half-slumbering state, gave a clear satisfactory answer as to their condition and looked bright. 2. Local: The puerperal ulcers cast off their sloughs with remarkable rapidity, soon showed fresh granulating surfaces, and quickly healed over. The discharge from endometritis improved so that washing out could be dispensed with, and simple vaginal injections with disinfecting solutions were all that were required. 3. The

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Temperature: Contrary to the observations of other authors, he observed within 12 to 24 hours after the first dose a high rise of temperature. In one case the temperature rose to 41·6 (C.), and then fell to 37 8. In the following days, in the cases that ended favourably, the curve was lower, or irregular exacerbation terminated a crisis. 4. The Bony System: In almost all cases, tenderness of certain bones came on, the tenderness varying very much. In some there was only slight tenderness of the tibiæ, in others it reached a degree only met with in advanced leucæmia. This tenderness lasted several days, at most a week, and then disappeared without leaving any trace. 5. The increase in the uric acid observed by Horbaczewsky and others always unmistakably appeared.

The observations embraced seven cases, and the author abstained from formulating any definite conclusions. So much, however, appeared to be clear, that for the accomplishment of any therapeutic result the administration of leucotactics must be begun as early as possible.

THE THERAPEUTIC USE OF SPLEEN EXTRACT.

In the *Allg. Med. c. Zeitung*, 43/96, Hr. Cohnstein, Berlin, has a paper on the above. The author had succeeded in producing a durable extract, by mixing salt, spleen from neat cattle, and mucilage, in a suitable concentration. After testing its action on dogs and rabbits, and satisfying himself that it transiently increases the number of red blood corpuscles, he employed it in the human subject in cases of anæmia and chlorosis. The dose given was one to two teaspoonfuls a day. Out of twenty-two cases in which he used it, a marked therapeutic effect was observed in two-thirds. After ten to nineteen days' use of it the number of erythrocytes increased from 3,890,000 to 4,300,000, the hæmoglobin from 63 to 95 per cent. In the remainder no effect was observed. The preparation that had an agreeable taste and looked something like Liebig's extract, was manufactured under the name of eurythrol by Landshoff Mayer.

At the Medical Society on the 24th ult., Prof. Virchow showed a case of

BLACK OR MINER'S PHTHISIS.

He had never seen so exquisite a case before. The lungs were black throughout. Only small portions in the lower lobe were accessible to air, whilst all the remaining portions had become impermeable either by ulceration or induration. The patient was at last attacked with pleurisy just in the part where he could still breathe, and this hastened his death. There were large cavities both in the upper and lower lobes, but they differed from those of ordinary phthisis in not penetrating the surface of the lungs.

Hr. Klemperer said that the patient had been a miner, who had only worked two years in coal, and after that for eight years in a silver mine. He had been engaged in blasting with dynamite, and had swallowed a good deal of dust. The sputum was blacker than any either v. Leyden or himself had seen for thirty years. In a case seen by Traube years ago he was able to detect spicules of coal in the sputum, but in the case before them such beautiful spicules were not present, nor could they find any silver. As regarded bacilli, the sputum did not differ from the ordinary.

Hr. Virchow had not found particles of vegetable charcoal, but in the deposits were small granular masses that formed small groups. The groups themselves consisted of fine particles of soot, therefore of carbon from the gas.

Hr. G. Lewin thought it strange that the man had lived to so great an age as 48. According to his investigations made in 1860 in company with Heidenhain, the stone-cutter's was the unhealthiest occupation, they rarely lived beyond 42. Next to these ranked the inhalation wool and fibre, and dust from porcelain manufacture. He had proved that the particles of coal did penetrate into the alveoli as already described by Traube.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, July 24th, 1896.

PARALYSIS AGITANS.

KRAFFT-EBING in his last clinical lecture selected a case of paralysis agitans, to show its progress and transition in our nomenclature. The disease was first recognised in 1817 by Parkinson, who dignified it with the title of Neurosis, which it retained till about 1890, when a variety of opinions were expressed concerning its real pathology. The clinical phenomena could not be explained by the prevailing hypotheses respecting the cause of the disease, neither could the therapeutist obtain the expected results from the drugs administered.

It is to Redlich of this city that we owe most of our actual knowledge on this subject. He has demonstrated by microscopic specimens that the disease is due to a peri-vascular sclerosis which is invariably present in different parts of the cord. Anatomically this may be considered a kind of atheromatous change resembling that met with in advanced years. In those suffering from this morbid condition the intima is often thickened, as well as the middle and adventitious coats of the affected vessel around which a sort of gluey substance is aggregated that forms this insular sclerosis. It has been questioned by other investigators whether these changes take their origin from the wall of the vessel or whether the initial point is outside altogether, that is to say, a peri-vascular sclerosis. Whichever it may be there is no doubt of the predilection this morbid condition has for the cervical and lumbar regions. It must not be forgotten that the rest of the cord does not escape the same morbid changes; these are less marked, however, being more diffuse in the dorsal region. The lesion is usually found in the posterior and lateral columns of the cord. The clinical phenomena connected with the posterior column disturbance are paræsthesia and aberrations in the sensation of warmth of which the patient most frequently complains. As a rule the peri-vascular sclerosis is met with more frequently in the lateral column of the cord, while its intensity is greatest in the pyramidal columns where it extends to the cerebellum and "Gower's Bundles." Changes are often met with in the anterior ganglionic cells with intense pigmentary atrophy, but these are more frequently observed in senile conditions. Hitherto, paralysis agitans has been considered a disease belonging to the second half of life, and, therefore, occuring in old persons, but our present knowledge of the disease proves that this has been an error, and it seldom, if ever, occurs after the age of 65 or 70 years. It is freely admitted that similar conditions of the spinal cord are to be met with in those advanced in years, and this fact supports the argument that the atheromatous process in the vessels is

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not the proximate cause of paralysis agitans, although the anatomical resemblance both in extension and intensity is present in the aged, with phenomena somewhat analogous, though different in character. This is particularly true of the disease described by Demange in 1885, which he unhappily designated "contracture tabétique progressive." The disease in question is ushered in by rigors with spasms in the muscles that interfere with movement and which greatly weaken the extremities. Patients usually complain of a stiffness with a feeling of sinking at the knees in making a short excursion, and who are found to have a similar morbid condition in lateral pyramidal column, which is the nearest approach to the phenomenon met with in paralysis agitans, but is distinguished by the trembling motion present in the latter.

MONUMENTAL BUST.

Out of the funds of the University the Minister of Education recently granted the cost of a bust to be erected in memory of Professor Arlt, who died in 1887. The unveiling of the "Denkmall" was represented, as usual, by all state officials, while Prof. Fuchs, pupil and successor of Arlt, gave the "Festrede," or posthumous oration, which delineated the history of the oculist from the cradle to the grave.

The Operating Theatres.

MIDDLESEX HOSPITAL.

CASE OF OPERATION FOR VICIOUS UNION OF FRACTURE OF TIBIA.—Mr. PEARCE GOULD operated on a woman, æt. 53, who several weeks before broke her right leg. The fracture was treated in the country, and when the splints were removed, it was found that there was some deformity at the seat of fracture of the tibia, and the patient was quite unable to bear any weight on the leg. A shadowgram showed that the ends of the bone were completely overlapping. The patient was sent up to hospital for treatment. Mr. Gould made an incision over the fracture, bevelled off the overlapping ends of bone, and fixed them in proper position by screwing them together with two ordinary carpenter's screws, which were passed vertically through the bone at right angles to its long axis; the reflected periosteum was then carefully sutured and the skin wound closed. The limb was fixed on a wooden splint. The deformity was completely corrected and the normal line of the bone restored, but as the fracture had originally been nearly transverse, with complete over-riding of fragments for an inch, there was still that amount of shortening. Mr Gould pointed out that at this interval of time it was impracticable to attempt to restore the limb to its proper length. The method he had adopted of bevelling off overlapping fragments and screwing them together was the simplest one of uniting fractures by direct means. He laid stress upon the cardinal importance of reducing the displacement of fractures completely when they are first put up. Nothing was more disastrous than for a surgeon to partially reduce a fracture at first in the hope that at a later stage he would be able to reduce it still further. Such hopes were rarely realised; for not only is it easier to reduce a fracture at once, but when once the fragments have been accurately readjusted, their exact fitting is a great safeguard against further displacement. He pointed out that when the ends of a broken bone overlapped, however firm the union may ultimately become the function of the bone is never restored, and he was sure when the shadowgram of this limb was shown to him that by no other means than uniting the fragments end to end would ever restore the usefulness of the leg. Students would see in museums specimens of firmly united bones with the ends completely over-riding; they must remember that they are preserved as warnings, and not as examples. There was, Mr. Gould said, in the male cancer ward a patient, who illustrated this fact, for more than twenty years ago the man had broken his leg, and although the case had been treated at one of the leading London hospitals he was sent out with this form of vicious union of the fracture. Although the fragments were quite firmly ossified together he had ever since been lame, only able to walk with the aid of a stick, and his wage-earning capacity was thereby seriously lessened.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 29, 1896.

THE ONE-PORTAL SYSTEM.

Two letters of importance at the present juncture appear in our correspondence columns, which we are glad to welcome, showing as they do an interest in the result of the forthcoming election, and a desire to improve the conditions of entrance to, and the status of, the profession. The philosophic view of the question adopted by our correspondent "Salisbury Craigs" infers that he is quite satisfied with the control of

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examinations exercised by the General Medical Council in which satisfaction Dr. Rentoul and many others do not participate. It seems to us that the profession and the public need to have at their disposal two kinds of diplomas (*a*) the "competency" diploma, without which no one shall be allowed to practise, and (*b*) the "decorative" diploma by which the practitioner may guarantee his superior attainments. The educational standard of the "competency" diploma must necessarily be a fixed one, for it cannot be less and ought not to be more than will secure the reasonable sufficiency of the practitioner to undertake the every day treatment of disease. The fault of the present system, as suggested by Dr. Rentoul, is that the control by the General Medical Council, supposing it to be effective, limits the educational standard in the downward direction, but leaves untouched the competition of a score of Licensing Bodies which Dr. Rentoul regards as pernicious, but which our correspondent appears to think useful. Obviously, if "competency" is the one thing sought for, the one-portal system would be the most effectual means of guaranteeing it, but, above the mere "competency" standard, there are and ought to be available any number of higher qualifications and it would be a calamity if any discouragement were given to licensing bodies to limit the educational standard required for this latter class of diploma. The argument always used against a one-portal system is that it would level professional acquirements down to a dead level of inferiority and that few would care to take any higher qualification than that of the one-portal board, inasmuch as, by possessing it, all material privileges of practice would be secured. But experience shows that nothing of the sort is to be feared and that the number of practitioners who are content with a mere "competency" qualification is very few. "Decorative" diplomas are found to be absolutely necessary to secure the confidence of the public, and this will be so always, and we do not see why licensing bodies should be discouraged from raising such diplomas to any pinnacle of superiority to which they may aspire. For instance, the University of London may find it advantageous to maintain its examinations at an almost prohibitory standard, while the humbler universities and colleges may be content to cater for the less ambitious candidates. This arrangement would be quite compatible with the one-portal system, and it cannot be denied that such system would be free from the drawback to which the present condition of affairs is liable. It would at least put a stop to the wandering about of the student from one licensing body to another in order to get "cheap and hasty" ingress to the profession, and it would hinder teachers and colleges from competing downwards for the patronage of such candidates.

ANOTHER WATER FAMINE.

LAST summer the East London Water Company made itself notorious by its prolonged failure to furnish customers with a proper quantity of water. Instead of an ample continuous supply of this prime necessity of life the Company cut down the flow to an hour or so daily, a curtailment that lasted over many months. The result of this water-famine, for such it was, proved disastrous both to the commercial and to the sanitary interests of the inhabitants of the vast area supplied by the Company. Many trades were at a standstill; the roads were unwatered; the sewers unflushed; while the house-drains and closets were blocked with excremental matters. Indeed, as it was emphatically pointed out last year a failure in the proper supply of water means a necessary suspension of the system of water-carriage removal of excrement. Then, apart from trade and sanitary drawback were the manifold household discomforts caused by the limitation of supply for baths, drinking, and cooking purposes. All these things we had regarded as matter of ancient history, a chapter of bad old monopoly muddle, but suddenly the whole situation is sprung upon us again, with every promise of further disaster during the next few months. As a result of the suspended and intermitted service of twelve months ago there can be no question that the East Londoners suffered both in pocket and in health. What is to happen this year may be reasonably foretold from the fact that the East London Water Company has again curtailed its supply. A week since they gave notice to consumers that the supply would be cut off all night, and now we are informed that their turncocks turn on the water for a two hours' spell morning and evening only. Such a state of affairs naturally carries one back to the facts of the former famine, and leads one to ask why such a disaster has been allowed to recur in the wealthiest city of the world? The answer is not far to seek. There has been a battle between a powerful monopoly on the one hand, and the population of a vast city on the other. The monopolists have so secure a hold upon the Government of the country that the protests of consumers, and of their representative governing body, the London County Council, have altogether failed to exact their rights from the East London Company. The Company last year sought to cast the blame of their failure upon the County Council, because it opposed their 1893 bill for additional storage. As a matter of fact, another large reservoir has since been built, but still the scarcity is not hindered. The Local Government Board to some extent endorsed the Company's charge against the Council, but at the same time emphasised one of the root causes of the famine, namely, the bad and superficially laid system of distribution pipes, whereby an enormous leakage was going on continuously. On this point the Company again tried to shirk the blame and to shift it on to the imperfect tap-fittings of householders. But no amount of bickering, and no amount of splitting of hairs will get rid of the main fact that for two successive years the East London Water Company has failed in its statutory duty to furnish a proper supply of water to the district within its powers. Surely if a monopoly were granted to this company on certain definite conditions, which have not been fulfilled, then the monopoly should be withdrawn. That is the equity of the matter, whatever may be the law. The

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monopoly has garnered, and is still garnering, huge profits from the pockets of customers. According to the views of many modern thinkers, such profits should be retained wholly for the benefit of the consumers by whom they are created. One would think that after the fierce storm of criticism which rattled round the ears of the East London directors last summer they would have made superhuman efforts to have averted any failure during the present season. Nothing of the kind, however, seems to have entered into their minds. They have constructed one new reservoir, and rather than lessen their dividend by purchasing water from the overflowing supplies of the neighbouring New River Company, they have calmly elected to endanger the comfort, the health, it may be, the very lives, of several hundreds of thousands of East Londoners. Truly, the East London Company has driven home the object lesson of the monopolies in a way that cannot fail to hasten the day of the ratepayers' redemption. Instead of bringing in a scheme for centralising the water supply of the Metropolis and for making it the property of citizens, the present Government, in its recent Water Bill, merely attempted to enlarge the circle and powers of the monopolists. That Bill, we trust, has been not only postponed, but actually shouldered once and for all out of the arena of practical politics. The only lasting solution of the difficulty possible to an advanced and far-seeing Government must be founded on the lines of popular control. The question of the water supply is one part alone of the momentous local interests common to the citizens of this vast metropolis. Whether those interest are to be left at the mercy of greedy monopolies or to be handed over to representative municipal bodies, can be settled only by the ultimate action of the voters who elect the local governing boards. Meanwhile, the course of the water famine in East London will be watched with keen interest by all who are interested in the maintenance of public health, no less than by those who advocate a wider and more practical scheme of municipal life. We venture to assert that East London is not the only part of the metropolis likely to suffer from scarcity of water during the next few months.

A QUARTER OF A CENTURY OF PHARMACY.

MR. MARTINDALE in his Presidential Address delivered before the British Pharmaceutical Conference at Liverpool, yesterday (Tuesday), took the opportunity of referring in some detail to the changes which have taken place in the allied sciences of medicine and pharmacy since last the Conference met in Liverpool twenty-six years ago. He pointed out that the year 1868 may be regarded as the commencement of a new epoch and the beginning of a great physiological and chemical awakening in regard to the uses of chemicals as medicinal agents. At the present day a great number of medicines are used which were then either non-existent or were mere chemical curiosities. For example, chloral-hydrate was exhibited for the first time, in 1869, and it was not until a year or two later that the pharmacological action of its homologue butyl-chloral-hydrate, or, as it was originally called, croton-chloral-hydrate, was worked out. Boric acid was a chemical rarity previous to 1875, and no one suspected that before many years tons and tons of it would be produced not only for medical use, but for preserving milk and other articles of food. The introduction of antiseptics in surgical practice may be said to date from the year 1868, whilst salicin and salicylic acid became popular a few months later. The eucalyptus products were then comparatively unknown, whilst menthol and thymol were in their infancy. The progress in the investigation of the mydriatic alkaloids is equally notable. A quarter of a century ago atropine, hyoscyamine, and scopolamine were not defined, the useful synthetic product homatropine had not been formed, nor had the myotic alkaloid physostigmine come into use. The chemical properties and therapeutic uses of coca and cocaine, of coto and cotoine of strophanthus and strophanthine of gelsemium and gelsemine of apomorphine, chrysarobin, emetine and cephæline of piperazine, saccharin and spartein have all been investigated within that time. Jaborandi was unknown, and Mr. Martindale had not yet succeeded in isolating that marvellous liquid alkaloid which we now know as pilocarpine. The useful synthetic coal-tar products, acetanilide antipyrine, phenacetin, and phenocoll are entirely new to medicine, and of alcoholic derivatives the sulphonated products of methane—sulphonal, trinal and tetronal together with paraldehyde and urethane are comparatively recent candidates for public favour. In the matter of anæsthetics chloroform has steadily lost favour and has been almost entirely superseded by ether, whilst for local anæsthetic purposes the chlorides of ethyl and methyl have come into general use. Of late years the inhalation of oxygen has been extensively employed in the treatment of pneumonia and other diseases, whilst on the other hand the absurd attempt to introduce ozone as a remedy for cancer has met with little or no support. Not only have many new drugs come into use since 1868, but many of the older drugs have been manufactured by improved methods so that they are produced of a greater degree of purity and in many instances can be sold at a considerable reduction in price. This is especially the case with the bromides which took on a new lease of life about thirty years ago. The attempt to replace the bromides of potassium, sodium, and ammonium by bromide of strontium seems hardly to have been successful, and the publication of one or two cases of severe acne resulting from the administration of the last-named salt has undoubtedly done much to damage its popularity. Mr. Martindale referred in terms of warm indignation to the action of the Royal College of Physicians of London in abolishing pharmacology as an examination subject for medical students, and pointed out that in a few years the newly-qualified medical man would, from sheer timidity, hesitate to prescribe anything but the simplest remedies. As some kind of consolation, it is satisfactory to learn that in the forthcoming edition of the British Pharmacopœia metric weights

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and measures will be introduced, and formulæ will be expressed in terms both of the imperial and metric systems. Mr. Martindale's presidential address is replete with interest, and will add to his already high reputation. He is favourably known not only as the author of the "Extra-Pharmacopœia," which has gone through so many editions, but as an original worker and investigator. He is the recognised head of his profession, and his name ranks with Friedrich Flückiger, Daniel Hanbury, David Howard, and Dr. J. E. de Vry, of the Hague, as one of the most accomplished pharmaceutists of the century.

Notes on Current Topics.

Suicide and Accident Insurance Policies.

A SHORT time ago the question of liability for payment of £1,000 in a case of drowning came before the Scottish Court of Session. The case entirely depended on probabilities. A seafaring man, who had for some time been employed on shore, threw up his place, alleging that his health was not in a good state. He consulted a doctor about himself, and was told that he was run down and required a holiday. He went up to a place in the Highlands, and the same afternoon walked twelve miles to a loch, where, after taking a very light meal, he rowed about in a boat from 6 p.m. to 8.30 p.m., when he was last seen. This was in the month of April. Next morning, the boat was found with his clothes left in it, but his body was never discovered. The chief question of course was: Had he committed suicide, or had he been drowned while bathing? A great point on the side of the defenders was made of the finding of the clothes, while three medical witnesses for the company gave it as their opinion that, although they knew of no exactly similar case, a suicide might very reasonably be suspected of removing them, as their acts before the actual deed were often very unreasonable. On the other hand, anyone who bathed after sunset from a boat on a rough night did not seem to be very rational. The Court decided that probabilities were against suicide and gave the relatives the benefit of the doubt. Shortly afterwards a striking confirmation of the truth of the evidence of the medical witnesses was supplied by the details of the suicide by drowning in a well-known case in England. As this is now common property, it may be mentioned that the lady who drowned herself took off almost all her clothes before entering a shallow pond. In this she showed a much clearer appreciation of the part played by clothing when a person is in the water than the medical witness called for the relatives in the first case. Clothing undoubtedly impedes the power of swimming, but it hinders the sinking of the body very considerably, while it is of great service in preventing the dangers of shock from cold. It was given in evidence in the case first mentioned that if a man wished to drown himself he would not take off his clothes. This proposition does not seem to be quite correct, for with clothes on one is more likely to float longer, and not to suffer so much from a "cold-stroke." The reason of this is plain. All clothes, especially if woollen, are when wet very impervious to air, and the imprisoned air under them can only escape gradually. The case is an interesting one both from a legal and from a medical standpoint, but as the verdict is possibly to be appealed against, we cannot enter further into it at present.

The Medical Sick Annuity and Life Assurance Society.

ACCORDING to the Annual Report which has just been issued in view of the general meeting at Carlisle, the sphere of usefulness of this Society continues to increase in a satisfactory manner, although its roll of members still fails to include an adequate proportion of the total number of registered practitioners for whose benefit it was founded. The net increase of membership for the year ending June 30th, 1896, is 108, and this number, of course, does not include the proposals which for any reason were declined. With a steady increase in the membership and a not less steady increase in the average age of members, a progressive augmentation in the amounts paid for sickness and accidents must be expected, and, as a matter of fact, the largest amount yet paid away in any one financial year, was disbursed during the period over which the report extends. Nevertheless, the amount of sickness experienced is well under that expected and provided for in the tables. During the year just ended the Sickness Fund increased from £39,054 5s. 8d., to £45,437 8s., an addition of £6,333 2s. 4d. The costs of management remain extremely low, being less than half that allowed by the rules, an eloquent testimony to the economical and efficient way in which the work is done. It is proposed to take advantage of the general meeting to introduce certain alterations in the rules, intended to obviate the hardships which experience has shown to arise, in special cases, from the enforcement of the present rules as to residence. Altogether the Society is evidently in a very prosperous condition, and no small share therein is due to the able assistance of the Secretary, Mr. Addiscott, whose services have been of the greatest utility. It is perhaps a matter for surprise that men so exposd to the risk of disabling sickness and accident as are practitioners of medicine should still in large proportion fail to avail themselves of the facilities thus offered for providing against the inevitable rainy day. It is to be hoped that the number of the "unprotected" will yearly grow less as the usefulness and stability of this Society becomes more generally known and appreciated.

The Vaccination Act and Boards of Guardians.

THE action of certain Boards of Guardians in the Metropolitan District in refusing to enforce the compulsory clause of the Vaccination Act is being actively challenged by the other local authorities, and a deputation is being arranged among the latter to attend before the President of the Local Government Board for the purpose of urging the necessity of transferring

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the duty of the guardians in respect to the prosecution of the defaulters under the Act to the Sanitary Authority of the various districts. Another significant incident in this connection occurred last week. The Hornsey District Council, without notice, resolved to apply for a *mandamus* against the Edmonton Guardians to compel them to proceed against defaulters. Again, both the Hampstead and Islington Vestries are bringing pressure to bear upon the Boards of Guardians of their respective districts with the same object in view. It is by no means creditable to the intelligence of the inhabitants of the metropolitan districts concerned that the severe lesson administered to the township of Gloucester during the small-pox epidemic should be entirely ignored. Apparently the anti-vaccinationists are prepared to risk everything till the small-pox comes, and then after an epidemic has become fully established any of them that are left, will at last agree to be vaccinated. This, at least, seems to be the policy to which they have pledged themselves. Of course, if these faddists lived entirely by themselves and were required to pay for their own foolishness and stupidity, no one could complain. But the fact is that in resisting the law they bring calamities upon those among whom they dwell, and thus the innocent, with the guilty, have to suffer.

The Title of Doctor.

IT is creditable to the Royal Colleges of Physicians in Dublin and Edinburgh that they have risen above the temptation to make money by encouraging their Licentiates to strut with borrowed feathers. The Edinburgh College has recently adopted a law which, in principle has been long since adopted by the Dublin College, and which declares that "the Diploma granted by the College shall not entitle the holder to assume the title of Doctor or to append to his name the title of Doctor of Medicine or the letters M.D. or other abbreviation which might suggest that the holder had obtained the Degree of Doctor of Medicine from a University."

Commission on Indian Drugs.

FOR some months past a Commission appointed by the Indian Government has been sitting for the purpose of investigating the therapeutic effects of indigenous drugs. We understand that this is now completed, and we have reason for anticipating that its deliberations will result in the addition of several valuable therapeutic agents to our materia medica. It is also expected that a new edition of the Indian Pharmacopœia, which has long been out of date, will be issued.

The London University Re-organisation.

THE Bill to enable a Commission to be appointed which shall modify the constitution of the London University so as to enable that institution to cater more efficiently for the London student, has passed its second reading in the Lords. Evidence that it will meet with solid resistance has, however, already appeared in the form of a manifesto from the University Defence Association.

Mr. Ernest Hart and the British Medical Association.

THE announcement has been made that Mr. Ernest Hart has resigned the office of Chairman of the Parliamentary Bills Committee of the British Medical Association. The fact that this is the case, we presume, will not be allowed to pass without due recognition at the meeting which is being held in Carlisle this week. The excellent work which Mr. Hart has accomplished for the Profession by means of the post in question, should undeniably be suitably acknowledged by the members of the Association. Indeed, it is difficult to see how he could be sufficiently requited for the immense services which he has rendered in this regard. The great bulk of the work of the Committee naturally fell upon him as Chairman, and the energy, critical acumen, and large experience of medico-political matters which he brought to bear upon his duties, have often proved to be of the utmost value. The difficulty which the Association will have to meet will be that of finding someone to succeed Mr. Hart in the Chairmanship of the Committee. The post is not only an arduous one to fill, but one requiring exceptional capacity and attainments on the part of the holder.

Medical Women and the London School Board.

AN effort was made at the meeting of the London School Board last week to pass a resolution in favour of considering the advisability of appointing a medical woman as assistant to the Medical Officer of the Board The matter was freely discussed, and one or two of the Board, apart from the proposer, were found to be favourable to the proposition. But, in the end, as the report of the meeting states, "the previous question was carried," and probably nothing more will be heard of it. We think that the Board took the right step. Before any such proposal could be legitimately considered it would first be necessary to show whether an Assistant Medical Officer were required. The most curious feature, however, about the whole transaction was that nothing appeared to have been previously said to the Medical Officer upon the subject.

Hypermetropia in Elementary Schools.

WE are glad to see that the *Standard* has taken up the question of children's eyesight, and has disposed of the grandiose statement of an alarmist that the "whole nation was becoming purblind," whatever that may mean. Mr. Brudenell Carter, upon whose researches our contemporary based its remarks, has stated that among 8,000 children distributed in 25 elementary schools, the enormously preponderating visual state was one of hypermetropia, a defect, however, which was present in only a moderate degree. On the other hand, this same authority failed to find evidence of any extended prevalence of myopia. These statements will accord with the general experience of ophthalmic surgeons in this country. Given a certain number of children with refractive error attending as out-patients at the hospitals, the exception is to find many cases of myopia

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among them. In brief, cases of myopia form but a very small fraction among the patients who apply for relief under these circumstances. That this should be so is undeniably a matter for congratulation. English people, however, may meanwhile rest assured that short sight is not a characteristic of our race, and is never likely to be so.

The Necessity for Efficient Vaccination.

THE argument that vaccination does not protect a person against contracting small-pox—so repeatedly advanced by anti-vaccination faddists—may perhaps in these days contain more truth than is generally supposed. As is well known, medical men have often the greatest difficulty in persuading their patients to have their children vaccinated. But a compromise may be arrived at by which the practitioner undertakes to make only one puncture. By this means the law is held by the parents to be complied with, and the certificate of vaccination is forwarded to the authorities. But the law is one thing and an epidemic of small-pox is another. Statistics have abundantly shown that one vaccination mark is not evidence of efficient vaccination, that persons so marked are only partially protected, as is proved by the fact that they are liable to contract small-pox. Here, then, is the anti-vaccinationist's opportunity, of which he makes the most. He points with well-assumed contemptuous scorn at the number of vaccinated persons who are attacked by small-pox, and, as experience has unhappily shown, drags after him many impressionable beings who have not the knowledge to question his statements. But most right-minded people, we apprehend, must now be sick unto death of the anti-vaccinationist twaddle after the lurid light focussed upon it by the terrible results of the epidemic in Gloucester.

The Proposed Re-organisation of the Medical Service in India.

AN Indian medical man, Dr. K. N. Bahadhurji, will move a resolution at one of the general meetings of the British Medical Association meeting in Carlisle to the effect that "in the interests of medical education and sanitation in India, and for the general advancement of medical science, the civil medical department should cease to be an appanage of, or close reserve for, a military service and all educational, scientific, and sanitary appointments in the department should be thrown open to the members of the profession generally." In furtherance of the mission, contained in the above statement, for which Dr. Bahadhurji has come to this country he applied to give evidence before the Royal Commission on Indian Expenditure, but his application was at first refused. Further consideration, however, in respect to his case has been given, and it is now stated that he will be called as a witness at an early date. The changes proposed by this native *confrère* are somewhat extensive in character, but we are disposed to believe that they are reasonable. If Indian practitioners can show that they are quite capable of undertaking the duties of the higher branches of the profession in their own country, there is no excuse for not affording them facilities for doing so, without requiring them to belong to the Indian Medical Service.

An Unfortunate Mistake.

THE term "office thief" in America, we may explain, means a man who gains entrance to a practitioner's consulting room and pockets anything of value that he can lay his hands on. Recently, a medical man in New York suffered greatly from the depredations of such an unwelcome visitor. Out of the kindness, therefore, of his heart, he called upon his colleagues in the neighbourhood to warn them against the thief. His task with this charitable object in view was highly gratifying up to a certain point. But then a melancholy incident occurred. While explaining the nature of his visit to a certain *confrère*, the latter impetuously concluded that his visitor was the thief himself, and had him at once arrested as a suspicious character. History does not relate the subsequent events of this affair. Probably a new law in the "Code of Medical Ethics" will now have to be written.

The Coming Army Medical Warrant.

THE Chairman of the Sub-Committee of the British Medical Association appointed to watch the Army medical question has elicited from the War Secretary a statement of the usual ambiguous character, but which, so far as it goes, promises that some time or other some sort of new warrant will be issued. Lord Lansdowne's statement is that "no fixed day can be stated when the consideration of the Army Medical Service Warrant will be finally concluded and a Royal Warrant issued, but the Warrant will be published at once on its being signed." We interpret this to mean that no information will be afforded until the measure is beyond recall, and we assume that the publication of the document, and probably the existence of the Warrant, will depend on whether the War Office can get together enough of the spare material of the schools to fill the vacancies in the Service. We hear that the authorities are at the last gasp for men to fill vacancies in the Soudan. They have not, however, been allowed to encourage the hope that they will escape parliamentary criticism, for Captain Norton, M.P., interpellated the Under Secretary of State last week as to the number of candidates who had entered their names for the coming examination, and the reply was that several young men had asked for information "and papers" (!) but that no one knew how many would enter until after the 30th inst. when the list would close. Meanwhile, it is believed that the outcry of the profession has made a decided impression upon the unwilling minds of the Commander-in-Chief and Sir Redvers Buller, and that Lord Wolseley is about to try to neutralise the unfavourable feeling by a speech to be delivered at the forthcoming distribution of prizes at Netley. The fact that he is to preside on that occasion excites expectation, because it is the first time that a Commander-in-Chief has undertaken that function.

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Local Government Board Inquiry into Ophthalmia.

WE understand that an important step has been taken by the Authorities at Whitehall in the matter of ophthalmia. As everyone knows, it has hitherto been impossible to obtain more than a rough estimate of the extent to which the disease in question prevails among the Poor-law children. This point was emphasised by the Departmental Inquiry lately held upon the state of the Metropolitan Parochial Schools. With commendable promptitude the Local Government Board has grasped the logical inwardness of the position. They have determined to go to the root of the matter and ascertain what amount of disease actually exists, and how best it may be eradicated. With these ends in view, they have appointed, we understand, Dr. Sydney Stephenson as Official Inspector, with full powers to investigate the condition of every child chargeable to the Poor-law in the Metropolis. This means a detailed inquiry into the physical condition and environment of some 20,000 children lodged in schools, sanatoria, workhouses, and infirmaries. The special qualifications of Dr. Stephenson for this post are well known. For many years past he has had a wide experience in ophthalmia, and has contributed much valuable matter to the literature of the subject. His report will be awaited with considerable interest, both by the public and the profession. We congratulate the Local Government Board on having taken so decisive a step.

The Home Secretary and the Antivivisectionists.

THE Antivivisectionists are determined, if possible, to prevent the British Institute of Preventive Medicine from obtaining a licence to practise experiments on living animals. As is generally known the institute is located in Chelsea, where the buildings have just been completed. In furtherance of their objects the International Society for the Protection of Animals from Vivisection sent a deputation to wait upon the Home Secretary last week. Sir Matthew Ridley, after listening to the remarks of Colonel Lockwood, stated that he was in sympathy with those who desired to prevent any needless cruelties to animals. But as a Member of the Government he was obliged to administer the law, and the information given to him was to the effect that very great care was taken to prevent abuse in the case of experiments. He had not yet been applied to for a licence for the institute, but when he was there would have to be very strong grounds shown in order to induce him to register any further institution in London. With all due respect to the Home Secretary we should like to recall to his mind the fact which he himself has freely admitted, that "he was only obliged to administer the law." If he will take the trouble to peruse the Vivisection Act, he will not find a word in it which states that any limitation shall be placed upon the number of persons or institutions applying for the licence to perform experiments. Moreover, it can scarcely be said that it comes within the province of the Home Secretary to refuse an application for a licence after it has been properly approved by the scientific authorities mentioned in the Act.

The Legal Definition of "Oculist" and "Aurist."

A CASE of much importance was tried last week before the Stipendiary Magistrate in Leeds. A man named Thomas Ison was prosecuted by the Medical Defence Union on the charge of falsely representing himself to be a medical practitioner by styling himself an "oculist" and "aurist." It transpired in the course of the evidence that he conducted his business at a house which he described as "The Leeds Ear and Eye Dispensary," and that he was also erecting new premises opposite the Leeds General Infirmary. Several medical witnesses were called in support of the case, all of whom testified to the necessity of special training required by ophthalmic and aural surgeons. Dr. Bateman asserted that in the medical profession the descriptions "ophthalmic surgeon" and "aural surgeon" were generally used, while the words "aurist" and "oculist" were only employed by quacks. In the end the Stipendiary reserved his judgment.

School Boards and Medical Certificates.

IT has never been our pleasure to record a more complete and gratifying victory than that won by the profession in Bradford over the School Board. They have won along the line, and in the handsomest manner. This is the effect of union under an energetic society, of which Dr. Hime is the president. At its meeting last week the School Board determined wisely to capitulate. When the minutes of the School Management Committee came up for adoption, they were found to contain a proposal that "all medical certificates in regard to attendance at school should be accepted, *except where the Committee had reason to doubt the child's inability to attend school*, even though this were attested by a medical certificate, in which cases the Committee should instruct the Medical Superintendent to report on the matter, after having first jointly examined the child with the medical man who had given the certificate, the Board to bear the expenses of the joint examination." The cool impertinence of the exception will cause a feeling of indignation in every practitioner's breast against those who presumed to make such a proposal, among whom apparently the Medical Superintendent must be included. We presume the suggestion would not be made without his knowledge. But the majority of the Board, smarting under the uncompromising letter of the President, which we published last week, refused to sanction the "exception" and determined to treat the profession with the respect and consideration due to them. They accordingly negatived the offensive exception, without the slightest regard for the feeling of the Committee. Why will not the members of the profession in other towns act with the promptitude and courage of those of Bradford? They are equally certain of success if they will only do so. We were glad to express our conviction that the Bradford Medico-Ethical Society, at its resuscitation

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under Dr. Hime will do good work. It gives us increased pleasure to record this victory, which is not only of local, but of general professional interest.

The Deaths of English Officers from Cholera in Egypt.

WE regret to announce the deaths from cholera of two more English officers, serving with the troops in Egypt, namely Captain Fenwick and Surgeon-Captain Trask. The telegrams which reached this country on the 27th inst. stated that both officers were in good health, and performing their duties as usual during the early morning of the 25th, but at four o'clock in the afternoon of the same day both of them fell victims to an attack of cholera. Of Surgeon-Captain Trask we cannot do better than quote the appreciative notice forwarded through Reuter's Agency to the daily papers, "It is impossible to adequately appreciate the work which has been done by the Medical Staff, both English and Egyptian, since the expedition began, and Captain Trask was always one of the foremost where duty called. During the action at Firket he behaved with the greatest coolness and bravery, often attending the wounded under a heavy fire. He has died in harness, and the Medical Staff will feel his loss acutely." There can be no doubt that both of these officers have lost their lives in consequence of their devotion to duty. It is reported that they were the two most energetic and popular officers connected with the expedition, and it is sad to reflect that they should have been so suddenly cut off in the midst of their successful work.

THE following candidates for the vacant seats as Direct Representatives on the General Medical Council, namely, Drs. Woodcock, Drage, and Alderson, together with Mr. Brown, have intimated their readiness to assist in furthering the objects of the Civil Rights Defence Committee.

MR. A. PEARCE GOULD, M.S., has been appointed Surgeon-in-Charge of the Out-Patient Cancer Department of the Middlesex Hospital, W. *vice* Mr. Andrew Clark, F.R.C.S., who continues to act as Surgeon to the Hospital.

THE Memorial Prize in Surgery, "awarded to the most distinguished graduate in medicine of the year" was presented at the graduation ceremony of the University of Glasgow last week, to Mr. John Knight, M.B., C.M.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE PROPOSED VISIT OF THE BRITISH MEDICAL ASSOCIATION TO EDINBURGH IN 1898.—The Lord Provost's Committee of the Edinburgh Town Council have resolved to approve of the proposal of the local branch that the Association be invited to visit Edinburgh in 1898, and to co-operate to make the gathering as great a success as possible.

EDINBURGH ROYAL MATERNITY HOSPITAL.—Dr. Halliday Croom succeeds Dr. Underhill as physician on duty for the next three months, Dr. Milne Murray acting as assistant physician, while W. J. Garbutt, M.B., C.M., and James Prentice, M.B., C.M., have been appointed the house surgeons for the same period.

GLASGOW UNIVERSITY.—At the close of the graduation ceremony, which took place on the 21st inst., it fell to the lot of Dr. Murdoch Cameron, Professor of Midwifery, to address the students and newly-made medicos. After a few preliminary remarks, he gradually entered the usual and well-known groove of advice, of which the students showed appreciation in their own fashion. The Professor then ran amuck of the clergy, by stating that "clergymen who might be expected to have common sense are most affected by ignorant infatuation in things medical, and often medical men have to complain of their ignorant and injurious interference, in urging pill and drop upon patients, although they have not the remotest idea of the nature of the disease." In answer to this "A Layman" writes in a morning paper condemning Dr. Cameron's remarks as lamentable, stating that Dr. C. should be the last to make such an attack, as he himself has encroached on the domains of the clergy by occupying both pulpit and platform at evangelistic and temperance meetings, where he took the opportunity of distinguishing himself as a story-teller. The Professor would do well to remember that "those who live in glass houses should avoid throwing stones." We may add that at the recent jubilee of Lord Kelvin, the Professor attended the students' "Gaudeamus," which was not set on strictly teetotal lines, and these (some at least) ignorant clergy were the means used to a considerable extent in hoisting the learned Professor into his present position. The Professor's remarks were, in our opinion, as uncalled for as they were unnecessary and rude.

HEALTH CONGRESS IN GLASGOW.—The opening meeting of the British Institute of Public Health took place in the University ("Bute Hall") on the 23rd inst., when Dr. Smith, the President of the Institute took the chair. In his remarks he said that it was well-known that for many years past Glasgow had taken a foremost place in all matters connected with public health in which the names of Ex-Lord Provost Ure and Professor W. T. Gairdner were mentioned, as well as that of Dr. Russell, the Senior Health Officer of the City, after which the Doctor vacated the chair, which the Lord Provost, Sir James Bell, took, and then delivered the presidential address, giving a full account of the sanitary history of Glasgow, detailing minutely the sanitary system carried on in the City and a great deal of other useful information. In the Chemistry Section, Professor William Ramsay, of University College, London, delivered his address as President of the Chemistry and Engineering Section. He spoke of sunlight as a purifier, the chemical action of sunlight, and of legislation and smoke prevention. Paris, he remarked, was larger than Glasgow, yet it was clean and bright, while Glasgow was dark and dirty, the difference being due to the fuel burned. If coke was burned, as in Paris, Glasgow would also be a clean and bright city.

Obituary.

THOMAS GRAHAM WEIR, M.D., F.R.C.P., ED.

BORN in 1812, Dr. Graham Weir departed this life on Monday, July 20th, at the patriarchal age of 84. An M.D., of Edinburgh University in 1835, he took the Fellowship of the Royal College of Physicians of Edinburgh as far back as 1847. He was a son of Major J. Weir, of the Royal Marines, an officer who served under Nelson at the end of last century. After graduation he studied in Paris, and on returning filled some of the junior posts in the Medical Institutions in Edinburgh. Devoting himself largely to midwifery and the diseases of children, he soon acquired a very extensive practice, his services as an accoucheur being in particular request. He took a prominent part in the founding of the Sick Children's Hospital in 1859, and became one of the first physicians in office in it. He was when in the prime of life much addicted to all field sports, in the pursuit of which his large and strong frame aided him to attain success beyond his fellows. One of the few remaining representatives of the older school of medicine in Edinburgh, his death leaves a gap in their ranks which all deplore.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

DIRECT REPRESENTATION—THE ONE-PORTAL SYSTEM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The interest in this subject manifested of late is a significant and promising omen for the future of the medical profession, and it is sincerely to be hoped that this dawning interest may steadily increase until it becomes a mighty force in the pending election.

It seems to me, however, that the "programme" brought forward by your correspondents embraces several items which, though of much minor importance, are not best calculated to arouse enthusiasm in connection with the election. I refer particularly to the questions of medical aid associations and the registration of midwives. In wide districts of the kingdom medical aid associations are quite unknown, and practitioners in these districts cannot be expected to become enthusiastic over this question. As for the registration of midwives, recent legislation has to a great extent put the question out of court.

To create a genuine interest in the forthcoming election it is necessary to introduce a programme which shall appeal powerfully to the profession as a whole, and such a programme is not, I think, difficult of creation.

Dr. Alderson, a probable candidate for the election, has, in your issue of June 24th, indicated one of the most important points in such a programme, viz., an increase in the number of the direct representatives. Any unbiassed observer, who has, even in a slight measure, considered matters medical, cannot fail to notice many anomalies and abuses which are never referred to at the General Medical Council. What is the cause of this? In my opinion it is due in large measure to the unsatisfactory composition of the Council. Of the thirty members of Council, the medical practitioners all over the kingdom can only elect five, three for England, and one for each of Scotland and Ireland, the Privy Council elect five, and the remaining twenty are elected by twenty corporations, each of which naturally expects that its representative will take more interest in the corporation he represents than in the medical profession at large. The proportion of twenty representatives for corporations to five representatives for the whole body of practitioners in the kingdom is a scandal, and an increase in the number of direct representatives must be one of the most prominent points in a new programme.

Another point which, in my opinion, is also of great importance is the adoption of the so-called one-portal system for admission to the medical profession. The present arrangement for granting qualifications and degrees is, to my mind, the great rock of offence in our medical system. Just consider the present arrangement. A number of competing corporations, some greedy of money, some needy of money, some both, are empowered to grant qualifications to practise medicine and surgery, and are also empowered to charge each recipient of such qualifications a very substantial sum of money. In the case of one corporation which is not a teaching body, merely a qualifying body, these licensing fees amount to close on £10,000 per annum. I have indicated that the financial position of these competing corporations is by no means equal, neither are the thoroughness of knowledge and amount of study, necessary to secure their respective qualifications, *vide, inter alia*, the affair of the Apothecaries' Hall of Ireland. Time will not permit to follow out in detail the result of this questionable arrangement, but it is hardly necessary to do so.

Followed out logically it works somewhat thus. Each corporation must have money, therefore must have candidates for its particular qualification, and in order to *induce* candidates, a low standard of examination is set up. Thus qualifications are easily obtained, and so we have an overcrowding of the medical profession, leading up, as it must do, to medical aid associations and all the other degrading *but necessary* methods of obtaining a livelihood.

Other points for inclusion in a "reform programme" will no doubt be brought forward before the electors. In the meantime, a considerable knowledge of the opinion of the profession in Scotland enables me to say that the two points referred to, viz.,

An increase in the number of Direct Representatives,

The adoption of the One-Portal System,

Will in all probability form part of a programme by which the election will be greatly influenced.

Might I suggest that an expression of their views on these two points should be given by Dr. Bruce, of Dingwall, the only representative of the profession in Scotland (for we are only allowed one representative) and Dr. Campbell Black, of Glasgow whose name has been favourably received as a candidate for election. I feel sure that such an expression would be greatly welcome by a large body of the profession.

I am, Sir, yours, &c.,

Glasgow, 17th July, 1896. ANGUS MACPHEE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I see that Dr. Rentoul, in his candidature-address for a seat in the General Medical Council, says that he is "in favour of establishing one final Conjoint Examining Body in each division of the United Kingdom."

I venture to suggest that such a method for admission to the Profession would be a great calamity. It must be remembered that any teaching, licence, and degree-granting body, is now under the supreme control of the General Medical Council, and that thus the practical efficiency of all qualifications is secured. This meets what the public have a right to demand, viz., that all practitioners shall be educated up to a standard fairly abreast with the science of the age. A Conjoint Board could do no more.

But the Profession of Medicine is something far more than mere contemporary practice; it is a part, and indeed a very great part, of the great wave of enlightenment of the human mind in general; it is a part of universal philosophy, and the Profession to hold its just place, must, in its members, be as cultured and enlightened as are other learned professions, and as are the truer and higher minds of all and every profession.

It is, therefore, of great importance that the paths into the Profession should be varied, and that there should exist a varied class and type of degrees. I conceive that our Profession is immensely benefited by the powers which, T. C. Dublin, Cambridge, Oxford, Edinburgh, Aberdeen, &c., have to educate for, and admit to, its ranks: our higher culture would be reduced immensely were we all turned out of one pattern.

Those who advocate the one-portal system seem not to know that doctors exist for the good of mankind; they appear to view the world as if it existed for the sake of doctors!

I believe that thoughtful medical men, who have been many years in the Profession, and who have seen much of men and things, and learnt some wisdom from experience, will agree that the entrances to the Profession should be very varied, and parallel with the varied conditions of the social and mental types in any age.

The conjoint board system would greatly lessen the purer ambitions and desire for knowledge of students; our present system gives a field for many types of mind and culture. To use a physical illustration, the one-portal advocates are like the Norfolk peasant, whose mind could see no beauty or use in the mountain and wooded ranges of the Highlands!

Our aim should be to advance much the preliminary education of the student, and then to encourage University training, and from many types of Universities.

I am, Sir, yours, &c.,

Edinburgh, July 22nd, 1896. SALISBURY CRAIGS.

DIRECT REPRESENTATION—SCOTLAND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In Glasgow, the general practitioner is very poorly represented on the General Medical Council. I think it very desirable that we should have a representative man from the West of Scotland, and I don't think a better man could be got than Professor Campbell Black whose work in the profession for the last twenty years merits some recognition.

I am, Sir, yours, &c.,

20 Woodlands Road, Glasgow, JAS. SWANSON.
July 13th, 1896.

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THE OBSTETRICAL SOCIETY AND THE MIDWIVES' BILL.

WE have been asked to publish the following correspondence:—

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have the honour to place the resignation of my membership of the Council of the Obstetrical Society in your hands.

This course, which in view of the honour which the Fellows of the Society conferred upon me by their selection, I now take with much regret, would have been adopted by me earlier, had it not been my conviction that, in view of my opinions upon the questions of the prevention of puerperal fevers and the registration of midwifery nurses, it was my duty to do what lay in my power to modify what have since been universally recognised as ill-considered measures, rather than to take the easier steps of avoiding my share of the discussion and the disagreeable necessity of opposition.

In January, 1891, a discussion on the Principles of the Midwives' Registration was instituted by the Council, but no indications of any details of a legislative measure were given, and the discussion was therefore fruitless. Since that time, however, a Bill for the Registration of Midwives has been introduced into the Houses of Parliament, and the Council has taken steps to further the progress of that Bill.

Now, I have protested against the taking part by a scientific society, whose organisation is unfitted for political discussion, in a matter of politics. I have urged the impropriety of the action of the Council in taking steps to further the progress of a Bill when not a single syllable of that Bill has ever been discussed either in the Council, or at the meetings by the Fellows of the Society, and further, the unseemliness of allowing the legislature and the community to be led to the belief that the Obstetrical Society was in its favour. Under the circumstances I have invited the Council to call a meeting of the Fellows in order that the Bill might be discussed, supporting this with a request signed by three Fellows of considerable standing in the Society, one of them an ex-president; but this invitation was not accepted. I have called attention to the conduct of business at the last annual meeting and moved a resolution, proposing the formation of a comittee to revise the rules relating to the public business of the Society, but the resolution was lost. Since this was the last constitutional step I could take by way of protest, I feel that there is no longer any reason for me to remain in a position in which I can be of no service to those who elected me, and which is most distasteful to myself.

I am, Sir, yours, &c.,

Hatfield, Herts, 1896. LOVELL DRAGE.

[To the President of the Obstetrical Society of London].

[REPLY].

Obstetrical Society of London,
July 26th, 1896.

DEAR SIR,—I beg to acknowledge the receipt of your letter of July 21st, resigning your seat on the Council of the Society.

Yours faithfully,

Dr. Lovell Drage. F. H. CHAMPNEYS.

Laboratory Notes.

TABLOIDS, SOLOIDS, AND SERUMS.

IT is really an embarrassing task to keep pace with the steady but rapid stream of pharmaceutical novelties introduced by Messrs. Burroughs, Wellcome & Co., and considerations of space prevent our doing full justice to innovations, some of which are of considerable therapeutical importance.

The most interesting are the tabloids of organic substances, of various origins, the therapeutical uses whereof are still vague and empirical. There are, to begin with, the "Salivary Gland Tabloids," which, it is suggested, may not only prove useful in amylaceous dyspepsia, but also in other undefined ways, on the principle, apparently, that as all secretory glands are supposed to have an internal, as well as an external, secretion, the former *may* play a part in maintaining the physiological equilibrium. Then we come to the "Cervical Lymphatic Gland Tabloids" which, we are informed, are given "in glandular troubles which have their origin not in a diathesis, but in local disease." This suggestion, however, is discounted by the subsequent statement that these tabloids "are employed by physicians" in lymphadenoma, Graves' disease, &c., which are surely diseases of the diathetic class, or, at any rate, are in no sense "local." We shall look to the physicians who are using them to throw some light on this problem.

The Pineal gland, it is truthfully remarked, is still a mystery so far as its function is concerned, but the fact apparently does not deter the same, or other, physicians from prescribing them "in cases of organic and functional disease of the brain with failure of nutrition," *inter alia* mania, dementia and cerebral softening. How a strictly mechanical phenomenon like cerebral softening can be influenced by medication we are at a loss to imagine.

Among the other tabloids belonging to this group we have "Nuclein Tabloids," containing a phosphorised proteid body which is said "to increase the number of white corpuscles in both healthy and tuberculous subjects." They are therefore indicated (we are told) in chronic rheumatism, neurasthenia, chronic catarrhal bronchitis, and suppurative tonsillitis! We must mention, *pour memoire*, the "Kidney Substance Tabloid," indicated in diseases from failure of the internal renal function. "Fallopian Tube Tabloids" for hysteria and allied neurotic disorders, surely a *reductio ad absurdum* of organic therapeutics, "Liver Tabloids," and, finally, "Spinal Cord Tabloids," of which, from a therapeutical point of view, perhaps the less said the better.

While we must reserve judgment on the question of the therapeutical value of these preparations, we cannot but admire the enterprise of the firm in enabling investigators to conduct their observations with reliable products. The *rôle* of the manufacturing chemist, after all, is to supply all recognised demands, and if the demand at times savours of "therapeusis extraordinary" that is no concern of his.

The Tabloids of Pancreas Substance stand on firmer ground, and we can conceive that they may be found of service in various obscure morbid conditions more or less directly associated with disease or following removal of that organ.

The Tabloids of Purified Ox Gall are indicated in intestinal disturbance due to deficiency or suppression of bile. They have an alterative and laxative action, very useful in certain cases of chronic constipation. These tabloids are keratin-coated to enable them to resist disintegration until they reach the intestines.

Even this does not exhaust the list, for we still have to notice the tabloids of Chloralamid and Bromide of Potassium (ā ā 5 grains). These have a powerfully hypnotic action in various forms of insanity. They are also stated to exert a favourable influence in sea sickness.

The tabloids of Bitartrate of Lithia in the compressed effervescent form, are obviously an elegant and agreeable means of treating diseases associated with the presence in the blood of an excess of uric acid.

Lastly, we have "Uranium Nitrate Tabloids" prepared in accordance with recent researches into the treatment of diabetes, and "Piperazine Tabloids," a convenient form in which to exhibit this powerful uric acid solvent, while in "Stypticin Tabloids" we are presented with ½ grain doses of Hydrochlorate of Cotarnin one of the products of the oxidation of the opium alkaloid narcotin. It is said to be a powerful uterine hæmostatic, possessing several advantages over hydrastis and other hæmostatics. Stypticin is given by the mouth or hypodermically.

The "Soloids" constitute a very useful departure in what we may term "antiseptic pharmacy," enabling the surgeon or the nurse to prepare titrated solutions at the shortest notice. Among the recent additions to the list, we may mention Zinc Chloride, gr. j; Corrosive Sublimate, 1·75 gr. (one tabloid in four fluid ounces of water yields a 1-1,000 solution); Silver Nitrate, gr. j; and Potassium Permanganate, gr. v. One of the latter in an ounce of water gives a solution of the official strength.

For some time past attention has been devoted both in Germany and in France to the use of *anti-typhoid serum*. It may interest those who are *au courant* with the results of recent research in this direction to know that this

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serum, of full potency, is now prepared by Messrs Burroughs, Wellcome & Co., in the *dry* as well as the liquid form.

The same remarks apply to the *Anti-Syphilitic Serum*, now for the first time prepared in the dry form, a task presenting considerable difficulty.

Medical News.

The British Laryngological Association's Dinner.

AFTER the general meeting the British Laryngological Rhinological, and Otological Association, on the 17th inst., the annual dinner took place in the evening at the Langham Hotel, when between forty and fifty members and guests sat down to an excellent repast, under the chairmanship of Dr. Geo. Stoker, president. Among the guests were Mr. Timothy Holmes, Dr. MacKellar, of St. Thomas's Hospital, Canon Shaw, Dr. Bosworth, of New York, &c. The speeches were somewhat above the usual post-prandial order of things, and some highly amusing stories were told. The instrumental music, too, was decidedly unique, and the singing excellent, and altogether a very enjoyable evening was spent, on which the president is to be congratulated.

The Small-Pox Epidemic in Gloucester.

THE outbreak of small-pox at Gloucester being almost over, the Sanitary Committee of the city do not intend publishing any further weekly statistics. It is understood, however, that there have been very few fresh cases notified, and only one or two deaths. At the police court last week, several persons were summoned for the non-vaccination of their children. In two cases orders to vaccinate were made by the magistrates; the other cases were adjourned.

Dinner to Dr. Power.

A DINNER was given on the 21st inst., at the Holborn Restaurant, to welcome to London Dr. F. B. Power, late of Madison University, U.S.A., who has undertaken the post of Director of the Research Laboratories of Messrs. Burroughs and Wellcome. Mr. H. S. Wellcome occupied the chair, and about fifty guests sat down to an excellently chosen and well-served repast, amongst whom were Dr. Sydney Ringer, Dr. Wm. Murrell, Dr. Kerr, Professor Hughes, F.R.S., Mr. Bokenham and others engaged in medical and scientific pursuits. Dr. Power certainly was the object of a most cordial reception, and, judging from his past career in the United States, first as chief of Professor Parrish's laboratory in Philadelphia, secondly, as assistant to Professor Flückiger in Strasburg University, and subsequently, as Professor of Chemistry in Madison University, much valuable work should result from his association with the laboratories of which he is now the head. The reception was enlivened by some excellent music, and during the evening an exceptionally good set of speeches lent interest to the occasion.

Volunteer Medical Association.

THE annual competition for the Ambulance Challenge Shield took place at Wellington Barracks on July 18th. Eight squads competed, and were thoroughly tested in each of the four departments into which the examination was divided. Two examiners in conjunction took charge of each department as follows:—Stretcher Drill: Surgeon-Major Grier, Instructor A.M.S., Aldershot; Surgeon-Capt. I. Edward Squire, M.D., V.M.S.C. Bandaging: Surgeon-Lieut.-Colonel M. Baines, V.D., V.M.S.C.; Surgeon-Lieut. R. Fletcher, V.M.S.C. First Aid: Surgeon-Major Hurst, V.M.S.C.; Surgeon-Lieut. R. Handfield-Jones, V.M.S.C. Anatomy: Surgeon-Major Collingridge, V.M.S.C.; Surgeon-Capt. Valentine Matthews, V.M.S.C. The result of the competition was the 1 V.B. Highland L.I. obtained 264marks, out of a possible 300. The same regiment having gained it in 1895.

The Scarlatina in Dublin.

THE week ending the 18th of July witnessed an increase in the number of cases of scarlatina; 40 were admitted to hospital against 31 in the previous week, and the number remaining under treatment was 219, 11 in excess of previous week.

PASS LISTS.

University of Glasgow.

THE following is an official list of Degrees conferred at the graduation ceremony on July 21st, 1896:—

DOCTORS OF MEDICINE, (M.D.).—I. With Commendation.—Frederick Dittmar, M.A., M.B., C.M., Scotland; Albert Alexander Gray, M.B., C.M., Scotland; Adam Thomson Nisbet, M.B., C.M., Scotland; James Todd, M.B., C.M., Scotland.

II.—Ordinary Degree.—John Brown, M.B., C.M., Scotland; William Brown, M.B., C.M., Scotland; John Richmond Bryce, M.B., C.M., Scotland; Hugh Dickie, M.A., M.B., C.M., Scotland; Anthony Inglis, M.B., C.M., Scotland; Hugh Kelly, M.B., C.M., Scotland; William Roberton, M.B., C.M., Scotland; Patrick Aloysius Smith, M.B., C.M., Scotland; David Stiell, M.B., C.M., Scotland; Robert Robertson Young, M.B., C.M., Scotland.

BACHELORS OF MEDICINE AND MASTERS IN SURGERY (M.B., C.M.).—I. Honours. John Knight, Scotland, gains the Brunton Memorial Prize of £10, awarded to the most distinguished graduate in medicine of the year, and Madge Spears Maclean, Scotland.

II. Commendation.—Samuel Anderson, B.Sc., Ireland; Hugh Calderwood, B.Sc., Scotland; John Souttar M'Kendrick, Scotland; John Affleck Hope, Scotland.

III. Ordinary Degrees.—James Francis Agnew, Ireland; William Allen, England; Thomas Angus, Scotland; William Buchan Armstrong, Scotland; John Bain, Scotland; Thomas Walter Bayne, Scotland; Hugh Howie Borland, Scotland, John Tait Bowie, Scotland; George Arbuckle Brown, Scotland; William Brown, Scotland; James Butler, Scotland; Charles Hodge Cairns, Scotland; Malcolm Campbell, Scotland; John Lindley Carstairs, M.A., Scotland; Thomas Cochrane, Scotland; Peter Latimer Leitch Craig, M.A., B.Sc., Scotland; James B. Cumming, Scotland; John Arthur Clarke Doonan, Ireland; Frank Elliott, Scotland; Thomas M'Gibbin Fletcher, Scotland; James Gardner, Scotland; Daniel M'Intyre Glen, Scotland; Edith Ellen Goodrich, England; John Gordon, Scotland; Joseph Green, England; Andrew Francis Wilson Gunn, Scotland; William Hansen, Scotland; Mary Baird Hannay, Scotland; Gavin Dalzell Hunter, Scotland; John Hunter, Scotland; Allen Iredale, England; Edwin Brooke Jago, Scotland; Charles Lowson, France; John Marshall, Scotland; Archibald Mason, Scotland; John Morton, Scotland; John Walker Munro, Scotland; James M'Clure, Scotland; James Campell M'Clure, Scotland; William Milroy M'Farlane, Scotland; Joseph M'Gowan, Scotland; Angus MacPherson M'Intosh, Scotland; Alexander Anderson M'Nab, Scotland; Thomas Duncan Newbigging, Scotland; William Seaton Paterson, Scotland; Samuel Prior, England; Mildred Ransome, England; Alexander Robertson, Scotland; Alexander Scott, Scotland; Michael Wilson Symington, Scotland; Roberta Henrietta Marguerette Stewart, Scotland; James Craik Taylor, Scotland; Henry Hyslop Thomson, Scotland; Anthony Vost, Scotland; Herbert Kidson Wallace, B.Sc., England; James Weir, Scotland; Henry Whitehouse, Scotland; James Eric Wilson, Scotland; Robert Tait Wood, Scotland; Herbert Yearnshaw, England.

The degree of Master of Arts (M.A.) was conferred on Donald Douglas.

Royal College of Physicians of Edinburgh, Royal College of Surgeons of Edinburgh and Faculty of Physicians and Surgeons, of Glasgow.

THE quarterly examinations for the Triple Qualification took place in Edinburgh in July with the following results:—

First examination, four years' course: Of thirteen candidates entered, the following nine passed the examination:—

Richard Mayman Hay, William Moore Shipworth Robinson, William Edward MacManus Longford, Lydia Prio Datt, Robert Joceln Meade, Amy Norah De Souza, William George Fee, William Rogers Jones, and Albert Warren Swettenham.

First examination five years' course: Of twenty candidates entered the following thirteen passed the examination:—

Arthur Forsyth Bowen, William Owen Prichard, John Thomson Malloch, Winifred Muirhead; George Day, Alexander Sharp, Henry Martyn Newton, William Burns, Mary Brice Carr, John Joseph Dunne, William Welsh, Charles Russell Sutherland, James McMurray; and three passed in Physics and five in Biology.

Second examination, four years' course: Of 15 candidates entered, the following 8 passed the examination:—

Henry Nuttall, Wesley John Jenner, Morgan Kavanagh Quinlan, Ernest Hosking Birchall, Richard Mayman Hay, William Robert Murison, Benjamin Wade, and William O'Sullivan, and one passed in Materia Medica.

Final Examination.—Of 87 candidates entered, the following 41 passed the examination, and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. & S.G:—

Henry David Lauchlan, John Duncan McDonald Newlands, Hamilton George Frampton Stallard, Leopold Emmanuel Braganza, Fraser Dosabhoi Shapoorji, William Gordon Matthew Byers, Patrick Heanen, Edward Joseph Howley, Joseph Thorpe Wait, Robert Stothart Wells, Charles Edward Page, Abraham Goltman, Mark McClelland, Walter Herry Grant Broyer, Annie Louisa Brennan, Robert Weir Neill, Aylmer, Selik Wigoder, Henry John Mackison Wyllys, Isabella Aitken, Josiah Stephen Nedd, Sydney Octavius Hall, Maurice Hogan, William Daly, Manech Dadabhai Naoroji, Archibald Greer, Andries Lourens de Jager, Charles Nathaniel Fraser Poole, Manak Turkhud, Albert Robinson Wilkinson, Alexander Joseph O'Driscoll, Morris Frederick Horsley Gamble, Thomas William Pattinson, John James Edgar, Sydney Shakspere Broadbent, Wallace Eales Percy Brooke Unwin, John Titus, Clarence Parker, Windle, William Henry Doran, Charles St. Hill Robinson, and Robert Bradshaw; and 4 passed in Medicine, 1 in Surgery, and 1 in Midwifery and Medical Jurisprudence.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials* and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

THE LEGALISATION OF THE METRIC SYSTEM

MR. RITCHIE has promised, on behalf of the Government, that he will shortly introduce a Bill dealing with the proposed introduction of the metric system, but it is to be understood that his object at present is only to submit the details to criticism, and that no attempt will be made to proceed with the measure this session.

DR. KELLGREN (Munich).—We hope to have space for your paper next month. Proofs shall be sent as desired, and instructions about engravings have been put in hand.

ABSTRACTS.—Receipt of abstracts of papers to be read in the sections at the Carlisle meeting of the British Medical Association are acknowledged from Dr. Harry Campbell, Dr. Norman Kerr, Dr. G. Hunter Mackenzie, Dr. Antony Roche, Dr. T. D. Savill, Dr. W. Roger Williams.

FORTHCOMING MEDICAL CONGRESSES.

To those who enjoy spending their holiday in connection with congresses, there will be ample attractions during the present week and next. In addition to the annual meeting, at Carlisle, of the British Medical Association, there is the Dermatological Congress in London, at which we understand a not inconsiderable contingent have signified their intention of being present. Then there is the French Congress of Medicine at Nancy from August 6 to 11, which although not international is nevertheless open to the profession of this country, and which promises to be decidedly interesting, serum treatment in its varied ramifications being the chief attraction, whilst among the excursions the Compagnie des Aux de Contrexéville have engaged a special train, and in addition offer *déjeuner et dîner* to all members on Sunday the 9th, and on Tuesday the 11th the Compagnie des Thermes offer similar inducements to members visiting the bathing establishments at Plombières.

M.D.Cantab. (Bradford).—Our correspondent will find a large number of references to the subject in the volumes of the *Index Medicus*. If he has not access to this publication, perhaps he could obtain the kind services of some friend in London who would consult its pages for him. The *Index Medicus* can be seen either in the library of the Royal College of Surgeons, or that of the Royal Medical and Chirurgical Society.

A CORRECTION.

IN the recent announcement of the award of prizes at the Royal College of Surgeons in Ireland the name of the Gold Medallist in Surgery was incorrectly given. It should have been that of Mr. C. H. W. McCullagh.

OUR FRENCH CORRESPONDENT.—Your interesting case of "Cerebral Rheumatism with Disintoxication of the Blood" is marked for early insertion.

WOMEN AS GYNÆCOLOGISTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to letter and editorial remarks on the above subject, as found in MEDICAL PRESS of June 10th, I venture to give further ideas.

With your comments I entirely agree. Women are more especially adapted, by nature and otherwise, to study and treat diseases peculiar to themselves than to study sciences of an *objective* kind. Practitioners often make a *special* study of a disease from which they themselves suffer, and by being thoroughly in earnest in this special study they are not failures in it. The knowledge men gained of gynæcology was obtained from women themselves. The public can choose either sex as medical attendant.

I am, Sir, yours, &c.,

J. S. SWAIN.

22 Rutland Road, Ilford, Essex, July 16th, 1896.

MIDWIFE (Bedford).—In many of the States in America purulent ophthalmia is a notifiable disease. If a midwife or the person in charge of an infant notices that one eye or both eyes of the child are red and inflamed, at any period within fourteen days after birth, the fact must be notified in writing within six hours to a legally-qualified medical practitioner residing in the district. Failure to report these cases renders the delinquent liable to a fine of £20.

VEXATA.—Judging from the facts you bring before us the officials certainly seem to have been guilty of regrettable discourtesy. At the same time we do not see what recourse is available except that of "dignified contempt."

Vacancies.

County Asylum, Shrewsbury.—Junior Assistant Medical Officer. Salary £100 per annum, with board lodging, and washing, rising to £120. Applications and testimonials to the Medical Superintendent not later than August 7th.

Cumberland Infirmary, Carlisle.—House Surgeon. Salary £70 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary on or before August 11th.

Earlswood Asylum for Idiots, Redhill, Surrey. A fully-qualified registered Practitioner to take charge of the Asylum. Salary £:00, with furnished residence, coals, and gas Applications and testimonials to the Board of Management, 34 King William Street, E.C., on or before August 18th.

General Hospital, Nottingham.—House Surgeon. Salary £100, rising £10 a year to £120. Applications and testimonials to the Secretary not later than August 8th.

Holloway Sanatorium Hospital for the Insane, Virginia Water.—Junior Assistant Medical Officer. Salary £100 per annum, with board, lodging, and laundry. Applications to the Medical Superintendent.

Metropolitan Asylums Board—Brook Fever Hospital, Shooter's Hill, Kent. Assistant Medical Officers (unmarried). Salary £160, rising to £200, per annum, with board, lodging, and washing. Applications and testimonials to the Clerk on or before July 29th. (see advert.)

Norfolk and Norwich Hospital—House Surgeon (unmarried). Salary £60 per annum, with board, lodging, and washing, Applications and testimonials to the Secretary on or before August 15th.

Southport Infirmary.—Assistant House and Visiting Surgeon. Honorarium at the rate of £30 per annum, with residence, board, and washing. Applications and testimonials to Joseph Worall, on or before Aug. 14th.

St. John's Hospital for Diseases of the Skin, 49 Leicester Square, W.C.—Superintendent. Salary £2.0 per annum. Full particulars from the Hospital on or before 20th inst. (see advert.)

Suffolk County Asylum.—Assistant Medical Officer (unmarried). Salary £120 per annum, rising to £140, with board, lodging, &c. Applications and testimonials to the Resident Physician and Superintendent.

Appointments.

CATHCART, C. W., M.B., F.R.C.S.Edin., F.R.C.S.Eng., Examiner in Surgery, Aberdeen University.

COGAN, L. F., L.R.C.P.Edin., M.R.C.S., Medical Officer of Health for the Borough of Northampton.

GRIFFITH, T. W., M.D.Aberd., M.S., Examiner in Anatomy, Aberdeen University.

LANGLEY, W. J., L.R.C.P., L.R.C.S.Ed., Medical Officer for the Baghurst and Tadley Sanitary District of the Kingsclere Union.

MORRISON, C. S., L.R.C.P., L.R.C.S.Ed., L.F.P.S.Glasg., Medical Superintendent of the Hereford Asylum.

NEWALL, W.A., M.B., Ch.B.Vict., Resident Visiting Surgeon to the General Infirmary, Chester.

POIGNAUD, M., M.D.Aberd., M.R.C.S., Medical Officer of Health by the West Dean Rural District Council.

RABY, L., M.D.Durh., M.R.C.S., an Honorary Medical Officer to the Devizes Cottage Hospital.

ROWBOTHAM, A. J., M.R.C.S., Medical Officer for the Willingham Sanitary District of the Gainsborough Union.

STOCKMAN, R., M.D., M.S.Edin., F.R.C.P., Examiner in Materia Medica, Aberdeen University.

THOMPSON, W. H., M.D., M.S.Irel., F.R.C.S.Eng., Examiner in Physiology, Aberdeen University.

TOBIN, J. J., M.D.Irel., M.Ch., Deputy Medical Officer of Health for the Borough of Ilkeston.

TROW, A. V., M.B., C.M.Aberd., an Honorary Medical Officer to the Devizes Cottage Hospital.

WEBB, F., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health by the Newcastle Town Council.

Births.

BATTEN.—July 21st, at Campden Lodge, W., the wife of Rayner D. Batten, M.D., B.S.Lond., of a daughter.

Marriages.

CUSHNY—FIRBANK.—July 21st, at Ealing, Arthur Robertson Cushny M.A., M.D., Professor of Materia Medica and Pharmacology, University of Michigan, U.S.A., to Sarah Firbank, daughter of Ralph Firbank, Esq., C.E.

HUSBAND—KNIGHT.—July 20th, at St. John's Church, Clifton, Bristol, Frank Husband, M.R.C.S., L.R.C.P., of Crowland, Peterborough, to Emily J. Knight, daughter of George Knight, Esq., Gloucester.

Deaths.

COOPER.—July 21st, at Grimston Lawn, Ealing, Reginald Augustus Cooper, M.R.C.S., of St. George's Hospital, aged 23.

GILL.—July 24th, at 8 Chester Place, Regent's Park, from heart failure, Mary, wife of Walter Batterahell Gill, M.D.Lond., F.R.C.S.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, AUGUST 5, 1896. No. 6.

Original Communications.

FURTHER CONTRIBUTIONS ON THE TREATMENT OF DIABETES MELLITUS BY URANIUM NITRATE. (a)

By SAMUEL WEST, M.D., F.R.C.P.,

Assistant Physician to St. Bartholomew's Hospital; Senior Physician to the Royal Free Hospital, &c., &c.

FURTHER experience during the last twelve months has confirmed the general results which I stated in my paper read before the British Medical Association last year.

The effects of the drug are, (1) to diminish the thirst, (2) to reduce the amount of urine passed, and (3) to reduce the percentage of sugar. Like all other drugs used in the treatment of diabetes, uranium nitrate does not influence all cases equally favourably. The clinical investigation of the action of drugs in diabetes mellitus is not by any means an easy one. It involves time and care to eliminate the many disturbing factors in the results. In hospital cases, I have taken the patients into the ward and kept them for some time upon diebetic diet, until the benefit derived from dieting, rest, freedom from care and fatigue had fully shown themselves.

As soon as the patient appeared to have arrived at a condition of equilibrium the drug was administered, in small doses at first, which were afterwards gradually increased.

In private practice the results are not so conclusive, and the difficulties to be surmounted are often considerable.

Reference is first made to one of the cases recorded in last year's paper, Mrs. W., who, after an attack of severe influenza, during which time the drug had to be suspended, the percentage of sugar, which had been almost nothing, rose during the influenza to between 4 and 5, subsequently falling back again to about 3. She did not resume the drug, partly because she did not appreciate the difference between 3 or 4 per cent. of sugar and practically none, and because the disease had not been cured by the drug, and for another reason, because she thought the medicine upset her digestion from time to time. She is now passing about 3 or 3·5 per cent. of sugar, but in other respects is fairly well.

Among the new cases to be recorded in the present year there are none which present such striking features as those which were published last year; still, several show the same general improvement, though not in the same degree.

Case I was an instance of acute diabetes in a woman, æt. 22. On admission she was passing 10 pints of urine and giving 8 per cent. of sugar. After being dieted for three weeks in the hospital, the amount of urine was reduced to 4 pints, and the percentage of sugar from 8 to 6, but during all this time there were very great fluctuations in the amount of urine and in the percentage of sugar, such as are usually seen in bad cases of diabetes.

After being placed upon uranium nitrate, the doses being gradually increased to 5 grains three times a day, the percentage of sugar was reduced to 4, the patient was greatly improved and gained 10 lbs. in weight, and the irregular fluctuations previously referred to entirely disappeared. On leaving the hospital a short time afterwards the percentage was 3·5, and the quantity of urine 3½ pints. She went home to the anxieties and work involved in the care of a family of small children, was unable to continue the dieting, and, I believe, died not long after.

The second case, a woman, æt. 44, was passing 7 pints of urine and 7 per cent. of sugar, with considerable fluctuations between a maximum of 8·3 per cent. and a minimum of 6·5.

After being dieted in the usual way, the percentage fell to 6·8, and then uranium nitrate was given, with the result that the percentage fell to 4·6. She greatly improved in the hospital, and continued the drug some time after she left.

The third case was that of a young man, æt. 25, a case of acute diabetes of short duration. He was passing, on admission, 7 pints of urine, with a percentage of between 6 and 7 of sugar.

Ordinary diet produced but little effect upon the quantity of urine and not much upon the percentage of sugar. Under the influence of the drug the percentage fell from six to between three and four.

Ten grs. of the drug were taken three times a day without any inconvenience; the appetite remained good, and the weight increased. Towards the end of his time he was allowed to have four to six ounces of bread or toast. The drug was continued, but under this diet the percentage rose only to 4·5, that is to say, not as much as might have been expected. He has been taking the drug now for a long time as an outpatient, he is considerably heavier than when he was in the hospital, and is able to do his work well, and although under irregular conditions of diet the percentage is heavier, still he believes the drug is a necessity to him, and he is much better and abler for his work while taking it.

The fourth was that of a man, æt. 50; a bad case of only six months duration. The urine was about five pints, with 6 per cent. of sugar. He was dieted as strictly as possible, but it was not possible to get him to do without bread. The uranium was increased up to 10 grs., three times a day, which he took without any inconvenience, and he gained several pounds in weight. Under the combined action of the drug and diet, the quantity of urine was reduced about a pint, the specific gravity remaining much the same, and the percentage fell rather more than 1. The most marked feature about this case was that the irregular fluctuations, which had been so marked soon after his admission into the hospital, entirely disappeared, and the quantity and percentage became fairly constant.

The last case was that of a private patient, æt. 41, who had been the subject of diabetes for about four years. In this case, I regret to say, the drug did not prove a success. He was never able to take more than 3 grs. three times a day, and while taking the drug the lowest percentage that was reached was 2·3.

As long as he was under my observation the percentage averaged about 3 before taking the drug. Before he came under my observation the analyses had

(a) Abstract of Paper read at the Annual Meeting of the British Medical Association, Carlisle, July 30th, 1896.

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been made very irregularly, but it was stated that the percentage had, on occasions, been lower than this, and that on some days sugar had been entirely absent. These facts I cannot vouch for. The drug, in the doses given, seemed really to have little or no effect, and as the digestion became somewhat disturbed, the drug had ultimately to be suspended. The failure of the drug in this case may be attributed, I think, in some degree to the idiosyncrasy of the patient, who was unable to take anything but very small doses, and even that not for any length of time.

The general conclusions that may be drawn from these additional cases are the same as those which I expressed last year, viz., that we have in uranium nitrate a drug of considerable value in the treatment of diabetes mellitus, though, like all other drugs, it cannot be relied upon to produce equally good results in all cases indiscriminately.

RECENT DEVELOPMENTS OF GYNÆCOLOGICAL SURGERY. (a)

By J. HALLIDAY CROOM, M.D.,
Physician to, and Clinical Lecturer on Diseases of Women at, the Royal Infirmary, Edinburgh.

IN no department of medicine have advances been more rapid; in none has the evolution of our art been more conspicuous; in none the results more brilliant than in gynæcology. The perfecting of ovariotomy has resulted in the saving and prolonging the lives of multitudes, and now men are turning their minds with fresh ardour, within the last few years, to dealing with the direst of women's foes—namely, uterine cancer.

When we consider the prevalence, the increasing prevalence, of cancer of the uterus, cervical and corporeal, and its short course and inevitable termination, it is not to be wondered at that the surgical treatment of it has always received the careful attention of the gynæcologist, and during the last decade has come into special prominence. According to a recent estimate, there cannot be fewer than 8,000 women suffering from this disease in England and Wales. Of all women who die of cancer, one-third die of cancer of the uterus, and the cervix, like other ostia, such as the lip, pylorus, cæcum, and rectum, is a frequent seat for it. It is needless for my present purpose to go back to the discussion as to whether cancer has its origin constitutionally or locally. This is certain: whether in the breast or uterus, cancer, if recognised early enough, can in most cases, when dealt with thoroughly, be removed sometimes permanently—at all events, so as to very materially prolong life.

Vaginal hysterectomy is an old operation, dating as far back as 1822, and, indeed, in the earlier part of the century the treatment of cancer received great attention. It was Recamier who first brought the operation into notice, and he first recognised the necessity of ligaturing the uterine arteries. He successfully, in 1829, performed hysterectomy for uterine cancer. From that time onwards it was practised with but little success, and to a very great extent was abandoned, and it is only within comparatively recent years, owing mainly to the work of Schroeder, Martin, Pean, and Doyen, that the operation has become a comparatively safe and certainly a very easy and neat one. Modern instruments and improvements in technique have secured for the operation a place amongst the shortest, simplest, and most complete.

Sepsis and hæmorrhage are, of course, the main risks. With scrupulous antiseptic precautions and a free drain the former is reduced to a minimum, and with the use of the clamp the latter is not a very serious anxiety. With an improved and simplified operation such as I have just referred to, the question arises, What is its field? Looking at the prevalence of cancer one would at first say that it was an extensive one, and, judging by the records of various German surgeons, one would arrive at the conclusion that the field is not only a very large one, but that the immediate and, what is more to the point, the remote results are eminently satisfactory.

Now, gentlemen, is this really so? For vaginal hysterectomy to be successful, mobility of the uterus, freedom of the fornices, and, as a result, the possibility of pulling the cervix well down to the vulva are the essential points. The more these desiderata are in evidence the greater is the prospect of ultimately prolonging life. Without these conditions the operation can, of course, be performed, but I question if it either relieves suffering or prolongs life. The expectancy of life of a patient with cancer of the cervix is two years, sometimes even longer, and unless one can by operation offer extension of life, it is worthless because be it observed the relief from discharge and hæmorrhage is only temporary, for the disease soon returns to affect peritoneum, bladder, and rectum, and it is further an open question whether death is averted any longer than when the disease is allowed to take its natural course, and the patient dies in the euthanasia of an opium eater.

All partial and incomplete operations are practically valueless. If the whole diseased structure is not removed, the patient, in the majority of cases, is worse than before. The mortality of the operation is not great, and as the experience of each individual operator increases, and as the technique improves, it will become less and less. The point, however, is to get suitable cases. I fear my experience is exceptional, but exceptional though it may be I feel bound to state it.

During the last ten years both in private and hospital practice I have seen over 300 cases of malignant disease of the uterus, and though it has been my constant endeavour to get cases suitable for vaginal hysterectomy, it has surprised me how very few have ever come before me which conformed to all the requirements likely to make the operation of permanent value.

The rarity of suitable cases is easily accounted for. Malignant disease of the uterus often attacks strong and apparently healthy women, and it is not until the body begins to fail from the continuous drain of blood and serum from the diseased organ that the sufferer applies for relief, and by that time the disease is so far advanced that surgical interference is impossible. But a certain responsibility also rests with the physician, and it rests with him to recognise as early as possible the malignant nature of the disease, and thereby give the patient her only chance. Whenever the condition is diagnosed it should be operated upon at once, and this is the grave responsibility that lies with us. With an early recognition of the malady and with vaginal hysterectomy I believe the disease is as curable as in the mamma, but after the disease has invaded to any extent surrounding tissues, it seems to me that operation is not only useless, but, what is worse, in many cases shortens life. The lesions which are likely to be mistaken for malignant disease of the body and cervix respectively are senile uterine catarrh and chronic cervical catarrh, and while in the majority of cases with due care and attention a correct diagnosis can be made, yet in many it is extremely difficult. I would much rather see a uterus which has ceased to function removed, as it can be by hysterectomy, and the condition found afterwards to be simple, than have a possible malignant condition overlooked till too late.

With regard to hysterectomy for conditions other than cancer, such as prolapsus, fibroid, and subinvolution, this is an operation which, from its simplicity, requires to be very carefully safeguarded. Like the

(a) An Address delivered at the Opening of the Section of Obstetrics and Gynæcology, at the Annual Meeting of the British Medical Association, held at Carlisle, July, 1896.

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removal of the uterine appendages for inflammatory disease, this operation bids fair to being overdone. Unlike uterine cancer, none of these diseases are in themselves necessarily fatal, and the symptoms and discomfort to which they give rise can in many cases be alleviated by other less drastic measures. I am free to admit that there are cases to which the operation offers perhaps the best prospect of cure, such as small bleeding fibroids and prolonged hæmorrhages from the uterus, which have resisted all other means of treatment, but such, so far as my personal experience goes, are comparatively rare.

Vaginal hysterectomy, as recommended and successfully practised by some American surgeons for puerperal sepsis and puerperal thrombosis, must be a proceeding which but very seldom can be reasonably advised, and that for three reasons.

1. That in acute septicæmia, the most fatal form of puerperal fever, the onset is so sudden and the general systemic infection so rapid that no purely local measures are of any avail.

2. In those cases where there is slow absorption from septic foci in the interior of the uterus satisfactory results can be obtained by antiseptic irrigation, or at most curettage of the uterus; and

3. That the conditions under which puerperal hysterectomy is undertaken must always be unfavourable since the woman is exhausted by labour and sepsis, and the risk of the after-operation intensified.

The *post-partum* condition, which seems to me the one which lends itself most readily to vaginal hysterectomy is that interesting one first mentioned by Sanger, and discussed recently by Drs. Spencer and Eden—namely, deciduoma malignum.

It is some years since Pean first suggested and practised vaginal hysterectomy for septic disease of the uterine appendages. This operation met with a very unfavourable reception, but as success followed the attempts of many the scope of the operation has been extended to chronic inflammatory disease of the uterine appendages. No doubt in many septic cases it may be preferable to opening the abdomen, since there is less risk of infection of the abdominal cavity, the drainage is more complete, and there is the avoidance of ventral hernia through the abdominal wound. It is argued that as a uterus without its adnexa can be of no advantage, is often a source of pain, and sometimes of hæmorrhage, its removal, along with the septic appendages, is probably the safer course to pursue To sum up:

1. Vaginal hysterectomy offers the very best and practically the only chance of cure in cases of cervical cancer, corporeal cancer, and sarcoma.

2. The operation must be performed sufficiently early and under the conditions already referred to.

3. If these do not exist the patient, in my opinion, is best left alone.

4. In some cases of septic disease of the uterine appendages hysterectomy is often the safest course to pursue.

5. While far from wishing to be dogmatic and realising fully that each case must be dealt with on its own individual merits I am disposed to think that the field for vaginal hysterectomy for other than malignant or septic disease is much more limited than the present

As regards salpingo-oöphorectomy, the position of this operation for various pathological conditions is now established and its sphere much better defined. The frequency of the operation for various inflammatory conditions has fortunately become much less, and one is glad to observe that an operation, excellent in itself, and which in earlier days was overdone, is now limited to gross pathological lesions of the ovaries and tubes.

Removal of the ovaries, too, for bleeding or rapidly growing fibroids is gradually being supplanted by an operation much more certain in its results, though more dangerous for the moment—that of abdominal hysterectomy. This operation at one time had such an alarming mortality as to be quite deterrent. Even yet the death-rate is most undesirably and, perhaps, needlessly high, and it is an operation which, except in the hands of experienced operators, is not to be undertaken without considerable anxiety. The improvements in this operation have been no less remarkable. The ligature of the broad ligaments and uterine arteries, the substitution of the intra- for the extra-peritoneal stump, the complete removal of the whole organ by panhysterectomy, and the remarkable results obtained by both foreign and British operators make this a more thorough and reliable method of dealing with these growths than any. It is further possible, in most cases, to have recourse to this operation when the safer and simpler operation of removing the ovaries has failed to give the desired relief.

In a large number of cases, especially when the tumour is of considerable size, removal of the ovaries is an impossibility, and hysterectomy is the only means of dealing with them. We now recognise that the inconveniences and dangers of fibroid tumours do not by any means cease with the menopause, but I must say that I have no sympathy with the indiscriminate removal of these simple tumours, and I can never conscientiously advise a patient to undergo the risk of hysterectomy unless urgent symptoms, such as rapid growth, mechanical pressure, hæmorrhage, or malignant degeneration present themselves.

Among the most recent suggestions for removal of the adnexa is that of Dr. Beatson, of Glasgow, who has shown cases of cancer of the breast so advanced as to be inoperable, but in which he had removed the ovaries and tubes, with the result that in one case an apparently perfectly hopeless cancer of the breast was actually cured, while in others a marked improvement took place. This opens up the wide question of the relation between the uterine appendages and the mamma, and suggests that cancer of the breast might be the result of some pathological changes in the ovary. Cancer consists in the proliferation of epithelium; this is a physiological process in the ovary, and Beatson suggests that cancer cells will be proved to be germinal epithelial cells. The subject is full of interest, and the cases recorded most remarkable, but until further evidence of success is adduced it will be well to reserve an opinion on the matter. I cannot say that in my experience women who have had both ovaries removed are more exempt from cancer of the breast than others.

As another example of the potent influence which the ovaries have upon the general economy, one might mention the accidental discovery and development of oöphorectomy for the cure of a once thought hopeless disease—osteomalacia. The cause of this disease is by no means accurately determined, and many theories have been advanced to account for it. Thus, some attribute it to zymotic influences, some to reflex nervous phenomena, some to dietetic causes, and others to altered chemical changes, Fehling believes the condition to be reflex, and consists in a trophoneurosis of the osseous system due to a pathological activity of the ovaries; but Dr. James Ritchie, of Edinburgh, has proposed that the disease has its origin in a primary affection of the spinal cord, the exact nature of which has not been determined. There is an irritability and perversion of function in conditions of lowered vitality and "the effect of reflex irritation from the ovaries or other organs at the menstrual period and during pregnancy might be sufficient to aggravate or excite the disease and prolonged lactation, damp, and other unfavourable hygienic conditions by lowering the general nutrition would also affect the nerve centres."

At all events, the effect of removal of the ovaries, or in some cases of the uterus, upon the progress of this

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terrible disease is one of the most striking results of the development of gynæcological surgery during the past decade. In many, the lesions of bone have been completely cured; in nearly all, marked improvement at any rate has taken place. Fortunately, this disease is rare in this country, but when a case does occasionally present itself, we are now in a position to deal with it, if somewhat empirically, at least to the very probable benefit of the sufferer.

Gentlemen, I have ventured this morning to occupy a brief portion of your time with a reference to some of the more recent develcpments of gynæcological surgery. In the adoption of these some of us may appear somewhat conservative and others inclined to press matters too far, and risk, perhaps, too much, yet the end we aim at is one. Precisely by such divergencies, ebbs and flows, the too much here, the too little there, is it—for it is opposing tendencies that seem to hold the balance—that our work, like every other, advances steadily and securely forward. And as the end is one, so plainly it is our duty and our privilege gratefully to take, having proved all things, the best wherever we find it. It is true of schools, as it is of individuals and of nations, each has its work, each has its day, each by its little contribution to the great whole, can at best but pave the way for its successors. You remember Lucretius wrote,

Augescunt aliæ gentes aliæ minuuntur
Inque brevi spatio mutantur sæcla animantum.

Yet we can all take our part in that race whose goal is the alleviation of human suffering, the progress of humanity, whose prize may be shared by all, and equally by all, who will leave to those who follow them the possession of some new knowledge gained.

The same poet also wrote,

Quasi cursores vitæ lampada tradunt.

ON THE VALUE OF ARTIFICIAL TEETH.

By J. SEFTON SEWILL, M.R.C.S., L.R.C.P., L.D.S.Eng.,

Dental Surgeon, Marylebone General Dispensary; Hon. Dental Surgeon, Home for Female Orphans, St. John's Wood.

IT not infrequently happens that medical men are asked to formulate an opinion as to the advisability of their patients wearing artficial substitutes in the absence, disease, or loss of teeth; and a few cases lately before the writer bring out several points for consideration so clearly, that it may not be inopportune briefly to notice some of them.

Of late years the medical student has had opportunities, at the large metropolitan hospitals, of becoming in some degree acquainted with the rudiments of dentistry.

Elementary as must of necessity be the knowledge thus gained, the opportunities for observation in this field are yet much greater to-day than they were a few years ago.

This knowledge none the less is practically confined to extraction of teeth, or their conservation; and the question of artificial teeth as a therapeutic agent is one which can of necessity receive little attention from the student, and but little more from the busy practitioner.

Perhaps one class of cases does come so frequently before the medical profession as to force itself into recognition by frequency of repetition; those cases, namely, in which the physician is consulted with regard to long-standing and intractable derangements of the digestive functions, associated with loosening or partial or total loss of teeth.

Chronic dyspepsia, whatever form it may assume, from inability on the part of the patient to divide food sufficiently to allow of its proper assimilation, is no doubt generally recognised as being dependent on the aforenamed conditions.

But, in many cases, not until the patient has temporised by experimenting with all the so-called remedies for indigestion, can he be persuaded to allow his dental armature to be reinforced and to gain relief by the dentist's art.

Another class of cases is that in which there is loosening and loss of teeth, not necessarily accompanied by decay. This class may be roughly divided into two categories, one in which there is general loosening of all the teeth, due to disease of the sockets, pyorrhœa alveolaris; and one in which there is loosening or loss of one or two teeth only, not necessarily associated with disease of the sockets.

To return to the subject of general loosening and rapid loss of teeth due to pyorrhœa alveolaris. Can anything be done, whilst this is proceeding, to fill up the gaps, and so assist the remaining teeth to withstand the extra strain put upon them? The answer to this question is decidedly in the affirmative.

A well-fitting plate—large, in order that the palate and alveolar border, not the loose teeth, may take the strain of it—bearing artificial substitutes for lost teeth, acting as a support or splint to the loose remaining teeth, will, in many cases, be found to mitigate the severity of the disease and retard its progress. Many teeth, whose case appeared almost hopeless, may be so supported and preserved from sudden jars and undue strains as to last for a considerably longer period than would at first sight be thought probable. The patient, too, has an opportunity of gradually becoming accustomed to wear artificial teeth. These patients frequently become edentulous in comparatively early life, and consequently require proportionately early extensive mechanical assistance (and artificial teeth are best tolerated and made best use of by patients who begin with a small denture).

Cases are not infrequently seen in which the front teeth, though apparently sound and implanted in healthy sockets, are becoming seriously dislocated forwards, a small amount of discharge may occasionally well up from their sockets, and under these conditions a case may simulate true pyorrhœa alveolaris. But if the mouth be examined carefully, it will be found that loss of back, grinding teeth has thrown the whole force of the jaws in closing upon the front teeth, and the loosening and progressive dislocation are due to no other cause than this, and disappear when, by artificial means, pressure is relieved. This may be accomplished by plates bearing artificial teeth.

Neuralgia, (*a*) says Mr. Hy. Sewill, is one of the commonest of complaints. The most frequent seat of neuralgia is the region supplied by the fifth nerve, and the most common cause is to be found in abnormal or pathological conditions of the teeth.

There is one condition more frequently met with than is commonly supposed in which neuralgia is primarily due to loss of teeth. The connection is not at first obvious, but is capable of simple explanation. As has already been pointed out, loss of teeth entails the application of extra masticating force to one or several of the remaining teeth. These become worn down in consequence, and come eventually to present the appearance of attrition which may so well be observed in in the teeth of the herbivora, and in those of some of the lower races of man. It is usually the grinding teeth which are thus worn down, and mastication takes place on surfaces of dentine instead of enamel. Dentine thus exposed mostly becomes polished, hard and insensitive, but on the other hand it may retain its sensibility or becomes exquisitely tender. This condition gives rise to severe neuralgia.

(*a*) "Medical Annual, 1876." Article: "Neuralgia due to Den Causes."

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Applications of cold or hot foods, or the sudden biting upon a morsel of food often giving rise to a paroxysm of pain. Applications of nitrate of silver or chloride of zinc will relieve the sensibility for a time, but the direction in which cure is to be permanently sought is the fitting of artificial teeth so adjusted as to relieve the affected teeth from pressure, and to equalise the masticatory force on all sides. It is quite possible by this means, combined with topical applications, to entirely cure a very distressing set of symptoms, otherwise difficult to deal with short of extraction of the affected teeth.

Rather different from these cases is the next. To the kindness of Dr. Abbott Anderson permission to report it is due.

An elderly lady consulted Dr. Anderson some months ago complaining of intense neuralgia originating in and radiating from the temporo-maxillary articulation in the right side. She was unable to separate the jaws more than ¼ in. without immediately causing a severe attack of neuralgic pain radiating over the whole of the right side of the face and temple, accompanied by spasmodic trismus of the masticatory muscles, injection of the conjunctiva of the right eye, and lachrymation.

Various local applications had been tried without more than temporary success, and at Dr. Anderson's suggestion she was seen by me in consultation with him in order that an examination of the mouth might be made and the existence of dental disease, if any, discovered. The articulation was, as far as could be discovered, normal, and nothing of a nature to cause neuralgia was found within the mouth, but the patient having been put under ether and the jaws somewhat forcibly separated in order to make this examination, it was subsequently found that she was for some short time markedly relieved.

It occurred to me in consequence that the case was one, nearly all the teeth having been lost, in which artificial teeth, by keeping the jaws in their original relative position might effect a cure, or at least relieve the discomfort. A possible explanation of this case may be that owing to loss of teeth, to degenerative changes in the masticatory muscles and to relaxation of ligaments about the joint, the condyle of the jaw, or perhaps the inter-articular fibro-cartilage slipped when attempts were made to open the jaw, pressing upon some nerve filaments supplying the articulation, setting up, in fact, a local neuritis. With great difficulty, owing to the small extent to which the jaws could be separated by voluntary effort, models were taken, and artificial teeth adjusted. Plates bearing artificial teeth were inserted. Relief was given at once to the urgent symptoms, and since then she has had no bad attack. The neuralgia is, in fact, cured, and the patient is enabled to perform the movements of mastication without discomfort or fear of sudden spasmodic pain.

Clinical Records.

CITY OF DUBLIN HOSPITAL.

Case of Compound Dislocation of the Astragalus.

Under the care of Mr. Henry Gray Croly, Senior Surgeon.

A man, aged about 30 years, was admitted to the accident ward on Saturday, having been thrown off a fishmonger's van on the Butt Bridge near the Custom House. The back band broke, and the man trying to save himself jumped and came on his left foot. Dr. H. Fitzgibbon (ex-surgeon to the hospital) was driving by and went to the man's assistance. He at once saw the serious nature of the injury, and drove the man to the hospital. Mr. Croly received an "emergency notice" and attended promptly. On examination, he observed that the head, neck, and upper surface of the left astragalus protruded through a rent on the external aspect of the dorsum of the foot. The end of the fibula projected through a separate wound lower down. An "Esmarch" was applied on the patient's admission by the house surgeon. Chloroform having been administered Mr. Croly excised the astragalus which was rotated and held by the interosseous ligament. The malleoli were not fractured. The portion of the astragalus which articulates with the internal malleolus was detached and removed. This required much care as it lay close to the posterior tibial artery. The Esmarch having been removed the wound was thoroughly flushed with hot antiseptic lotion, the foot placed *in situ*, and aseptic dressings applied. The leg was flexed and placed in a suitable splint and pillow.

These cases, as a rule, do well. The tibia accommodates itself to the os calsis, and the foot is almost perfect.

Mr. Croly, who has had a very large experience of such cases observed that they were specially adapted for conservative surgery and alluded to a number of cases in his practice of compound luxations of the ankle-joint in which most useful feet resulted from careful surgical treatment.

CASES OF BERI BERI ON HOMEWARD BOUND SHIPS.

By R. W. Hodges,

Medical Officer of Quarantine, Queenstown.

The barque *Alexander Lawrence*, Captain Dahl, left Rio in November, 1895, arriving at Java on the 1st January, 1896. On this date the sailmaker took ill, complaining of swollen legs, and was sent to hospital at Sourabaya where the case was stated to be heart disease and dropsy, and not of an infectious nature, this man returned to his ship in fourteen days afterwards quite well, and the ship proceeded on her voyage on the 11th February, 1896. About a month after leaving Java, the same man was attacked with the same disease again, and was landed at Ascension Naval Hospital on the 3rd of May, 1896, the whole crew were then well, but on the afternoon of May 3rd, 1896, the mate and two men complained of swollen legs.

Shortly after passing the Line five men were affected, and on the 18th of May nine men were ill altogether—on the 30th of May one man died, another on the 3rd June, another on the 7th June, and another on 10th June. In these cases the swelling extended to the abdomen, with great pain in chest and difficulty in breathing, and no feeling in legs and stomach. When I visited the ship on the 23rd of June, 1896, I found the captain and five men ill, the captain slightly, with difficulty of breathing on exertion, and weakness of the legs.

The five men suffered from defective vision, loss of memory, swelling of legs, paralysis (multiple neurosis), and absence of patella and other reflexes, shooting pains in legs, heart region, chest, and abdomen, hoarseness, anæsthesia of front of legs and inside of thighs and abdomen, no dorsal pain. One man had paralysis and anæsthesia in patches from neck downwards.

I diagnosed these cases as "beri beri," and may state that this is the fourth ship which has been here with similar cases. As well as I remember, three ships came from Java and one from Ship Island, this latter vessel having gone direct from Dublin to Ship Island.

As to the cause of the disease, I cannot speak, but believe that attention ought to be called to the fact that lime-juice has not been used on the voyage. I may also state that there were no symptoms of scurvy amongst the crew, and that Dr. Woods, of Eglinton Asylum, Cork, has seen those cases, and believes them to be identical with the cases in the Dublin epidemic of a few years ago.

France.

[From our own correspondent.]

Paris, Aug. 1st, 1896.

Nerve Stretching.

At the Académie de Médecine, M. Périer read a paper on the cure of traumatic paralysis by stretching of the

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nerve. It was a question of three patients who, consequent on certain lesions, presented symptoms of local paralysis, in two instances the lesion was situated in the region of the radial nerve, while in the third, the paralysis affected the posterior tibial. When the nerves were brought to view, a moderate force was applied, elongating them to the extent of a quarter of an inch. The seat of the operation was anæsthetised with cocain, but, nevertheless, the patients felt acutely the stretching of the nerves. However, the result was very satisfactory in each case.

M. Reclus said that he was not surprised that those patients suffered under the operation as cocain only influences the region injected; the operator should have injected the anæsthetic into the nerve itself after it was laid bare.

TREATMENT OF BURNS.

Prof. Thiery, of Paris, highly recommends picric acid in the treatment of every degree of burn. For him, picric acid constitutes an excellent analgesic dressing, it hardens the tissues and produces relief almost instantaneously, in a burn of the first degree. Where the lesion belongs to the second degree, and when the dressing is applied immediately, before the formation of bullæ, the epiderm is hardened by coagulation of the albuminoids, and dries up, falling off only when the new epiderm is formed. If on the contrary, the blisters exist already, the parts also quickly dry up, a squamous crust is formed under which cicatrisation takes place nominally.

The *modus faciendi*, in the application of the picric dressing to burns, is important. If the burn has been already treated, that is to say, if oil or some other greasy matter has been applied, all trace of it must be removed, and then the parts immersed in the solution of picric acid for five or six minutes, withdrawn, and wrapped in wadding, if the epiderm be intact; if the contrary, a small piece of iodoform gauze is inserted between the wound and the wadding.

Where the burns are situated in regions impossible to immerse, such as the body, the face, the neck, or the upper portions of the limbs, compresses of the solution are employed and covered with cotton wadding.

M. Thiery insists on one point, which constitutes for him the whole value of the treatment, that is, the dressing should be, as much as possible, dry, and as it cannot be so at the moment of its application, it must be provoked by evaporation or by the absorption of the water by the hydrophile wadding. The dressing must not be renewed oftener than every three days.

The solution recommended by the professor is:—

Picric acid, 3ij.;
Warm water, Oj.

THE X RAYS.

Dr. Despeignes, of Lyons, treated recently, with some success, a case of carcinoma of the stomach by the X rays. The patient was a man, suffering from cancer of the pylorus, and in an extreme condition of emaciation. Twice a day, for a half an hour each time, the electric light was thrown on the neoplasm. After eight days, improvement was manifest, the pain was less severe, emaciation made no more progress, the cachectic character of the integuments had nearly disappeared, and the size of the tumour had diminished. The patient was fed on milk diet, and injections of artificial serum were administered.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, July 31st.

At the Society for Innere Medizin Hr. Opper showed a case of

CARCINOMA OF THE SIGMOID FLEXURE,

in a young man, æt. 27, who had been treated for dysentery since the commencement of the year. In May he was admitted into the Moabit Hospital, where the same diagnosis was arrived at. Some weeks before death jaundice came on, the direct cause of death being peritonitis, which appeared four days before death. The autopsy showed general purulent fibrous peritonitis. On the sigmoid flexure was an extensive ulcerated carcinoma embracing the whole circumference of the gut. In the colon was a tumour the size of a walnut, and in the rectum another of the same size, about 2 inches above the anus, neither of them ulcerated. In the colon, were also numerous folds with polypoid growths. (Hyperplasia of the crypts with carcinomatous degeneration.)

Hr. Strauss communicated a note on the

IMPORTANCE OF THE RONTGEN SKIOGRAPHS FOR INTERNAL DISEASE.

He said that on May 2nd, a man, æt. 53, was admitted, who had in youth had measles and scarlatina, dysentery and latter on influenza. He complained of pressure over the stomach and loss of appetite. In the last few months he had lost 10 kgrm., and since March 15th had been hoarse. Besides bronchitis, examination of the lung revealed nothing abnormal. The abdomen was flat, soft, and the spinal column could be touched. Near the umbilicus was a cord across that did not belong to the stomach. A strong indican reaction of the urine. In the stomach there was no lactic acid, no residue of food, no bacilli, no yeast ferment, the contents were quite neutral. There was, therefore, insufficiency of secretion. The laryngoscope showed paralysis of the left vocal cords. The diagnosis lay between tumour and adynamia ventriculi. For the determination of the diagnosis a skiograph was taken with Röntgen's rays. The image showed a sharply defined dark shadow to the left of the middle line of the thoracic space, the size of the fist, and in the abdomen besides the line shadow a sharply defined darker shadow. It was taken that this latter shadow was caused by a carcinoma; and that the upper one indicated a metastasis in the mediastinum. The upper border of the stomach was plain to be seen.

Hr. Krönig made some remarks on

CENTRIFUGES WITH DEMONSTRATIONS.

He showed and described several machines (Stenbeck's, Gärtner's, and the two Altmann's), and subjected them to criticism, and then described one constructed by himself, for which he claimed certain advantages. The instrument certainly worked easily, and was very steady.

At the next sitting of the same society, Hr. Krönig gave a paper on

FIXATION AND STAINING OF BLOOD PREPARATIONS, WITH DEMONSTRATIONS.

After explaining that by the word "fixation" was meant the permanent retention of the layer of blood by conversion of the albumen into a permanent modification, he described the various steps of the process by which this was attained, the choice of cover glasses, their cleansing

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and warming, the spread of the drop of blood, &c., and showed the artificial products likely to arise by unskilful manipulation. For some years he had employed Ehrlich's heat method of fixation almost exclusively. As the results with Erhlich's copper plates were too irregular, he hit upon another method. At first, he fixed the layers of blood by passing them 200 or 300 times through a Bunsen flame. The results obtained were exceedingly satisfactory, but from the practice necessary they could only be obtained by the few. He therefore abandoned the method, and adopted one that could be carried out even by the unskilful. He had a small air-bath of metal constructed that could be heated over any flame, and by means of a handle could be kept at any desired temperature (4 minutes of a temperature of 150 C.).

The whole process occupied 6 or 7 minutes. As, however, a slower fixation at a lower temperature gave still more favourable results, he had a second bath constructed, in which the heating and cooling took two hours. The preparations made in this were very delicate and distinct. As regarded the staining, he had used Ehrlich's hæmatoxylin solution, further treatment with acid, absolute alcohol, and after straining, with weak aqueous eosine solution. He obtained equally good results with warmed Cyenskinski's eosine-methylemblin solution, whilst Ehrlich's triacid solution was not so successful.

Hr. Kaiseling showed a case of

Tumour of the Heart.

The tumour was situated in the posterior wall of both auricles. A second tumour, which was to be looked upon as the primary one, was situated in the large bronchial glands, in the neighbourhood of the left chief bronchus. Microscopically, the tumour showed itself to be a lympho-sarcoma.

Hr. Leyden added some clinical particulars. During life, aneurism of the aorta was diagnosed. The young man complained of pain in the chest and in the left arm. During the past few months he had lost about 10 kgrm. in weight. There was a systolic murmur and the heart was enlarged to the lip. The patient had never suffered from rheumatism. A few days later the patient suddenly collapsed, and complete paraplegia of both lower extremities came on. It was concluded that the vertebral column was eroded by the supposed aneurism. Carcinoma of the vertebral column was thought of, but the youth of the patient was against it, also the cessation of the pain with the onset of the paraplegia.

As the report of the autopsy showed there was pericardial effusion behind the heart and this explained the clinical symptoms.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, July 31st, 1896.

Medical Etiquette.

The Chamber of Medicine is now formulating a code of rules to guide the profession in their daily practice. There is really nothing original or novel in the context. Reason and common-sense are all that are necessary, whether one, two, or three consultants are called in. According to the regulations, the last takes precedence till the next consultation, but the last consultant ought to be apprised of his predecessors' honorarium. These regulations may be easily observed without much individual sacrifice, but when the consideration of "covering," "pamphleteering," and "advertising" is being dealt with the righteous performance of the precept will be found more difficult to adjudicate upon.

Medical Charity.

It is surprising how much of this commodity is daily distributed in Vienna. The 22nd yearly report of "Mariahilfer Ambulitorium" is just to hand, with the announcement that 19,444 different cases have been treated at this small institution during the year 1895. This is, properly speaking, one of the State dispensaries spoken of by the medical journals as requiring sympathy and support. Twenty laparotomies have been performed at the patients' own homes, besides a large number of other major operations. These institutions are rapidly increasing and threaten to become a heavy State burden, although this must be the cheapest way of distributing the necessary charity.

Strumitis and Pneumonia.

Whether the diplococcus of pneumonia is the cause of strumitis, or the strumitis the cause of the pneumonia, is not yet satisfactorily demonstrated. Haddaeus holds that pneumonia is a frequent successor to strumitis, and therefore secondary. Ewald agrees that the pneumonia succeeds the strumitis and presumes the diplococcus to be present in the pharynx and trachea, and that it penetrates the thyroid gland, setting up the inflammation the products of which are discharged into the trachea with the diplococcus in a *more virulent* form, which sets up the subsequent pneumonia.

Chlorosis.

The treatment of this common malady is so varied that Schmidt's latest experiments are not without interest. He selected three methods, (*a*) Venesection or blood-letting, (*b*) Diaphoresis, and (*c*) the Treatment with iron.

The average of his results are as follow :—

Method of Treatment.	Increase of hæmoglobin in one week.
One venesection and iron	6·2 per cent.
Iron alone	6·18 ,,
One bleeding	2·5 ,,
Several bleedings	0·59 ,,
Diaphoresis	0·39 ,,
One bleeding and diaphoresis... ...	0·36 ,,
Several bleedings, diaphoresis, and iron...	0·02 ,,
Several bleedings and diaphoresis ...	0·56 ,,

Judging from these facts, Schmidt naturally concludes that the latest novelty in the treatment of this malady by repeated bleeding with diaphoresis will not stand the practical test.

Puerperal Neuritis.

Köster relates a strange case of neuritis affecting the left axillary and musculo-cutaneous nerves occurring in a woman, æt. 25, fourteen days after a normal confinement.

Atrophy and degeneration of the affected muscles resulted in spite of all treatment. There was no fever at any time. Köster believes the polyneuritis to be due to a toxic cause.

Hæmato-Myelia of the Conus Medullaris.

Shiff records a rare case, occurring in Schrötter's ward, of the conus medullaris becoming the seat of hæmato-myelia. Such a lesion is recorded only once by Oppenheim.

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The symptoms are rather complex, but the principal are noted in the bladder, bowel, hyperæsthesia of the urinary canal, perineum, gluteal region, with symmetrical stripes on the posterior surface of the legs corresponding to the posterior femoral cutaneous nerve, and a branch of the lumbar plexus. The sacral and coccygeal roots were entire, thus locating the lesion to that portion immediately above the cauda equina, or conus medullaris.

THE BLOOD IN METASTATIC CARCINOMA.

Epstein in Neusser's Klinic has been making diligent investigation why the bones have so frequently become the seat of metastases in a few cases of mammary carcinoma that have recently come under operation. In every one there was a morbid condition present in the medullary portion of the bone differing but little from the lymphoid part. The blood was oligocythæmic, with nucleated erythrocytes, and normo-blasts, and megalo-blasts. There was a high degree of leucocytosis with large mononeuclear cells having neutrophyle granules. The eosinophile cells were scanty. Leyden has described similar conditions when tumours were found in the medullary parts of bones, but he has not met with an altered state in the component parts of the blood. Epstein considers that his results do not point to secondary anæmia but rather to an affection of the medulla of the bones and having a direct share in the hæmatic alteration, as he is positive the nuclear erythrocytes was not a regeneration phenomenon, but rather an example of an atypical growth from irritation in the blood-making tissue.

GOITRE.

The etiology of this disease has long been attributed to the drinking water in some form or other. The water from a limestone region, more particularly magnesian limestone, or dolomite has been decidedly challenged for producing this unhappy disorder. From the labours of Lustig and Carl, of Turin, a particular microbe has been isolated by them from the waters of the Valle d'Aosta where goitre is endemic. The wells contain a large number of bacteria, but two rod-shaped micro-organisms are undoubtedly pathogenic. Animals, such as dogs, horses, &c., have been fed on waters rich with these organisms with positive results. The water when boiled is inert. Filtration of the water was sometimes successful in arresting the microbe, but whether this would be enough, if through sand, is doubtful.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

AMPUTATION FOR PULSATING SARCOMA OF THE LEG.—Mr. ANDERSON operated on a man, æt. 25, who was suffering from a pulsating sarcoma of the leg of thirteen years' duration; the tumour during this time had been growing progressively, but had not incapacitated the man from following his employment of a labourer till six months ago; when first seen he was a healthy-looking man, complaining of a swelling involving the upper part of the leg; the tumour was soft, highly vascular, and could be diminished consequently in size by strong pressure, and the blood could be felt surging back immediately after the removal of the pressure. An examination with the X rays showed that the tibia was seriously encroached upon; there was no glandular enlargement in the thigh or abdomen. During his stay in the hospital the patient suffered from an attack of profuse hæmoptysis that left a degree of weakness from which he had never recovered. Subsequently a pulsating tumour appeared in the position of the ensiform cartilage; the leg growth in the meantime increased rapidly, and it was decided to remove the leg at the knee as soon as the patient was in a condition to bear the operation. The amputation was performed by Stephen Smith's method at the knee-joint. The semilunar cartilages being left *in situ*. Little bleeding occurred at the time, and the artery was secured by two ligatures. Mr. Anderson remarked that the case was peculiar in the remarkable length of its history; for twelve years the tumour had caused so little disturbance, functional or otherwise, that the patient had been enabled to follow a laborious occupation. It was, of course, possible that the primary growth was of a different nature, but the man described it as having the same characters of pulsation from the beginning. There could be no noubt that the growth had already become disseminated. The tumour in the epigastrum had similar characters to that in the leg, and it was very probable that the hæmoptysis was connected with a secondary growth in the lung. Stephen Smith's operation was chosen because it could be performed rapidly, it lay well above the disease, involved no section of bone, and left one of the most perfect of stumps. The artery was ligatured with additional precautions, because of the tendency to secondary hæmorrhage after section of the popliteal artery, perhaps because of the large muscular and articular branches which arise close above the point of ligature.

GREAT NORTHERN HOSPITAL.

REMOVAL OF UPPER JAW WITH PREVIOUS LIGATURE OF THE EXTERNAL CAROTID.—Mr. HEBBERT ALLINGHAM operated on a woman, æt. 45, for a large malignant tumour involving the left upper jaw extending into the nasal cavities and bulging into the roof of the mouth. Preparatory to the removal of the jaw Mr. Allingham did tracheotomy, then plugged the pharynx with a large sponge and then ligatured the left external carotid artery in order to arrest any hæmorrhage; the anæsthetic was given through the tracheotomy tube. The upper jaw was then removed by the usual method, the jaw, however, was so involved with the tumour that it all crushed up together during removal, so that the remains of the tumour had to be taken away piecemeal; the cavity which extended up to the base of the skull was thoroughly scraped, and its surface burnt over with the actual cautery. No vessels required ligature. The skin flap of the face was put back and sutured and the wound covered over with iodoform and collodion. Mr. Allingham pointed out the advantages of removing the upper jaw after a preliminary tracheotomy and after ligaturing the external carotid artery. In the first place the patient could be kept well under the anæsthetic with no fear of blood running into the trachea; and, secondly, ligature of the external carotid artery rendered the bleeding very slight, which was a most important point in such a case where the growth was extremely large, extremely vascular, and readily broke up. On the next day, he said, the tube would be removed.

CHOLECYSTOTOMY. — GALL-STONES FOUND IN SMALL CAVITY OUTSIDE THE GALL-BLADDER.—The same surgeon operated on a woman, æt. 45, who had for years had vague abdominal pains, said to be hysterical. She never had jaundice, nor had she passed any gall-stones; the pain from which she suffered was referred chiefly to the region of the liver. The abdomen was opened down the right linea semilunaris; when the peritoneal cavity was opened

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a lot of adhesions were found about and round the gall-bladder, these were separated and the gall-bladder exposed. On separating what appeared to be a large adhesion binding the gall-bladder to the transverse colon, a small cavity was opened in which were seen three gall-stones and a quantity of inspissated pus; the thickened adhesion with the cavity was then cut away. On examining the gall-bladder no hole could be found in it, but it was itself full of stones. It was therefore opened and emptied of its contents, and the sides of the incision carefully stitched to each side of the abdominal wound, the rest of which was united in the usual way. Mr. Allingham said the interest of the case was in its supposed hysterical nature, for which the patient had been in several hospitals; another point, he said, was the way nature had tried to cure the patient by the stones coming out of the gall-bladder and becoming encapsuled and adherent to the transverse colon; in time, the cavity thus formed might have burst into the colon, but even then the woman would have only been partially relieved, as the opening into the gall-bladder was closed and the viscus contained more stones.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 5, 1896.

THE CHANCES OF ARMY MEDICAL REFORM.

The affairs of the Military Medical Service may be said to be, at present, in a more critical condition than they have been since the Crimean War, forty years ago. For one cause or another the Service has come to be intensely unpopular with the young surgeons, to whom the authorities look to care for the health of the soldier—so much so, that, although tempting bribes have been held out for many years past for the purpose of attracting these young men to the Service, the Military Medical Department is so undermanned that the arrangements are subjected to almost breaking strain. There can be no doubt that the abolition of the regimental system has had a good deal to say to the existing unpopularity of the Army doctor's position. There are certainly some points in respect of which the Medical Officer suffers substantial injustice as compared with the combatant, being denied certain pay, allowances, and furlough which are conceded to the fighting officer, but, on the whole, we do not think that the withholding of these material advantages has much to say to the determined abstention of young men. The loss of such emoluments is more felt by the married Medical Officers, who have been for a long time in the Service and have many demands on their resources, and we are strongly of opinion that the student practitioner would be ready to take service in the Army on even worse monetary terms than are at present granted, if he could see his way to comfort and social status in the future. Herein, we believe, will be found the explanation of the peculiar situation. Neither comfort nor social status awaits the entrant into Her Majesty's service, and young surgeons accepting a commission therein, and expecting to meet pleasant companions, to occupy decent social rank, and to share the festivities and enjoyments of the regiment to which they are attached, find themselves planted in a sort of no man's land and almost as far off from their brother officers as if they belonged to the police or some non-military service. They find that they have to live any way that they can, by themselves, or, perhaps, on sufferance, as the occasional associates of the regimental officers, and, as the *Times*—in a sensible, practical spirit, points out—these *désagrémens* are four times multiplied, as when the doctor acquires a wife, who, most reasonably, desires to maintain her position in association with the wives of other officers. In their disappointment, the young Army Surgeons do not cease to pass the word of warning to their fellow students not to have anything to say to the Queen's Medical Military Service. The unpleasant position in which the Army Surgeon is placed seems to us to be, in great measure, the outcome of the irrevocable abolition of the regimental system which has severed the surgeon from his regiment and from its social associations, and, inasmuch as we are well aware that the exigencies of modern warfare forbid the reinstatement of that system, we should be content with the lot of the Army Surgeon if some effort were made to minimise the discomforts which it has brought upon him. We do not venture to declare how this might be done, for to do so would require a conversance with military routine which we do not possess, but two alternative suggestions present themselves, first, to erect the medical service into a Royal Corps, which, for effective business and social purposes, would be, more o

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less, self-contained, or, second, to arrange so that, at least in times of peace, a contingent of Medical Officers should be attached for, say, three years, to each regiment, but should be separable from it, yet could be rendered mobile at any moment when the service required it. It is not for us to show the way of doing this, but we may express our conviction that the War Office Authorities could do if they liked. And here the chief difficulty intervenes, for we apprehend that the War Office Authorities do *not* like. Our experience of many years of the policy of those authorities compels us to the conclusion that, so far from desiring to admit the surgeon to association on equal terms with the combatant officers of their rank, either in matters of business or pleasure, those authorities have exercised their whole influence to establish and maintain a gaping line of cleavage between the two branches of the Service, and have availed themselves of every excuse to isolate the Medical Officers from their combatant *confrères*. It is apparently not the means but the will which is wanted to make the Army Medical Officers comfortable and contented; but, at all events, it is manifest that they are not so at present, and that, unless they are made so by one means or other, the Queen's Service cannot be effectively carried on. We print in another part of this issue extracts from a public pronouncement by Mr. Thomson, the President of the Royal College of Surgeons in Ireland, and from a leading article in the *Times*. If the Commander-in-Chief and Sir Redvers Buller will peruse these extracts, they must, we are convinced, be persuaded that not only is the voice of the medical profession strongly against the recent policy of the War Office, but also, that the independent and unimpressionable public is dead against that policy. The interesting speculation which arises thereon is whether the Secretary for War, Lord Lansdowne, is sufficiently vertebrate to insist on such reforms as he considers necessary to the efficiency of Her Majesty's Service, whether the War Office Staff and the Horse Guards like the process or not.

THE PROGNOSIS OF DISEASE.

THIS year Sir Dyce Duckworth delivered the annual Address in Medicine at the sixty-fourth meeting of the British Medical Association. His subject was the important one of the prognosis of disease, a branch of practical medicine which, as he rightly remarked, was somewhat neglected in the present day. The extraordinary advances of all the subsidiary sciences on which medicine is based have made it necessary for the student and the progressive practitioner of medicine to acquire an enormous mass of facts. One result of this accumulation of knowledge is that there is an increasing tendency on the part of the profession to argue from the particular to the general, and to see things out of their proper proportion. As the lecturer said, our minds have been too much and probably too exclusively intent on acquiring an accurate knowledge of facts, and they were now encumbered with a mass of details so large and so pressing that few amongst us have time for a meditative survey in order to apprehend the great general laws which underlay and governed them. Our education of to-day was overladen with minutiæ and often drew attention away from the principles. One of the main problems, which faced the profession was undoubtedly how best to combine the constant desire for general truth that inspired the ancients with the thirst of the modern philosophy for particular facts. Be this as it may, and few conversant with the present conditions of medical education and practice will differ from the views expressed by the lecturer, yet we cannot help recalling the fact with satisfaction that the last generation or two have witnessed the birth of the most profound generalisations that have ever been evolved by the progressive intellect of man. Indeed, Sir Dyce Duckworth could hardly find better examples of his ideal type of intellect than those of our great countrymen, Darwin and Lister. He addressed himself at length to the somewhat neglected subject of the prognosis of disease in the light of modern attainments. It was certain they could make advances in that direction only by patient study of semeiology. There was no lack of teaching in these days directed to that branch of the art; but it must be conceded that both eye and mind was apt to dwell too much on detailed notes and on manifold instrumental aids, and too little on the patient, his personal peculiarities, and the intimate nature of his ailments. His own plan with students was to try and make them form an opinion by mere inspection, and without asking a single question, to guess the age, occupation, habit of body, and tendencies. As bedside physicians they existed to small purpose in the body politic, and their art was of no avail if not in the best and highest sense practical. Relatives and friends often demanded a prognosis, which they expected to be given in concise and dogmatic form, and no part of their duty required more skill and tact than to afford a proper reply to such questions. In this address the President of the Section of Medicine has treated a difficult subject in a broad and philosophic way, worthy of the distinguished position he holds in the profession. The lesson of the wide gulf fixed between book-learning and the actual bedside treatment of disease is one that must come home sooner or later to every practitioner in whatever sphere of action his work may be. No little of the undue value attached to the acquiring of masses of facts must, we have always maintained, be laid at the door of our examining bodies High standard examinations, it has often been pointed out, do not insure that the reasoning faculties have a systematic training, or that the brilliant scholar who satisfies the most exacting requirements has grasped the underlying principles that alone can guide him safely through the shoals and quicksands of everyday practice. The address of Sir Dyce Duckworth is worthy of thoughtful perusal by all members of the profession.

THE ADDRESS ON SURGERY

DR. RODERICK MACLAREN chose for the subject of his Address on Surgery a theme which led him into many an interesting channel of thought. He discoursed

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on "Preventive Surgery," claiming for it, in the first place, that it was a product of modern times, the outcome of recent advances in the knowledge of the intimate causes of disease, of the introduction of anæsthetics, and of perfected methods of wound treatment. So recently as thirty years ago there was no such thing as preventive surgery. The recognised teaching then was "Beware of operations of convenience." It was alleged by men of great capacity and knowledge that such were attended by a greater mortality than operations of necessity. Of course, these ideas were wrong, and probably arose because death or ill-doing was most striking when occurring in instances where operative interference was not a necessity. But the limitation of such operations was undeniably greatly due to the absence of anæsthetics: in the pre-anæsthetic days operations requiring prolonged dissections were naturally avoided. Dr. Maclaren lays great stress upon this point. He then affirms that a preventive operation should be devoid of risk to life both at the time and during the healing stage, and that such a procedure is only justifiable under these limitations. Surgeons will generally agree with this opinion, but so far Dr. Maclaren has only pointed to the utility of anæsthetics as contributing to the possibilities of preventive surgery. In this connection it is curious to note that he makes but little mention of the practice of the principles of Listerism. This is obviously a most important detail. Even with all the advantages of general anæsthesia for his patient, a surgeon would not be justified in operating for preventive purposes unless there were reasonable prospects that no harm would ensue. The confidence which a surgeon in this respect possesses, comes from his practice of Listerism. We should, therefore, be far more disposed to believe that the main stimulus to preventive surgery has been not the introduction of anæsthetics, but rather the elucidation and practice of the great principles of wound-treatment which bear the honoured name of Lister. Preventive surgery undeniably became much more possible when the pain of an operation was relieved by an anæsthetic, but, on the other hand, it cannot be forgotten that the justifiability of operations depends almost entirely upon their results, and that the results are greatly dependent upon the practice of antisepticism. We are sorry to differ from Dr. MacLaren on these matters of detail, but there is no gainsaying the fact that many operations, preventive and otherwise, are now being undertaken and successfully carried out, not because the surgeon has the opportunity of anæsthetising his patient, but because of the confidence which has been gained by means of the good results which follow the scientific treatment of wounds. The main part of Dr. Maclaren's address is chiefly devoted to passing in review the improvements which have been brought about in the various departments of surgical practice within recent years. Among these he refers to diseases of the throat and naso-pharynx, diseases of the ear, cervical adenitis, radical cure of hernia, enlarged prostate, peritonitis and appendicitis, &c., and in all these examples he emphasises the advantages of preventive surgery. In concluding, he holds that "the besetting sin of surgery is that it has a narrowing tendency." "We need," he says "to put into our work all our knowledge and thought. Superficiality means failure. The human interest of all we do is intensely absorbing, consequently there is just the risk of looking upon surgery as a thing by itself, and of losing our sense of its true place and proportion, and confining our thoughts within a groove of little breadth. In preventive surgery we have a tendency in an opposite direction. This tendency not only brings us into immediate contact with what the physician and general practitioner is thinking and doing, making our life and work a portion of the vast organisation for the prolongation of existence, the diminution of suffering, and the prevention of disease, which we are proud to consider as the reason of our existence; but it still further associates us with the great mass of scientific and intellectual advancement which is outside the limits of any profession, of any nation, and of any time."

Notes on Current Topics.

The Antitoxin Treatment of Diphtheria in America.

An important contribution to the literature of the antitoxin treatment of diphtheria has just been published by our contemporaries in America. The contribution consists of "The Report of the American Pediatric Society's Collective Investigation into the Use of Antitoxin in the Treatment of Diphtheria in Private Practice." The cases dealt with in the report number, altogether, 5,794, which includes about 1,000 cases, notes of which were forwarded from Chicago. Of the whole number, there were 713 deaths, or a mortality of 12·3 per cent. However, 218 children were moribund at the time of the injection, or died within twenty-four hours of the first injection. By the exclusion of these there would be left 5,576 cases in which the serum might be said to have had a chance, with a mortality of 8·8 per cent. Behring's original claim, that if diphtheritic patients were injected on the first or second day the mortality would not be 5 per cent., is well substantiated by the figures contained in the report. Among the cases injected during the first three days there was a mortality of 7·3 per cent. But after the three days' limit the report shows that the mortality rose rapidly, and that it does not differ materially from that usually accompanying diphtheria. The mortality of 1,448 cases injected on or after the fourth day was 27 per cent. It is important to note that out of the large number of cases dealt with only three could claim to have been made worse by the treatment, and among these there was only one in which the result may fairly be attributed to the injection. Another feature was that one-half of the 1,256 laryngeal cases recovered after the injections, without requiring operative interference; in a large proportion of these the symptoms of stenosis were very grave. The report is explicit on the fact that there is little, if any, evidence to show that nephritis was caused in any instance by

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the injection of serum. The deaths from nephritis only amounted altogether to 15. It is finally pointed out that the effect of the serum upon the nervous system was less marked than upon ony other tissue of the body, the paralytic sequels being recorded as 9·7 per cent. of the cases. Altogether it may be said that this report, of which the above is a bare outline, contains some convincing testimony to the efficacy of the antitoxin treatment of diphtheria.

The Imprisonment of Dr. Jameson.

GREAT efforts are being made to obtain for Dr. Jameson and his colleague "raiders" some remission of the severities of prison life to which they are required to submit under their sentence of imprisonment, pronounced by the Lord Chief Justice last week. The daily papers have for the past few days been full of the various details of prison fare and life which are now the lot of our unfortunate *confrère*. The first place of incarceration after the sentence was Holloway Gaol, but the prisoners—as they must now be called—were shortly afterwards removed to the Wormwood Scrubbs establishment, which is a large isolated building in the neighbourhood of Acton. Upon their arrival, in the ordinary course of things, in "Black Maria," the euphemistically so-called sombre-coloured vehicle provided by her Majesty for the conveyance of prisoners about the metropolis, Jameson and his colleagues passed through the formality of having their names and sentences recorded in a book by the chief warder. They were then led off to have a bath, and after this the painful reality of their fate must have forced itself upon them with all its intensity. For, their ablutions having been performed, they were called upon to clothe themselves in the coarse tweed suits, conspicuously marked with the broad-arrow—the well-known garb of the convict. But a surprise was in store for Dr. Jameson. The next move was to the Medical Officer's department, and in the head official, Mr. Tennyson Patmore, Dr. Jameson recognised an old hospital friend. Mr. Patmore and Dr. Jameson were fellow students at University College Hospital, and they qualified during the same year —namely, 1875. A mutual recognition and exchange of friendly greeting is recorded to have taken place. We are now glad to be able to state, that on the advice of the Home Secretary, Her Majesty has been pleased to direct that Dr. Jameson and his colleagues shall be classed as "first-class misdemeanants," by which their prison life will be much ameliorated.

The Commander-in-Chief at Netley.

WE are far from being satisfied with the Commander-in-Chief's visit to the Army Medical School at Netley. It is true that he paid some compliments to the medical staff of the army, and drew upon his personal experience to show how medical men could be heroes—like other persons. He also gave a graphic and interesting description of the brave conduct of Surgeon-Captain Langdon—whose name he did not mention—at Majuba Hill, to which reference has been made on more than one occasion in these columns. "This act of bravery," said Lord Wolseley, "deserved to be recorded in the history of the army, to be talked of and remembered in the medical schools, and in every regiment of the army." Of course, everyone will agree that in saying all these things Lord Wolseley could not have acquitted himself better. But here his mission ended. There was nothing more with which he deemed it to be expedient to detain his audience. He never even hinted at the alleged production of a new warrant dealing with the department, the officers of which he was addressing. It was only reasonable to anticipate that he would have come prepared with some statement, especially designed to relieve some of the tension which at present prevails between the War Office Authorities and the Army Medical Department. The opportunity, indeed, was an excellent one for the display of a conciliatory spirit on the part of the Commander-in-Chief. Apparently, however, not even the critical condition at which the Medical Service has arrived would cause Lord Wolseley to unbend, and admit that the only way out of the difficulty was for the War Office Authorities to retreat from the position which they have so inexpediently taken up. We trust, however, that Lord Wolseley will have the sense to understand that the Army Medical Department are not likely to be "hoodwinked" by the kind expressions of approval of their work to which he gave publicity at Netley. If the Commander-in-Chief is under the impression that his words will be accepted as "sop"—to use a vulgar term—we fear that he will find himself to be much mistaken.

Foreign Medical Men in France.

THE protection craze in France has been extended to foreign medical men of all nationalities who by a recent decree of the Minister of Public Instruction will have to abandon all idea of attending their patients on the Riviera or elsewhere in France. Yielding to the clamour of a certain class of practitioners and students, the Government has issued a notice to the universities of France stating on what grounds the French M.D. will be henceforth given to foreign students. In this notice the Minister divides the aspirants into two classes—those who intend to practise in the country and those who only desire the honour and glory of the title of *docteur en Medecine*. The former will henceforth be obliged to take only the Bachelor of Arts in the French University before matriculating, consequently in most cases the candidate will have to be almost wholly educated in France, while the diploma given to the latter will not give the right to practise in the country, although it will be the same diploma. These stipulations have seemed paradoxical to many, and already several medical journals criticise the Government order, claiming that a simple decree is not sufficient to establish two kinds of diplomas, that a law will be neccessary to change the existing order of things. If that be so, a bill will be framed and brought into the Chamber next Session. In any case, it is certain that the privileges of foreign medical men are being rapidly abolished in France, and in a short time will completely cease to exist. It must be said, however,

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in extenuation of these measures of the Government, that the universities have, in recent years, been literally assailed by foreign students without much educational iguarantee, chiefly from South America, Russia, Bulgaria, Greece, &c., to the detriment of the home students, who, besides having to pass the severe Arts examination, have also to do military service, from which naturally the former are exempt.

The Hospital Sunday Fund.

The expectations of those who sanguinely led others to believe, after the special inflation of the collection last year, that the Hospital Sunday Fund would on the next occasion reach a phenomenal sum have been far from being realised. Indeed, it may be said that the collection this year has been almost a failure. The whole amount of the Fund, available for distribution among the metropolitan hospital charities, is only £44,€86 16s., and even this includes special gifts amounting to £1,200. This result convincingly supports the argument which we have repeatedly advanced in these columns, namely, that the public have only a certain sum to expend in the cause of charities, and when that is disposed of their philanthropy comes to an end. How could it have been otherwise, when no less a sum than £161,000 was recently collected for one hospital alone, that other charities, many of them just as deserving and in financial difficulties, would suffer from this depletion in the philanthropic market. Year by year the evidence is increasing that the voluntary system of maintaining hospitals, noble as it may be as a proof of British sentiment, is nevertheless unequal to the strain imposed upon it. The authorities of many hospitals incur liabilities far beyond their income merely on the chance that the public will come to their aid when the stage is reached of considering the necessity of closing the charity. By this clearly inexpedient method of conducting their affairs the managers of hospitals are hurrying forward, year by year, the financial crisis which, unless a different policy be pursued, is bound in time to interrupt the progress of hospital work.

The Army Medical Staff and Lord Roberts.

It is at least satisfactory to know that Lord Roberts, the Commander-in-Chief of the Forces in Ireland, does not share the opinions in regard to the Army Medical Department held by Lord Wolesley, and many of his subordinates. The proof of this has been conspicuously shown on two recent occasions. Lord Roberts spoke in high terms of the Medical Department at the banquet in aid of Guy's Hospital at the Imperial Institute, and also at the complimentary dinner given a few weeks ago in Dublin, to Mr. Kendal Franks. Upon the latter occasion he said, "the heroism and courage which he himself (Lord Roberts) had seen displayed by the Army Medical Officers had deeply impressed him. He had admired their devotion to duty, and some of his best friends were among the Medical Officers of the Army." The true ring of conviction which these words convey is indisputable. Lord Roberts is clearly only speaking from actual personal experience, and, probably, there is no British officer throughout the Army who has had so much opportunity, in the course of his campaigns, of judging of the high value of the Medical Department of the Army as Lord Roberts himself. His opinion, therefore, upon this matter, is all the more valuable, and worthy of being made widely known.

Redispensing of Prescriptions.

One of the candidates for the suffrages of the profession in England at the coming election for a Direct Representative has adopted, as a plank in his programme, the prohibition of redispensing of prescriptions. He says he desires, by this means, to check "the sale of poisons and other dangerous drugs by chemists," but we rather think that the purpose before him is to secure for the general practitioner an additional fee whenever a repetition of medicine is needed. Such a suggestion may, perhaps, be grateful to a certain class of practitioners, but, in our opinion it is consistent rather with the commercial morality of America whence it emanated, than with that of the "Old Country," and is entirely beneath that which ought to govern our profession. A patient who pays his money for a prescription seems to us to be quite as much entitled to the unrestricted use of that document as he would be to the use of any other purchased article. Neither the doctor nor the chemist who dispenses it has any claim whatever to property in it and we hold that the system pursued by certain chemists, of impounding prescriptions in order to compel the patient to revert to them for a repetition, is just as improper. But the proposal is foolish as well as unreasonable. No law that could be constructed would prevent the holder of a prescription from getting it redispensed.

The Medical Herbalists.

This is the season for congresses, and the herb doctors had their little caucus last week in Hull. The President, a Mr. Fox, considered that they should "defend themselves against the common enemy, and should act in order that they might obtain for their branch of the healing art that assured position which they deemed needful for their future welfare. The laws needed to be widened, so as to admit all schools of medical thought." The idea is, apparently, for the medical botanists to keep on the war path until they are recognised as a "school of medical thought," and we apprehend that the thirty-four congressionists have a considerable task before them when they undertake to convert the people of England to this view.

During the past twenty years, out of 15,664 registered deaths in Carlisle, only four were the result of small-pox. This satisfactory condition of affairs is not difficult to explain. The community in Carlisle is a well-vaccinated one.

The Council of the Hospital Sunday Fund have awarded Guy's Hospital the sum of £790, out of the fund raised this year, while the London Hospital received £3,890.

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Marriages and Certificates of Health.

IT would appear that England is not the only country in which the genus "New Woman" is to be found. We learn from a French contemporary that there are "New Women" in France, and that this new order of feminine—or masculine—representatives have just held a congress. Of course, many resolutions of surprising import were carried at this *reunion*. But there was one which seems to deserve more notice than the rest. The resolution in question was to the effect that "all families must secure certificates of health from intending sons-in-law," so that the fair daughters of France may run no risk of contagious or hereditary maladies from the young bridegroom. The proposal is a somewhat startling one, albeit, if carried out, there is no doubt that it would prove of practical utility. Nevertheless, reflection shows at once that its practice would be fraught with many difficulties. In the first place, it would be essential to determine where to draw the line in the prohibition of marriages, on account of hereditary or acquired diseases. For example, apart from venereal disorders, would a young man be rejected whose certificate intimated that he had once suffered from tuberculous glands, or that there was cancer "in his family," or that an ancestor had been confined in a lunatic asylum? It is much to be doubted, even if the parents objected upon one or other of these grounds to the marriage of their daughter, whether the two young persons concerned would agree to dissolve their troth. Thus the conclusion seems to be unavoidable that, despite every effort, the innovation accepted by the New Woman's Congress in France, would fail to become popular. In the abstract, perhaps, there is much to commend it, but marriages are not usually brought about by regulations as unbending as the "laws of the Medes and Persians," nor is there any likelihood that they ever will be—notwithstanding what the "New Woman" may think and do.

The Death of Dr. Grant Bey.

THE announcement of the death of Dr. Grant Bey, will be received with regret among a large circle of friends, among whom he was a *persona grata*. Dr. Grant, while on a visit to this country for the purpose of attending the annual meeting of the British Medical Association in Carlisle, died suddenly on the 26th ult., at Bridge of Allan, N.B. He was a native of Aberdeen, at the university of which town he received his medical education, graduating in the year 1864. In 1882 the honorary degree of LL.D. was conferred upon him. Shortly after qualifying, he proceeded to Egypt, where he rendered great service during the cholera epidemic of 1865, in recognition of which the Sultan granted him the fifth class of the Order of the Medjidie, and he was subsequently promoted to the third class. For his services, also, during the last Egyptian war, he was presented with the Khedival Bronze Star. He held two important posts in Egypt, namely, that of Surgeon-in-Chief of the Egyptian Government Railways and Medical Adviser to the British Consulate Court in Cairo. He was also Honorary Surgeon to the British Consulate. He wrote largely upon the subject of the medical climatology of Egypt. The good work that he did in the land of his adoption will make it a difficult matter for the Egyptian Government to fill his place.

Sponge-Grafting in the Orbit after Enucleation of the Eye.

THE suggestion of utilising a globe of sponge for filling up the cavity of an orbit from which the eye has been removed has been carried out in five cases by Belt with good results. The steps of the procedure are as follows: The eyeball is removed by the ordinary method under strict asepsis. The hæmorrhage having ceased, the socket is washed out with formaline solution, 1 in 1,000, followed by sterilised salt solution. A globe of fine, soft sponge, about three-fourths of the size of the eyeball (previously sterilised in a 5 per cent. formalin solution) is then inserted into the socket, or Tenon's capsule. The conjunctiva is then brought together and sewn with catgut sutures. The eyelids are next closed with a compress and bandage. In a few weeks the sponge is filled with new tissue, which in time becomes firm and solid, making a full orbit and an excellent support for the artificial eye. The plan seems worthy of trial, although it cannot be said that its use in only five cases proves much.

Heredity and Crime.

A CURIOUS record has just been compiled by Prof. Pellmann, of the University of Bonn. It relates to the career of a notorious drunkard, named Frau Ada Jurke, who was born in 1740, and died in 1800. In investigating her history her descendants were found to have numbered 834, of whom 709 have been traced from their youth. Of these, seven were convicted of murder; seventy-six of other crimes; one hundred and forty-two were professional beggars; sixty-four lived on charity; and one hundred and eighty-one women of the family led disreputable lives. Further inquiry, moreover, showed that the family cost the German Government for maintenance and costs in the courts, almshouses, and prisons, no less a sum than £250,000; in other words just a fraction under £300 each. It would probably be difficult to find a more remarkable example than this of the evil effects of the transmission of hereditary defects.

A Remarkable Case of Elephantiasis.

CASES of elephantiasis arabum are not common, but of those which have been recorded, perhaps the most remarkable is the case which is figured and described in the issue of the *Journal of the American Medical Association* for July 18th. The patient is a woman, æt. 45, the mother of ten children, to five of whom she has given birth since the disease from which she now suffers began. The symptoms first showed themselves after an injury to the abdomen eighteen years ago. The general hypertrophy is now enormous, as the four illustrations depict. Despite, however, her deplorable size, the woman is good

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natured and happy, and enjoys comparatively good-health, save when occasional attacks of asthma supervene.

Mrs. Longshore Potts, M.D., &c., &c.

Our readers may recollect that this person, having delivered her usual style of lecture in Dublin, some two years ago, served this and other journals with threatening notices because the matter and suggestion of her orations were condemned. The threatened actions were never pursued, and she then went on to Belfast, where Mr. Curley, a member of the Corporation gave a strong public expression to his objection that any person should be allowed to utter what he considered to be obscenities in the Town Hall over which the Corporation had control. Mrs. Longshore Potts forthwith served him with a writ for libel and slander, but, as before, when Mr. Curley showed fight, she retired from the contest. That gentleman was not, however, to be disposed of so easily, for, after a time, he applied to the Court to dismiss the action for want of prosecution, which was done. We understand that he has now followed up that proceeding by requiring the payment of his costs in full by Mrs. Longshore Potts, and she has been obliged to comply. This game of bounce must prove somewhat expensive to the lady speculator, and it does not seem to have the hoped for effect of intimidating Mrs. Potts' critics, but no doubt she makes enough money by gratifying the pruriency of the public to allow of her spending a good deal in this way.

Doctors v. Combatants.

It is rarely that the naked truth is told by the representative of a public department when he is called upon to answer a question in Parliament. When the question is tabled by the Member who is to ask it, it is handed to the responsible underling of the department, who prepares, with infinite care, a reply which will combine the minimum of information with the maximum of official assertion, with the purpose apparently of choking off the inquisitiveness of the inquirer. Mr. Powell Williams is, it seems, not of the diplomatic sort. He was asked by Dr. Farquharson, M.P. for Aberdeenshire, why it is that a combatant officer in the Volunteers receives £10 on appointment and £10 after instruction, while a Volunteer Medical Officer receives no such grant, to which he answered, simply, and probably truthfully, that the reason is that Medical Officers are numerous and anxious for appointment, while combatant officers require to be coaxed. This reply is quite Bismarckian, and, for its extreme rarity, reflects infinite credit upon Mr. Powell Williams.

The London University Reconstitution.

The Bill intended to bring the London University within the area of practical working-class examination, qualification, and teaching, has passed through the Lords without material alteration, and has gone on to the Commons in the hope that it may scrape through that House of Parliament before the session closes. Its scope is limited to the appointment of a statutory Commission which will have power to settle everything—a sort of open-your-mouth-and-shut-your-eyes-and-see-what-the-King-will-send-you arrangement. It does not, however, seem as if the Lower House is likely to put its approval on the Bill in the few remaining days of the session, for Sir John Lubbock has given notice of opposition on the part of the high education party in the University, and at this stage opposition means rejection.

Hydrophobia.

Mr. MacCartan, M.P., as Parliamentary representative of the McGovern Co., the hydrophobia quacks interpellated the Chief Secretary last week as to why the Local Government Board for Ireland objected to the Guardians paying the quack out of the ratepayers pocket, to which the Chief Secretary replied that McGovern's shanty is not a "hospital" within the meaning of the law (25 and 26 Vic. Cap. 83), and therefore the Guardians could not lawfully send a patient thereto at the public expense. Mr. MacCartan wanted to know whether McGovern has not beaten Pasteur in the proportion of his cures. He might with advantage have asked whether the Chief Secretary had any reason to suppose that this quack ever saw a case of hydrophobia in his life.

The Cholera in Egypt.

It is now hoped that the worst of the epidemic of cholera with the expeditionary Force in Egypt has been surmounted. Writing from Kosheh at the end of last week, the correspondent of Reuter's Agency stated that fresh cases had ceased to be recorded, and that the disease appeared to have exhausted itself. An immense amount of work had naturally been thrown on the medical department, which had been engaged continuously night and day in attending to the sick and in carrying out measures for the suppression of the disease. The loss of life, however, has so far been great, and it is felt that the sooner active operations can be commenced the better.

The New Sanatorium for Bournemouth.

The Governors of the National Sanatorium for Consumption and Diseases of the Chest at Bournemouth have gratefully accepted the offer of Mr. George Brown, of Belsize Park, Hampstead, to erect a new sanatorium with accommodation for 100 patients at a cost of £50,000. The building, which will probably be erected in the Talbot Woods, is being given by Mr. Brown in memory of his late wife, who was a sufferer from consumption, and whose life was prolonged for many years by a residence in Bournemouth.

A university lectureship in advanced physiology, of the annual value of £50, is vacant by the resignation of Dr. A. S. Lea, F.R.S., Fellow of Gonville and Caius College, Cambridge.

The freehold of 11, Savile Row, London, the property and residence of the late Sir George Johnson, M.D., has been sold for £11,600.

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The Royal College of Physicians, London, and the Question of Privilege.

IT seems that some of the Fellows of the College are disturbed at the publication of the report they received from Sir Edward Clarke on the question of privilege to which the case of Kitson *v.* Playfair gave rise. There is no doubt that the Fellows of the College ought to observe very strictly their regulations and bye-laws; and it may be granted that there was some violation of these rules when the report referred to was printed by one of our contemporaries. It is most important, however, for those Fellows who take this view of what has occurred to recollect and not disregard the statement made by Sir John Williams when under cross-examination, that the College of Physicians had agreed upon this matter. The words he used were "the last published opinion of the College says yes," and how any of the Fellows of the College after this can take the view that there was evidence of a violation of their secrets, when the full, correct, and proper report was published for the benefit of the profession by our contemporary, we fail to see. If the College of Physicians had done as it ought, and corrected the impression produced upon Mr. Justice Hawkins and the public generally that the relations between doctors and patients were open to criticism by the publication of Sir Edward Clarke's opinion, it would have been enough. The College refused to do this and if the feeling prevails among some of the Fellows that the College is supreme we would warn them against consequences. The character of the College of Physicians deserves criticism for the policy it has pursued of late years is open to censure. We have not yet done with the Kitson *v.* Playfair case.

The Medical Practitioners of Lincoln.

THE successful stand made by the medical practitioners—with one exception—in Lincoln against the "sweating" policy of the managers of the Friendly Society with which they were connected, moved Dr. James Stewart to bring forward the following resolution in their favour at the meeting in Carlisle:—"That the action of the medical practitioners in Lincoln who resigned in the interests of the profession their club appointments is worthy of commendation on the part of the Association." Dr. Stewart pointed out that in 1894 a profit of £231 was made out of the medical officers, and that they paid no less than 31,107 visits, which averages a fee of threepence per visit. The resolution was, after some further telling remarks from Dr. Stewart, carried unanimously.

The Examinations of the Irish Apothecaries' Hall.

THE final examination of the Irish College of Surgeons and Apothecaries' Hall have been in progress during the past week, and, for their inspection, Dr. Allchin and Dr. MacVail have visited Dublin on behalf of the General Medical Council. Dr. Allchin is, it is scarcely necessary to explain, Physician and Lecturer on Medicine in the Westminster Hospital, and Dr. MacVail is Crown Representative for Scotland in the General Medical Council, and Professor of Clinical Medicine in St. Mungo's College, Glasgow.

The Bishop and Irregular Practitioners.

AT the dinner of the British Medical Association, at Carlisle, last week, the Bishop was entrusted with the task of responding for "the clergy, including ministers of other denominations." His Grace's keen sense of humour was titillated by this not unusual juxtaposition, and he entered a respectful protest against being asked to reply for those whom, as a prelate of the Established Church, he regarded as "irregular practitioners." He compared his own position to that of the president of a medical society who should be asked to return thanks on behalf of his fellow practitioners, herbalists, empirics, *et hoc genus omne*, a comparison which naturally excited considerable amusement.

THE death is announced in Paris of Dr. Armand Déspres, formerly Professor at the Paris Faculty of Medicine, and Surgeon at the Charité Hospital. He died at Interlaken last week. He was born in Paris in 1834; but, though a skilful operator, he had not kept up with the times, as he was opposed to Listerism. Dr. Déspres took part in the war with Germany in the capacity of Army Surgeon, and was, for his services on that occasion, made a Knight of the Legion of Honour.

WE are informed that the Khedive, through the Sirdar, has sent the following telegram to Mrs. Trask (referring to the death of her son, Surgeon-Captain Trask, of cholera):—"The Khedive has expressed his deep regret at the loss of your gallant son, and his sympathy with you and your family."

WE cordially congratulate "Our French Correspondent" on having obtained the M.D. of the University of Paris. He has thereby surmounted the difficulties placed in the way of foreigners resident in France, and which, as will be seen in another column, are likely to be severely accentuated in the near future.

THE epidemic of measles which Nottingham, in common with other large towns, is suffering from, shows no sign of abating, notwithstanding the strenuous and well-directed efforts of the authorities.

MARY ELLEN CRUIKSHANK, M.D., one of two women candidates, was appointed last week, by the Camberwell Board of Guardians, the third Assistant Medical Officer at the Camberwell Workhouse.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

GRADUATION IN EDINBURGH.—The graduation ceremony for admission of graduates in medicine and surgery took place in the Synod Hall, Edinburgh, on August 1st. The numbers show no sign of falling off, for no fewer than 76 received the degree of Doctor of Medicine, while 151 took

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that of M.B. and C.M. Amongst the latter were two "sweet girl graduates," looking charming in the trencher cap and gown demanded for the occasion. They were received with a perfect storm of applause, which was, to a great extent, accounted for by the fact that they were the first women who had gained the University degree. The address to the graduates was delivered by Professor Chiene. He spoke much of Professor Goodsir. While scientific men must acknowledge the existence of a Deity, yet they could not avoid the facts of evolution. The future man would be, he said, as far above the present man as the present man was above protoplasm. He thought medical men were apt to overlook the psychical element in their patients, and to neglect the important factors that lay beyond the reach of the scalpel and the microscope. Altogether Professor Chiene's was the most philosophic and masterly address heard for many a year within the walls of a University where memorable speeches are "plentiful as blackberries." We hope to print the graduation lists in our next.

Another Interesting Insurance Case.—In last week's number we mentioned an interesting insurance case in which the question at issue was whether the policy-holder died from drowning by accident or by suicide. Another interesting case has been decided during the last week in which the insurance company came off victorious. A Dr. Steer had effected in 1894 a policy with the Scottish Widows' Insurance Company for £2,000 on the lives of himself and his wife. His wife's life had been declined previously by several other companies on the ground of the existence of cardiac disease. Dr. Steer contended that he had communicated all these facts to the local agent of the company, who has died since. But no proof in black and white could be produced either in the policy or otherwise that he had done so, and the jury found that "Dr. Steer knowingly suppressed the necessary information." The judge thereupon decreed for the company. This case should act as a lesson both to insurance offices who are only too glad to get business in these days of keen competition of any kind to be exceedingly careful in dealing with proposals, especially those applied for on joint lives, and to proposers not to suppress any information which it is right that the office should know. In his case it appears strange that he was unaware of the close solidarity which exists between different offices by means of which previous proposals, declined or loaded, are interchanged for their mutual benefit and protection.

Glasgow Royal Infirmary Dispensary.—A Glasgow doctor writes in an evening paper thus:—"A patient a minute appears to be sometimes the rule of the infirmary dispensaries in Glasgow; that during my own incumbency of the office of the dispensary physician to the Glasgow Royal Infirmary, I have gone through the form of professionally seeing patients at the rate of sixty per hour; the diagnosis and prescribing were much after the time-honoured fashion of Dotheboys Hall. My conscience was not hurt by this snapshot prescribing, as there was certainly nothing the matter with two-thirds of the cases; while the remaining third consisted of cases of hunger, chronic bronchitis, and the various forms of struma; and occasionally a robust countryman, who happened to be passing, would be attracted by the urgent invitation outside to come in and be medically treated, and responded as a matter of sheer civility." We entirely agree with what this correspondent says, and it is a notorious fact that our public infirmaries, in order to obtain funds from the pockets of the people, simply prostitute their charities. All and sundry are allowed, and where free advice and medicine can be obtained, there you will find unlimited numbers even although many of the applicants are in good circumstances, and can well afford to pay for both medicine and advice. This state of things is brought about and allowed to flourish, because in *many* of the public dispensaries the chief physician or surgeon reaps a benefit in so far as that certain individuals are informed that they had better call at the "professor's" house, as he would not give advice to such in a charitable dispensary. Where does the professor live? Oh! here is his card, he will be with you directly. The former custom that prevailed, when a prescription was handed to the patient, bearing the infirmary stamp, who took it to a chemist, where it was dispensed for a nominal sum, has been long since done away with; all drugs are now dispensed gratuitously and often indiscriminately, with the result that at the end of each financial year these charities cry out for more funds, expenditure having invariably exceeded income.

British Institute of Public Health.—Glasgow Meeting.—In the Municipal and Parliamentary Section the following resolutions were moved and unanimously adopted:—1. Prevention of Tuberculosis. "That a representation from this Congress be made to her Majesty's Government that facilities be afforded to local authorities to apply tests for the detection of tuberculosis in cattle within their jurisdiction." 2. Sir Henry Littlejohn moved, "That a representation from this Congress be made to her Majesty's Government in favour of the early introduction of legislation with the object of rendering it compulsory upon local authorities to provide central or district public abattoirs, these being, in the opinion of the Congress, indispensable for the proper supervision and inspection of the meat supply." 3. Dr. Eben. Duncan submitted the following:—"That, in the opinion of this Congress, the cremation of the dead, especially in the case of infectious disease, is a rational and very desirable hygienic process, and the Congress urges upon the British Institute of Public Health to use all proper means of pressing upon the Government the desirability of promoting a measure enabling sanitary authorities, if they so desire, to build crematoria, and conduct them under proper supervision.

NOTES ON THE ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION AT CARLISLE.

A PAUCITY OF MEMBERS.

For various reasons the Annual Meeting of the Association has hardly come up to its usual standard as regards numbers. After the brilliant London meeting of last year, there has been the natural reaction, emphasised by the somewhat remote position of the Border capital. The accommodation of the place for visitors has been overtaxed, and many members had to find a lodging in neighbouring towns and villages. From these and other causes, not more than 400 Members were registered on the second day of the meeting. From a scientific point of view, however, there was no sign of falling off, and probably, no single meeting of the Association has taken place, at which a greater number of papers and discussions of first importance have been brought forward. As was expected, the Ethics Section attracted a great share of attention. The discussion on the relation of the hospital out-patient departments to the profession, took up the whole of Tuesday, to the exclusion of many other topics of interest.

CARLISLE AS CARAVANSERAI.

It goes without saying that the lodging accommodation of the comparatively small border town chosen for the Association meeting has been strained to its utmost limits. Many weeks since all available beds were taken at the various hotels, and prices have gone up as if the town were preparing for a siege. Many of the better class inhabitants have been prevailed upon to take in visitors for the week, but after all said and done, the city was crammed as though someone had tried to follow the classical effort of attempting to put a quart into a pint pot. Many members were not able to find room at all within the town, and had to flit to more or less distant towns and villages. It is rather a trial in the dog

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days to land at the end of a long journey and find no place of sojourn. Under such circumstances a drive of eight or ten miles to an uncertain goal somewhere out in the country is not calculated to sooth one's temper. But the surrounding scenery is delightful, and the weather, except on the Wednesday, when there was a good deal of rain, has been simply perfect. Besides, any little inconveniences simply form part of the change from the humdrum of everyday-life which is one of the attractive things about these Association meetings.

RECEPTIONS AND EXCURSIONS.

The Reception Committees organised the social side of the meeting with admirable forethought and thoroughness. On Wednesday a *conversazione* was held by the President and the Border Counties Branch of the Association in the New Public Market, which was tastefully decorated for the occasion. Of Carlisle itself little need be said. It is an ancient town, famous historically, and containing a fine cathedral and a castle. The surrounding country, however, is one of the most beautiful in England, lying as it does at the gates of the Lake District. Those members who make the Annual Congress an excuse for a holiday outing, had excellent opportunity for the enjoyment of some of our finest scenery in the numerous excursions which appropriately wound up the meeting.

ABSENTEE AUTHORS.

The bad habit of men entering their names for papers which they have no intention to read, appears to be on the increase. It is hardly necessary to point out the inconveniences attending such a practice. An object lesson of the kind was afforded by a sun-burned member who had spent thirty years of his life in Australasia. Someone was advertised to read a paper on *Filaria Sanguinis Hominis*, a subject with which he had a practical acquaintance. He actually came out of his way to attend the meeting, and deferred an important engagement at Glasgow, in order to hear this paper, which was, however, not read. This is an extreme case, but its truth can be personally vouched for. If it were possible to exact some assurance from those who undertake papers that they would fulfil their promise, it would be a step in the right direction. At any rate, it would be open to the Council to prevent any member offending a second time in this way, by demanding the paper in full before making any announcement. Short of failure to appear, certain authors have an abominable way of bringing up loose and slipshod papers, some of which appear to have been hurriedly scribbled off in the train during the journey to the meeting. It is time the Association put a stop to the cheap advertisement now obtained by absentee authors.

THE *CONVERSAZIONE* AND THE ANNUAL DINNER.

On Wednesday night the President and Members of the Borders Branch gave a *conversazione* in the New Public Market at Carlisle. The place was handsomely decorated, and a brilliant gathering did honour to the occasion. Dancing was kept up until a late hour. The only hitch was a breakdown in the cloak-room arrangement. This ended in the storming of that department, when each man had to fish his own coat and hat out of a pyramid of others. In the same hall the annual dinner was held on the next night. What it was like we are unable to say from actual knowledge. For the first time we can recall a complimentary ticket was refused to our representative. The only explanation for this churlish act to be obtained from the dinner secretary was a message to the effect that they had no authority to grant such a ticket. The refusal is inexplicable when we consider the profuse and lavish hospitality extended in all other directions.

WHAT THE CARLISLE RESIDENTS THOUGHT OF THE MEETING.

The leading journals state that the present meeting was not characterised by the introduction of any novelty of special interest or importance. This is a strong but unconscious tribute to the receptivity of the modern mind for new matter. Almost in the same breath the writer mentioned the Röntgen rays. Now, this is the first meeting of the Association at which the "X" rays have been demonstrated. Twelve months ago the discovery was yet hidden in the womb of time. We are pleased to recall the fact that the MEDICAL PRESS AND CIRCULAR was the first of the medical journals in this country to record the discovery.

Some of the local papers lamented that they should see so little of the 600 medical men, many of world-wide reputation, who were staying in their midst.

As to the social side of the meeting the inhabitants of Carlisle appeared to join heartily in all the entertainments—and their number was legion—to which open invitations were given.

A GOLD MEDAL FOR SURGEON-CAPTAIN WHITCHURCH, V.C.

One of the most interesting incidents of the Carlisle week was the presentation of the Association's gold medal of merit to Surgeon-Captain Whitchurch. As our readers will remember, Surgeon-Captain Whitchurch was present at the siege of Chitral, and was awarded the V.C. for gallantry on the occasion when Lieutenant Baird was fatally wounded. The gold medal of the Association has been six times previously awarded, as follows:—To Dr. Waters, of Chester, for services in medical reform; to Dr. Farr, for his statistical and sanitary work; to Dr. Davies, for gallantry in a South Wales Colliery; to Surgeon-Major Reynolds, of Rorke's Drift fame; to Dr. Ormerod, of Workington, for help in colliery relief; and to Surgeon Parke, for distinguished services in the Emin Pasha Relief Expedition.

THE KINGSBURY-HART CASE REDIVIVUS.

After the Annual Address in Surgery, on Thursday, by Dr. Maclaren, Members of the Association collected in force, and the air was heavy with the sense of impending strife. The resolution standing in Dr. Kingsbury's name came last on the agenda paper and several matters of interest intervened. Mr. Lawson Tait's motion, in his absence fell to the ground. At length Dr. Kingsbury rose and made a long speech. He wound up by moving the following resolution: "That no anonymous attack on individuals, direct or covert, editorial or otherwise, be published in the *British Medical Journal* without having first received the approval of the President of the Branch in whose area the individual resides, as well as that of the President of the Association." In the course of his speech Dr. Kingsbury asserted in so many words that certain prominent Members connected with the Association were paid considerable sums to support the *Journal* as against Kingsbury, a Member of the Association. He himself was actually Secretary of his district Society, mainly formed to uphold ethics. He stated that sums varying from 60 to 200 guineas were paid to the Members sent down by the *Journal* to give evidence in the libel case at Blackpool. The fact of the fees having been paid was not denied by subsequent speakers.

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Mr. Ernest Hart deprecated any suggestion that he personally was directly concerned in sending down the persons in question to the trial, but stated that the whole responsibility rested with the solicitors who had charge of the case. After a half an hour's discussion of a somewhat pointed nature, Dr. Kingsbury was prevailed upon by the Chairman to withdraw his resolution.

This appears to us to be the best possible solution of a delicate problem. Dr. Kingsbury's spirited action will have a considerable influence on the future conduct of the *Journal* in relation to Members of the Association. The incident is without precedent in the annals of the body in question, and will render the Carlisle meeting memorable in the minds of many for a long time to come. It may interest readers to learn that the Council admitted an expenditure of £1,300 over the case. The exact fees, so Dr. Kingsbury stated, were 200 guineas to Sir Thornley Stoker, 120 guineas to Sir Dyce Duckworth, 60 guineas to Dr. Ward Cousins, and 40 guineas to Dr. Bateman. By the way, he also said that the original charge was made by a servant of a Medical Aid Society. Altogether, the whole incident throws a curious light on some of the inner workings of the Association and of the professional body-politic.

THE ETHICS OF ADVERTISING.

With the exception of the Psychological Section, the only one in which there might be said to be any "go" was that devoted to Ethics. Here excitement was on tip-toe, speakers were commonly called to order, and the *lie direct* was given by at least two gentlemen. A good deal may perhaps be pardoned when one considers the nature of some of the subjects brought forward in this section, on which many entertain very strong opinions, particularly on "advertising," about which the phraseology of cant has been more invoked than on any other. Besides the passage of arms before referred to in "Kingsbury *v.* Hart," there was a violent explosion after the reading of Dr. Broadbent's paper an "The Connection between Quackery and Advertising," and personalities were freely indulged in, which were only calmed when the various speakers had apparently exhausted their vocabulary. Dr. Bruce, of Dingwall, also read a paper on "The Ethics of Advertising" which he characterised as unprofessional, but which was unfortunately practised in the highest spheres. He suggested that the General Medical Council should adopt strong measures to control it. The paper was a calm and thoughtful effort and provoked no adverse comment.

THE ABUSE OF HOSPITALS.

The discussion on the abuse of out-patient departments of hospitals was opened by Mr. Loch, the Secretary of the Charity Organisation Society. By the way, is that gentleman a member of the medical profession? If so we have been labouring under a misapprehension for many years past. We draw attention to the point because the question as to whether an outsider, using that term to denote either a non-medical man or a non-member of the Association, might read a paper at any of the central branch meetings. In the discussion on the local organisation of the profession, Dr. T. Pearse, of Plymouth, preached the gospel of trade unionism to his hearers. One of the latter, Dr. Fraser, of Manchester, created some amusement by comparing the Association to a huge whale which was incapable of doing anything but flap its tail, stranded on the sands of time. One of the most useful discussions in the Ethics Section was that on the General Medical Council, introduced by Professor Horsley. All the speakers were unanimous in their condemnation of the present system which placed the penal process practically in the hands of the President.

THE PSYCHOLOGICAL SECTION.

The President (Dr. J. A. Campbell) opened this Section with an address on Lunacy as studied in the Cumberland district, but the chief interest of the Section was centred round the second day's work, and there some very valuable discussions took place.

Hæmatoma Auris.

Dr. Robertson, Pathologist to the Royal Edinburgh Asylum, gave a microscopic demonstration of a most excellent character in illustration of the stages in the development of hæmatoma auris, and the sections were beautifully stained, and the several parts so clearly differentiated that there could be no mistake regarding the points of demonstration. In his remarks elucidating the subject, full credit was given to German authorities for what has already been done in this direction; but he claimed for his work that it added three facts to our knowledge of the subject: (1) It gives us the first hint or indication that, the primary stage is a peculiar degenerative change in the cartilage cells of the ear, (2) that the new vessels which are formed in the cystic spaces resulting from degeneration are prone to degenerative change, and thus hæmatoma auris is possible without traumatic cause, (3) degenerate areas are exceedingly common in mentally sound as well as mentally unsound, and areas vascularised; but no cysts with vascular walls are found in the mentally sane. Dr. Robertson found that hæmatoma auris was most marked in general paralysis, and in cases of acute mental excitement. To have done so much as to have established the pathology of hæmatoma auris is a great deal; but from a clinical and medico-legal point of view it is no less to prove by demonstration that it may occur without even the mildest assault, and several speakers clearly appreciated these several points of importance as the result of Dr. Robertson's work.

General Paralysis.

The subject of General Paralysis has been so much in the air of late that it is not surprising if the Section approached its discussion with an *ad nauseam* feeling. This wore off as the lines of discussion were gradually laid down, and when it was found that early, and hospital treatment, were the salient points to rally round. Dr. McLeod observed that his experience was now rather limited, seclusion he regarded as the best treatment in the early stage, and, in his opinion, drugs were of no use. For preventing bedsores, he regarded equal parts of tr. catechu and Goulard's lotion very good.

Dr. Rayner cited a case treated first of all by a neurologist, in the early stage, put to bed, rubbed, fed largely (Weir-Mitchell treatment), and narcotics prescribed. The case got sleepless, and the rubbing stopped, then excitement and exaltation followed, and Dr. Rayner being consulted, observed high arterial tension, due probably to narcotic and Weir-Mitchell treatment being incompatible. Narcotics were stopped, milk treatment in moderation adopted, and the pulse tension was reduced, and the excitement considerably abated.

Dr. Clouston recommended in the early stage, when excitement is acute, the exhibition of sulphonal in large doses, 30 to 40 grs. in hot milk, afterwards allowed to cool. (A German experimentalist tried it on animals adminis-

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tered in this way, and found that in no case was hæmatophosphyrinuria produced). He described the condition of the patient after one day of this and seclusion treatment as "sulphonal drunk," the third day, a condition short of coma was arrived at, and then the doses were gradually diminished to vanishing point. In this way he argued that the patient had quietly, quickly, and safely passed into the second stage. Dr. Clouston is quite clearly of opinion that the old classic type of general paralytic is much rarer, in short, that the type of disease is changed.

Dr. Mickle rather differed from Dr. Clouston regarding the treatment of the first stage. He did not think it desirable to quell excitement all at once. Like Dr. Clouston he believes in quiet and seclusion, the bowels to be kept freely open, plenty of active open-air exercise, and, to control excitement, large doses of iodide of sodium combined with perhaps ammonium bromide. He discussed the risks of sulphonal, but proposed to give it a fresh trial dissolved with hot milk, though he failed to see the advantage of hot milk as a solvent over hot water.

Dr. Turnbull was of opinion that the reason why more general paralytics were found in asylums was that there was less disposition to try and bear with quiet cases at home. He offered some very practical observations on the treatment of general paralytics in bed.

Dr. Tuke spoke of the treatment of bedsores regarding which there had previously been made some very strong statements. One member expressed himself strongly as to the fact that a great deal of worry and annoyance was caused to patients and nurses by the urgent orders to keep moving them, drying them, and painting them with lotions, till the mind was absorbed in the one object of preventing bedsores to the exclusion of more important work. Dr. Tuke rather deprecated the view that bedsores were regarded too seriously.

Dr. Campbell Clark addressed himself to the question of prognosis, not as regards recovery, but the duration of the disease, and to the question of diagnosis. He then dissented from Dr. Clouston's views as to the exhibition of large doses of sulphonal, and agreed with the general principles of treatment laid down by Dr. Mickle. On the question of bedsores, he expressed the opinion that for sanitary and surgical reasons, the prevention of bedsores should be urgently insisted on, and that the disturbance of the patient was theoretical owing to the diminished sensibility in that stage of the disease.

Dr. Yellowlees and Dr. Mickle made some further remarks, and then the papers by Dr. Macpherson and Dr. Stansfield on the "Hospital Treatment of the Insane in Asylums" were read.

THE PATHOLOGICAL MUSEUM.

The collection in the Pathological Museum was most interesting and attractive from a scientific point of view. The high standard of the objects thus brought together may be inferred from the remark of the Honorary Secretary, in answer to a leading question, that there was nothing to which he could draw especial attention. On entering the room, one saw a long row of photographs and drawings pinned on sloping central screens, an excellent way of demonstration. Over a hundred capital clinical photographs were shown by Mr. Thelwall Thomas, of Liverpool. Dr. Bruce, of Edinburgh, showed some delicate and beautiful water-colour drawings of cancer of the lung. Dr. A. W. Campbell, of Rainhill, exhibited a large collection of casts of brains. Dr. Bannerman showed some photographs of a piebald infant. A most practical collection was that of Dr. Trevelyan, of Leeds, in the shape of a series of brains, illustrating the various modern so-called "dry" methods of preparation. The shrinking of some of these brains is strikingly illustrated. They prove, however, that such preparations can be kept for a considerable length of time, and can be made of service for teaching purposes. Mr. Westmacott, of Manchester, showed a number of excellent bone preparations illustrating hypertrophic pulmonary osteo-arthropathy. Prof. Boyce, of Liverpool, showed a very remarkable hyperostosis of skull, lower jaw, and hyoid bone, which were all the seat of enormous bosses of not-growing bone. (This case was described in the "Pathological Transactions," Vol. XVII.) Dr. Raw, Dundee, had a series of beautiful coloured models of various morbid conditions. Professor Delépine exhibited twenty preparations of abnormal hearts, including thin sections for demonstration purposes. Dr. Maclaren, of Carlisle, had 60 models, many of them of gelatine, and all coloured in a most artistic and life-like manner. Mr. C. W. Cathcart, of Edinburgh, showed a few remarkable casts in gelatine and glycerine, methods of which he is the well-known inventor. His latest plan is to make a light, but strong cast in *papier mâche*. Professor Hamilton's 29 models were of a high degree of excellence. Some of the most remarkable were coloured casts of the alimentary passages and stomach in cases of poisoning by corrosive sublimate, sulphuric and carbolic acids. More perfect aids to class demonstration it would be hard to imagine. There were a large number of microscopes, lent by Mr. Fraser, the well-known maker, of Edinburgh. The collection of microscope slides was excellent, and included many specimens of skin diseases, stained for micro-organisms. There were also some beautiful examples of ordinary ringworm and favus fungus stained *in situ* in the hair. Altogether, this branch of the museum, although not very extensive, more than maintained the average standard of excellence.

THE "EXHIBITS."

THE wide assortment of articles included under Sections A, B, and C of the Annual Museum of the British Medical Association was shown off to advantage in the Drill Hall at Swift's Lane. The general standard of the exhibits, both as regards variety and arrangement, was fully equal to, if not beyond, the average. To say this much, when we consider that the scene has this year been suddenly shifted from London to a distant Border town, is to say a great deal. On entering the Hall, one was faced, appropriately, by the largest, most artistic, and most original of the stalls, namely, that of Messrs. BURROUGHS & WELLCOME. This firm made a striking exhibition of their Kepler Malt Extract in a series of object pictures. The raw products were presented in the shape, first, of codfish swimming in a large tank of sea-water, and, secondly, of barley all alive and growing in some terra-cotta vases. Between these at one end and the finished Kepler Malt Extract and oil solution at the other were illustrations of every stage of the processes of manufacture. This object-lesson in applied chemistry was completed by a series of bottles containing the ultimate principles found in Kepler Extract. The interesting collection of historical tabloid medicine chests cases, and belts, grows apace. This year one was shown which had been used in the Chitral Campaign, another in Africa by Lionel Decle, as well as duplicates of the chests and belts supplied to the Nansen and Jackson-Harmsworth Polar Expedition. The stall showed an immense collection of drugs, for a detailed description of which readers may be referred to a special column in our issue of July 29th.

At the opposite end of the room Messrs. ALLEN & HANBURY'S made a good show. Their well-known Bynol and Izal and other preparations were ranged, besides a number of

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instruments. Among the latter was Mr. Davidson's double optometer, by which it is claimed that the practitioner can work out an astigmatism without the aid of cylinders. Another noteworthy object was a universal adjustable splint, the invention of Mr. Hoppe, which is one of the most ingenious appliances of the kind we have seen. Some idea of its capabilities may be gathered from the fact that although it may be made into a perfectly rigid splint for a Colles' fracture, yet it can be so altered by turning a screw or two as to permit of the freest passive motion.

Mr. Martindale, although at Liverpool as President of the Pharmaceutical Conference, managed to send an exhibit of the drugs with which his name is intimately connected, together with many of the new drugs not yet in common use. We would particularly mention his "emblic fruits." This is the fruit of myrobalanus emblica, crystallised in sugar. It is a gentle laxative, and from its pleasant appearance and taste specially adapted for children.

Messrs. Parke, Davis, & Co. were well to the front with a number of animal extracts. They showed Rennin, a new substance, of which one grain curdles a pint of milk, so that it is excellent for making junket. They also advanced a new digestive ferment "Taka-diastase," so powerful that one grain converts a hundred grains of starch into sugar in the space of ten minutes. This drug should be valuable in amylaceous dyspepsia. Other of their exhibits were Johnson's Etherial Soap for rendering antiseptic the skin, both of surgeon and of patient. Their ferratin and lactophenin tablets should prove useful in anæmia.

Messrs. Woolley, Sons & Co., of Manchester, made an extensive show of their well-known emulsions and liquors, and a collection of flexible, non-collapsible capsules, in which were enclosed various oils, copaiba, male fern extract, and other nauseous drugs. Members were enabled at this stall to examine all the new therapeutic agents which have lately been introduced, whilst among their exhibit of instruments was an apparatus for producing the "X" rays, together with coils, batteries, tubes, &c.

Mr. Kuhn who represents in this country several well known German houses, exhibited some novelties such as "Tannalbin," a new intestinal astringent, insoluble in the gastric juice, and which is indicated in acute and chronic diarrhœa. Also "Chinoeol," a new antiseptic, deodorizer and disinfectant, together with his standard preparations which have been before the profession for some time.

On Messrs. Oppenheimer's stall, near the entrance, were a large assortment of palatinoids containing drugs of various kinds, both solid and liquid, all of which have been previously reported on in these columns. They were also strong in nebulisers, hypodermic syringes, and serums from the Pasteur Institute of Paris.

The Hunyadi Janos Water proprietor made a good show near the entrance. The familiar labels of this popular brand of natural mineral water stood out in good relief on a warm red background. Scattered over the stalls were pictures of the famous Budapest spring, whence the water is obtained. It appears that the water is pumped from over a hundred wells, which collect the supply from the underground medicated springs. A special point is made of the absolute cleanliness of all processes connected with storing and bottling. Some idea of the enormous demand for this aperient water may be gathered from the fact that the apparatus at the spring is capable of bottling 100,000 bottles in a single day, while the firm employs a permanent staff of 250 workpeople. The chemical composition and therapeutic effects of Hunyadi Janos are too well-known to medical readers to need further reference here.

Messrs. Down Brothers made an extensive and important show of surgical instruments and appliances. In a side room they exhibited one of the best equipments for a modern operating theatre we have yet met with. Besides the apparatus for sterilising and storing instruments, were douches of various kinds and a most handy dressing wagon. One table for instruments, with top of plate glass, was so constructed as to forbid the retention of a drop of fluid. An operating table had a novel feature in its heating apparatus, built so as to follow closely every alteration of position of the movable-top. Another operating table of wood made to fold up into a small compass, the size of a bagatelle table, was made after the design of Mr. Jordan Lloyd. This side-room, in a word, furnished a thoroughly good suggestion of the ways and means of progressive and up-to date aseptic surgery.

The Hartmann Wood-Wool Company showed samples of their tissue in many forms. We are glad to see that they now supply their outfit for confinements, so much prized by obstetricians, in a smaller half-guinea size. They have a sterilised catgut which is prepared by boiling in cumol, a new drug with a high boiling point, namely 165° Celsius, or about 860° F. In this way the gut is completely sterilised without being spoilt. They also have a handy celluloid shield set in a ring of adhesive plaster, which should be useful in the treatment of carbuncles and small wounds: moreover, as it is transparent, inspection is possible without removing the dressing.

Messrs. Weiss & Sons had a capital show of surgical instruments, and were as usual, especially strong in ophthalmic outfits. They also had a number of good knives and metal cases for aseptic surgery. By a simple plan the scalpels can be lifted out bodily and placed in the steriliser or can even be boiled in the metal case in which they are kept.

Messrs. Reynolds & Branson, of Leeds, showed specially Röntgen apparatus, bandage shoots, enema clips, and a handy and simple apparatus for the rapid estimation of carbonic acid in air. They also had a number of lantern slides illustrating a series by Mr. Pridgin Teale, entitled, "Is my House Healthy?" This set would be simply invaluable for popular lectures on the subject.

Mayer and Meltzer had a good collection of surgical instruments, including an excellent laryngological lamp.

Messrs. Alex. Riddle & Co., manufacturers of Stower's Lime Juice, so favourably known to the profession by reason of its purity and non-musty flavour, dispensed the beverage freely to members, many of whom were glad to quench their thirst with so refreshing a drink.

The Laurent-Perrier Company was in evidence, and, with its usual liberality, issued a special invitation to all members of the Association to test their famous sans-sucre champagne at the office of their local agents, Messrs. Hope and Bendle.

The Liebig Extract Company showed a new peptone of beef, under the name of "Peptarnis." They sell it in three sizes, the smallest at a shilling, and it is claimed for this extract that it is highly nutritious as well as stimulant. An analysis by Hehner demonstrates the latter point.

Messrs. Brand and Co., whose meat essences, meat juice, meat jellies, meat lozenges for travellers, and invalid preparations, for which the house has a world-wide reputation, were also to the fore.

The Camwal Mineral Water Company spared no trouble in decorating a side-room as a Welcome Club, where all members of the Association were invited to refresh themselves from the long list of waters and fruit syrups manufactured by the Company.

Messrs. Armour had a series of digestive ferments in the shape of glyceroles, powders, elixirs and tablets. They also showed desiccated capsules of various glands, and their well-known beef preparations.

Messrs. Nestle had an artistically arranged show of their Alpine milk and food products, which need little more than passing mention, for to most folk they are "familiar as household words."

Messrs. Van Abbott and Sons exhibited gluten bread, soya bread, and all kinds of foods and biscuits for diabetic and dyspeptic patients, for which this house is so celebrated.

Messrs. Möller showed a new Hydroxyl form of cod-liver oil, which is prepared by Dr. Peter Möller's new method, in such a way as to be odourless, tasteless, unirritating to the stomach, and, therefore, digestible.

Messrs. Christy & Co. had a number of drugs and sundries, including anthrophors, cachets, and the useful "Christia" waterproof lint.

Messrs. Kutnow & Co., made a business-like show of their effervescent Carlsbad Powder, and of their well-known anti-asthmatic powder and cigarettes.

The Sanitas Company made a large and imposing exhibit of the many forms in which their disinfectant

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is manufactured and which has for many years past been the popular article with the profession and the public. The mere enumeration of the outcrop preparations would almost fill a page of THE MEDICAL PRESS AND CIRCULAR.

Among other disinfectants shown were those by LAWES' CHEMICAL CO., viz., Lawes' fluid, sanitary powder, and sanitary soaps (soft and hard), the latter designed especially for cleansing and bathing during and after infectious diseases.

THE APOLLINARIS COMPANY showed their new "Apenta" Water (from the Uj Hunyadi Springs near Budapest), which is likely to occupy a foremost place among the aperient waters now in vogue. Having recently published the analysis and conclusions of Prof. Tichborne on this water, it is unnecessary to remark further on it on the present occasion. The Company also displayed the well-tried Friedrichshall Aperient Mineral Water and the Apollinaris Table Water, both of which are too well known to need further mention.

Messrs. INGRAM & ROYLE were strongly in evidence with their Vichy, Carlsbad and Oberbrunnen waters.

Nor must we omit to mention the display of the AYLESBURY DAIRY COMPANY, by which members were enabled to see and examine the perfectly sterilised humanised milk which has lately come into demand for infants of feeble digestive powers. They also had a large supply of koumiss in its various forms, which has proved invaluable in many cases of extreme debility.

BOOKS.—Of these there was as usual a very poor display; for what reason we know not, whether it be that publishers consider that the small number of medical men who attend meetings of this kind are on holiday bent, and do not buy serious literature, and therefore it is not worth the trouble and expense of occupying the stalls, or whether they think it *infra digue*, are matters best known to them; certain is it that scarcely any of the leading publishing houses attend these gatherings, and their absence has often been remarked. Medical literature was, on the present occasion, confined to the exhibits of Messrs. Cassell, Mrs. Pentland, and the Rebman Company.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

PROFESSIONAL RESPONSIBILITIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The action of Dwyer v. Russell, the verdict in which—against Dr. George Russell of Cashel, the defendant, has just been reversed on appeal, by the Queen's Bench Division, of the High Court of Justice, is one which should command the attention of our profession, and should claim our sympathy and help for Dr. Russell. The appended report of the judgment pronounced on appeal will show that Dr. Russell, who fought the case on public as well as personal grounds has obtained for his professional brethren a decision of the very highest importance and moment. The principle now laid down that a practitioner, who acts according to the best of his skill and judgment, and with reasonable care, is not liable to penalty even should he be in error, is one of much weight, and Dr. Russell deserves our gratitude for having obtained its enunciation. I do not enter into the question of the nature and correctness of this opinion, although much may be said on that point and other incidents of the case, but claim sympathy for him in the anxiety and expense to which he has been put, and approval of the resolute manner in which he carried a very painful and disagreeable case to a satisfactory decision. Although Dr. Russell has obtained a verdict, and should, in ordinary course, have his costs paid by his opponent, those conversant with legal matters will not doubt when they are told that, owing to circumstances which it is not desirable to particularise, he is out of pocket to the extent of some hundreds of pounds. The litigation has been long and costly and, having procured a judgment which is of great importance to the profession of medicine at large, it is not right that Dr. Russell should be allowed personally to bear this heavy tax on his resources. There are besides this consideration others which I do not think it well to detail, that entitle Dr. Russell to much sympathy, and I venture to propose that a subscription list shall be opened in order to recoup him. I have much pleasure in contributing £2 2s. 0d., and trust that many others may forward their subscriptions.

I am, Sir, yours, &c.,
W. THORNLEY STOKER.

8 Ely Place, Dublin,
July 28th, 1896.

N.B.—I shall be glad to take charge, temporarily, o such subscriptions as may be forwarded to me.

[We are entirely of the opinion expressed by our correspondent that Dr. E. Russell has done excellent service to his profession by eliciting the judicial decision of the High Court on a point of vital importance to the profession. Furthermore, he is entitled to sympathy as a brother practitioner who has suffered loss and worry in the honest performance of his duty. Each and every member of the profession will profit by the decision thus obtained, and it would be most unjust that Dr. Russell should be left to pay for an advantage gained for us all. We trust that those who can afford to recognise such service will send their contribution to Sir Thornley Stoker without delay. —ED.]

HORSELESS CARRIAGES FOR MEDICAL MEN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—When recently in London I had the opportunity of inspecting at the establishment of Messrs. Thrupp and Maberly, 425 Oxford Street, the first electric carriage built from the Spanish patent. It is an exceedingly handsome Victoria, and unlike every other kind of motor vehicle I have seen, the mechanical arrangements are so small that they scarcely attract any attention.

The battery is a primary one, and consists of dry cells. It is said to run ten hours without requiring attention, and has an intensity of 80 volts. The nature of the elements are still kept secret. The medical profession naturally take a lively interest in the motor carriage movement, and I would advise all who do so to visit Messrs. Thrupp and Maberly's establishment, as I believe this is the carriage of the future.

I am, Sir, yours, &c.,
AUSTIN MELDON, J.P., D.L,

15 Merrion Square North, Dublin.

THE SCHOTT SYSTEM OF TREATMENT OF CARDIAC AFFECTIONS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It has struck me that whilst it is a matter of satisfaction that the interest of the profession has been deeply aroused by the recent attention drawn to the so-called Nauheim treatment of heart diseases, the fact has been much obscured that the fundamental principles of the treatment have long been recognised in this country, and that it has been customary, particularly at many of our British health resorts, to obtain results equally striking (at least as to individual cases) as those which are now often reported as though they were the products of some new and almost miraculous method of treatment abroad. To me there appears nothing in these recently published results really new but the methodical and systematic application on special and more extended lines of the principles already recognised and practised in a routine and disconnected fashion in this country.

Whether the use of baths in this treatment plays the important part alleged by many, I cannot now discuss, but I venture the opinion that baths are not an essential factor in the success which is so often obtainable in these cases. From observations extending over many years at the particular spa where I practise, I believe it is possible to obtain as much improvement in many organic and functional derangements of the heart by change of air, properly directed exercises and massage, and suitable diet, as can be obtained by the use of the baths and exercises after the Nauheim methods.

It is to me matter of almost daily observation, as it must be to others practising at the various spas, to see

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cases of rheumatism, gout, neurotic affections, and other diseases complicated by organic or functional troubles, improve in the latter respect in the most astonishing manner—murmurs being diminished, and in many instances disappearing altogether, apparent areas of cardiac dulness being lessened, dyspnœa relieved, irregular, intermittent, irritable, and quickened cardiac action restored to normal quality, and all the other local and general symptoms of cardiac distress replaced by signs of restoration.

I should be one of the last to deny the possibility of really remarkable physiological effects from the administration of baths, but when I read the extraordinary records of results which some profess to have obtained in cardiac affections by the administration of certain baths I cannot help feeling that these observers have been unconsciously deceived in some way.

Another point I wish to lay stress upon is this. Whilst we have here a system which undoubtedly contains the elements of a rational and invaluable mode of cardiac treatment, there is grave danger, from the way in which it is being popularised, that untold mischief may be wrought by its getting into the hands of unqualified and often unprincipled attendants. Already at some of our health resorts we have quite a large number of bath and massage attendants who have suddenly blossomed forth as "thoroughly experienced." in the administration of "Nauheim Baths and Schott Movements," the majority of whom, I have no hesitation in saying, are no more competent to carry out such treatment than the groom who attends one's horses.

Another point, and the last I will touch upon, is this, that those of us who practise at health resorts are peculiarily exposed to the temptation of becoming fascinated by new methods of treatment and of yielding to the cries for something new which come from that numerous class of invalids which may be termed patients of fashion. This is a rock upon which many a good and promising career has been wrecked, and I feel that I cannot too earnestly warn those of my professional brethren, who are using the so-called "Schott" methods of treatment, of the many pitfalls which await them should they yield in howsoever slight a degree to the temptations I have indicated.

I am, Sir, yours &c.,
Samuel Hyde, M.D.

Buxton, July 31st.

TITLE OF "DOCTOR."

To the Editor of The Medical Press and Circular.

Sir,—A great deal has been written about this vexed question in the medical journals of late, the consensus of opinion seeming to be that a medical man who does not possess the degree of M.D. should not call himself "Dr." The reason alleged for this is, that by so doing he misleads the public, and sails under false colours. Now, without questioning the correctness, from a strictly ethical point of view, of the dictum of your own, and other medical journals on the subject, I wish to draw attention to one or two practical considerations which seem to me to have been overlooked in the discussion of the matter hitherto.

(1) Here in Ireland, at any rate, the title of "Dr." is practically synonymous with "Medical Man," and a practitioner who did not call himself Dr. would run the risk of being looked upon as an unqualified man; and that not by the poor and ignorant alone, but by educated and—otherwise—enlightened people. (2) I question very much whether a man not an M.D., who calls himself "Dr." misleads anyone. If the possession of a degree meant that the holder was *therefore* more skilled in medicine, surgery, or midwifery, than his brother practitioner who is minus that ornament, then, no doubt, the latter would be guilty of deception in using a title to which he had no right. But when in point of fact the possession of a degree *per se* means nothing, and that as often as not the most skilful members of the profession have no degree, and would be no better off if they had—where then, I ask, does the deception come in?

Lastly, I wish to point out that, in spite of "Laws" to the contrary passed by the colleges, there is not a practitioner in Ireland who does not put "Dr." So-and-So on his doorplate (with the exception of a very few who style themselves "Surgeon"). Nor is this confined to licentiates in the country; witness some of the leading men in Dublin, who are not M.D.'s yet have "Dr." (nearly always written in full, "Doctor") on their doorplates. Of course, this does not make the practice right, but the colleges should not be so hard on the Licentiates, when the latter have the example of Fellows before them.

Thanking you should you find space for this in your esteemed journal,

I am, Sir, yours, &c.,
L.R.C.P.E.

Dublin, July 30th, 1896.

THE ARMY MEDICAL MUDDLE.

(From the *Times*, July 30.)

The Medical Department of our own Army has for a long time past been in an unsatisfactory condition; and the endeavours of various administrators to bring about improvements have not, so far, been crowned by any appreciable measure of success. The service has become thoroughly unpopular in the medical profession, insomuch that many who are well qualified to discharge its duties prefer to encounter the risks and struggles incidental to the ordinary exercise of their calling. This feeling has for some time past been fostered by medical teachers and medical journalists, with the result of producing a widely-spread conviction that the officers of the Medical Department are not fairly treated by the military authorities. The consequences have in many respects been deplorable. The department is at present so undermanned that it is scarcely possible to make proper provision for the discharge of the routine duties of its members; and the additions made to it in recent years have been largely composed of men who, on the average, have been of inferior quality to those who have entered either the Indian Medical Service or that of the Royal Navy. In the Indian Service and in the Navy, candidates who have obtained qualifying marks have been more numerous than the vacancies, so that every post has been filled up. In the Army this has not been the case. There have generally been candidates, but those who have obtained qualifying marks have not been numerous enough to meet the demands of the service, so that vacancies have been left unfilled, even after every man has been accepted who could satisfy the *minimum* requirements of the examiners. In 1895 the rejected candidates for Indian and naval appointments were about 25 per cent. of the whole; while the rejected candidates for military appointments were 57 per cent. of the whole. In February of this year, eighteen candidates presented themselves for seventeen Army appointments, but one withdrew from the examination, only nine obtained the qualifying aggregate of marks, and five were rejected. So little disposition, however, either to remove the grievances of Army doctors or to attract fitting candidates has lately been displayed at the War Office that it has become possible to obtain credence for the statement that a compact has been entered into between the Office and the medical licensing bodies in Ireland, to the effect that candidates sent up by the latter shall be unduly favoured in the examinations. The response to this statement has been a letter published some weeks ago in Ireland, signed by Sir Thornley Stoker, Ex-President of the Irish College of Surgeons, and by Drs. Cunningham, Ball, and Birmingham, distinguished hospital surgeons and teachers in Dublin, urging that young Irish medical men should refuse to enter the Army until the reasonable demands of the present Medical Officers have been conceded. It is believed that a warrant for this purpose has actually been prepared, and that it will be issued as soon as the military authorities are convinced that no other course is open to them.

From the Address of the President of the Royal College of Surgeons in Ireland (Mr. Thomson).

The Army Medical Service has once again fallen into disrepute, and it has come about that candidates cannot be found to fill the ordinary vacancies. Grievances which bring about such a state of things must be something more than merely sentimental. This college has certainly not been unmindful of its duty to its licentiates and fellows in regard to this question. Early this year my predecessor

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in this chair (Sir Thornley Stoker) headed a deputation of which I was a member, which waited upon the Secretary for War, the Marquis of Lansdowne, and laid before him a statement of the case for reform. I am bound to say that our reception was cordial, and that the impression left upon our minds at the close of our interview was a favourable one. The licensing bodies of Ireland have in the Army and Navy at present, or retired, 844 of their diplomates as compared with 975 English and 801 Scotch. Of the Irish this college can claim nearly half—namely, 407. A late Director-General was a Fellow of our college, and the great office of Principal Medical Officer of India—more valuable than that of the head of the department at home—is filled by the friend of many of us—Surgeon-General Gore, also one of our Fellows, whose distinguished services have had a fitting reward. It will be seen then that we have done our duty by the State, and that we have some right to speak on this question. Well, when we find that candidates do not present themselves for such a service, despite the advantages which it has, and are content to face the risks of a struggle in private practice, I say there must be something real in the widespread discontent. We who are outside the charmed military circle may not be able to comprehend fully the disabilities which lie behind the question of rank. But we know that the medical officer still complains that in the inner life of the Army these curious titles which have been conferred are of little avail, and do not prevent the daily annoyances to which no body of educated professional men ought to be subjected. No matter what the intention of the last warrant was some of the military authorities make it evident that they believe there is a social class distinction between the combatants and the doctors, and there follows in the wake of this the feeling of irritation which has developed almost into indignation. It seems to be plain that no substantial advance in the removal of grievances will be made until the medical officers of the Army are formed into a distinct corps, and the rank which they are supposed to have ceases to be a fiction. It is hard to understand why there should be this apparent hostility to the Army Medical Department. But we may hope that the warrant which is to be issued will be such as to settle once and for all these unhappy differences, which can only damage both branches of the service. There have been rumours that a scheme has been suggested by which the dearth of surgeons would be met by employing civilians for the troops at home. That could only be dreamt of as a temporary measure, for obviously we must have medical officers trained to the service in the event of war, and we cannot afford to go back to the experiences of the Crimea.

Department of Lunacy.

CORK DISTRICT ASYLUM.

THE House Committee has been deliberating seriously regarding the several questions with which we dealt two weeks back. It looks as if the asylum, like the Augean stables of old, had much need of cleansing when Dr. Woods took charge of it as Superintendent. He must have had to struggle against a good deal of opposition and obstruction, and as it is much easier to create discipline *de novo* than to remove old habits of routine and replace them by new and good ones, he must have had his hands full. Six years ago, when he entered the asylum as Superintendent, there appears to have been a system in vogue whereby the storekeeper could sell drink to the officials, and at a meeting a few days ago the chairman put the question, "Is the sale of intoxicating liquors to the attendants still continued, or has it not ceased for some years?" Dr. Woods was able to assure the chairman that whisky is absolutely not sold, and that intoxicating liquors of any kind are not to be bought in the asylum. It must have been a funny state of matters that permitted of such a grave departure from the usual custom in asylums. A good deal was made of the fact that the case-books were not written up. The Commissioners in England, as well as in Ireland, come down heavily on Assistant Medical Officers when their case-books are not written up, and we think in this respect that the Commissioners do perfectly right. Assistant Medical Officers make a good deal of the fact that there is not much encouragement, not much promotion, in asylum service, and it is possible that they may get into chronic ways, into a chronic state of indifference, and come to perform their duties in a perfunctory and mechanical way. There is no doubt about this, that the case-books of asylums might have contributed long ago to our knowledge of mental disease a great deal more than they have done, and that not only as a matter of discipline, but of scientific requirement, a regular, systematic, and thorough habit of case-taking should be insisted on in asylums. Dr. Woods' reply to the charge made against his assistants was, that the Assistant Medical Officers told him that they had no time to keep them any better. The House Committee generously agreed to double the medical staff, and in this we think they have done rightly. It has also been decided to increase the attendant staff, and we hope that the asylum administration will now go on more smoothly and do some good work.

THE TRANSFER OF LUNATICS TO BELFAST WORKHOUSE.

An inquest was recently held in the Board room of the workhouse on the body of Eliza Jane Hanna, æt. 36, a native of Doagh, County Antrim. The woman had been an inmate of the district lunatic asylum, and had been transferred to the lunatic department of the Belfast Union Workhouse on December 9th, 1893. The death was due to phthisis. There was nothing of special interest pertaining to this particular case, but it was made a peg on which to hang a grievance by the Coroner, who in summing up observed that it was an important case, not only as regarded the unfortunate insane poor, but also as regarded the interests of the Belfast ratepayers. He held that the duty of the Governors of the Asylum was, in this case, to send the patient to the Antrim Workhouse, and not to the Belfast Workhouse, and the Antrim ratepayers would have been obliged to support her there. "During a previous inquiry it had transpired that there were forty-seven or forty-eight persons in the Workhouse who belonged to other unions, and, taking the average cost of each at £15 per year, that amounted to about £1,000 per annum, which the Belfast ratepayers were paying out of their own pockets and which was illegally extracted from them." We are not in a position to say whether the Coroner's statement can be substantiated, but if so, there is evidently a grievance here of a very serious kind.

Literature.

SHOEMAKER'S MATERIA MEDICA. (*a*)

IT is with much pleasure that we record the appearance of the third edition of Dr. Shoemaker's excellent and thoroughly practical work on materia medica and therapeutics. It is now comprised in one portly volume of over eleven hundred pages. At the very outset, however, we are met with a difficulty, for the author defines pharmacology as "the science of drugs," and says that "it is made up by contributions from all sources of knowledge bearing upon the natural history of remedies, their botanical and chemical relations, their effects upon the body, both in health and in diseased conditions, and, in short, everything with regard to such an agent, viewed from a medical standpoint." There has been a good deal of discussion of late, respecting the scope of Pharmacology, especially in connection with its abolition as an examination subject, by the Conjoint Board of the Royal College of Physicians of London, and the Royal College of Surgeons of England, and although there may be some difference of opinion respecting the limitation of the term, it may be safely stated that the definition adopted by Dr. Shoemaker would nowhere in this country receive acceptance. In a subsequent section it is explained that Pharmacology includes Pharmacognosy or the study of the natural history and the physical and chemical characters of drugs and pharmacy. To the results obtained from the study of the physiological action of drugs, the author thinks that the term Pharmacodynamics is more appropriately applied.

(*a*) "Materia Medica and Therapeutics. A Practical Treatise with Especial Reference to the Clinical Application of Drugs." By John V. Shoemaker, A.M., M.D., LL.D. Third Edition, Revised. Roy. 8vo, pp. 1,108. Philadelphia: The F. A. Davis Co., Publishers.

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That the author takes a wide and comprehensive view of the subject of materia medica may be gathered from the fact that he devotes special chapters to the consideration of such subjects as kinesitherapy, mechanotherapy, massotherapeutics, pneumotherapy, balneotherapy, the physiological effects of music, the Apostolic method and the mode of removing superfluous hairs. The directions in each case are simple and can be readily followed by anyone possessing ordinary medicinal knowledge.

In the sections devoted to therapeutics the author not only gives his own personal experience but indicates very fully the opinions held on each subject by the best authorities both in Europe and in America. His reading must have been singularly extensive for he points out the source of his information with much discrimination and, we may add, fairness. The practical side of the question has not been lost sight of, for the text is lavishly interspersed with prescriptions, many of them bearing the stamp of originality. That the subject is treated comprehensively may be gathered from the fact that such drugs as tetronal, teucrium, thallin, and theina, to take a few in alphabetical order, are dealt with exhaustively.

At the end of the book are formulæ for hypodermic use, recipes for dishes for the sick, tables of doses, and a great deal of useful material of all kinds. The only real fault we have to find with the work is the extremely small type in which the index is printed.

It is needless to say that it is impossible to deal with a work of this size within the limits of an ordinary review with anything like detail. The standard is a high one, and although there may be some difference of opinion respecting certain views held by the author on a few special subjects, there is a remarkable freedom from error or inaccuracy. The work deserves to be recognised as the standard text-book of materia medica and therapeutics in the United States, being equally adapted for students and practitioners.

Medical News.

Irish Medical Schools' and Graduates' Association.

The Annual Summer Meeting of the above Association was held at the Town Hall, Carlisle, on Wednesday, 29th July, Dr. Richard Heath, of St. Leonards, Vice-President of the Association, in the Chair. A letter of regret from Sir Richard Quain, Bart., President, stating his inability to be present was read by the Secretary. Among those present were Sir Charles Cameron, F.R.C.S.I., Drs. J. W. Moore, Rentoul, Harman Laffan, Douglas, O'Sullivan, Oscar Woods, and the Honorary Provincial Secretary. The Chairman proposed and Sir Charles Cameron seconded: "That the hearty congratulations of the Association be conveyed to Sir William MacCormac on his election as President of the Royal College of Surgeons of England." The resolution was passed with acclamation. The Chairman next called on the Honorary Provincial Secretary to make a statement as to what had been done since the last summer meeting in reference to the removal of hospital disabilities. The Secretary, Dr. Stewart, stated that the Council had received and been much encouraged by promises of support from several influential quarters. A long discussion followed, and it was proposed by Sir Charles Cameron, seconded by Dr. Douglas, and carried unanimously: "That this meeting heartily approves of the resolution of the Council to proceed as soon as possible to obtain the repeal of the rule which prevents Irish Diplomates from becoming candidates for honorary hospital appointments in England." The Chairman reminded the meeting that the Members of the Profession in England and Wales would shortly be called on to give their votes for Direct Representatives on the General Medical Council, and that on the last occasion the Association gave its support to two of its Members, Sir Walter Foster and Dr. Dolan. He understood that the former would not be a canditate at the coming election, but that a Life Member of the Association would be in the field as well as Dr. Dolan. He, therefore, proposed, and Dr. Somerville Johnston seconded, the following resolution:—"That the Members of the Irish Medical Schools and Graduates' Association be invited to support by their votes at the coming election for Direct Representatives on the General Medical Council, Dr. Dolan, J.P. (Halifax) and Dr. Rentoul (Liverpool)." The resolution was supported by Sir Charles Cameron and carried unanimously. The proceedings terminated with a vote of thanks to the Chairman.

A New Hospital for Aldershot.

The Duke and Duchess of Connaught last week performed the ceremony of laying the foundation-stone of a new hospital for Aldershot. Under present circumstances all cases, however serious, have to be sent to Guildford. The Royal party drove from Government House to the site of the hospital in Church Lane. They were received by Mr. Robertson, chairman of the Reception Committee, Major-General Bengough, Mr. Jeffreys, M.P. North Hants, and others. Mr. Robertson read and presented an address, setting forth that, although called Aldershot Hospital, it would extend its benefits widely. The Duchess of Connaught graciously accepted the address, and the Duke said it gave them both much pleasure to be associated with a work which they hoped would be a lasting benefit to the district, the more so as its advantages would extend to those who were relatives of soldiers. After laying the foundation-stone a cheque for £100 was presented by the Duchess from the Empress Eugenie as her contribution to the hospital fund. The Duchess, in handing over the cheque, at the same time gave a second cheque for £25 as her own subscription.

A correspondent writes to the *United Service Gazette*:—"His friends will be sincerely sorry that Surg.-Col. Charles Maunsell, A.M.S., has not been selected for promotion. I understand that he is not yet 57 years of age, and that he believed he would be promoted. He is a very popular man. Probably in the near future the Promotion Board will see its way to informing such senior officers at least a year beforehand in unmistakable terms, whether they are to be promoted or not. This would only be fair, and give them a chance of making arrangements for retiring or otherwise. The Medical Department is so desperately unpopular that acts of consideration would be welcomed. Serg.-Col. Maunsell and officers of his age are not school boys, but very senior men, who have weathered it out in many a bad climate."

PASS LISTS.

University of Aberdeen.

At the graduation ceremony on the 27th ult., the following candidates passed in the Faculty of Medicine:—

The Degree of M.D.:—Henry Martyn Barker, M.B., C.M., Sandown, Isle of Wight (New Ordinances); Joseph Marshall Barnes, M.B., C.M., Nelson, New Zealand; Frederick Booth, M.B., C.M., St. Anne's-on-the-Sea (New Ordinances); George Burnett Currie, M.A., M.B., C.M., Aberdeen; William James McCulloch Ettles, M.B., C.M., Camberwell (Highest Honours); Ernest Colwell Maguire, M.B., C.M., Brighton; Edward Longueville Mansel, M.B., C.M., Hampstead; Arthur Edward Patterson, M.B., C.M., Dartford; William Russell, M.B., C.M. Liverpool, (Commendation).

The Degrees of C.M. and M.D.:—Charles E. Piers, M.B., Capetown (Old Regulations).

The Degrees of M.B. and C.M:—William Brodie Brown, Peterhead; Richard Ambrose Coles, Corsley, Rectory, Warminster, Wilts.; Middleton Connon, 18 St. Swithin Street, Aberdeen; William Francis Cornwall, Bonnymuir Place, Aberdeen; Alexander Cruickshank, Auchnagatt, Aberdeenshire; George Mellis Duncan, 62 Highbury Hill, London, N.; Henry Forbes, 43 Rosemount Viaduct, Aberdeen; Alec Forsyth, Haughland, near Elgin; Reginald Douglas Gawn, College House, Lissington, Lincoln; John Sangster Greig, Morningside, Mannofield, Aberdeen; Clarence Haslewood, 3 Avenham Terrace, Preston, Lancashire; Leonard Guscotte Haydon, Horslake, Cheriton Bishop, Exeter; Patrick Jobson Henderson, Viewfield, Blairgowrie; John Innes, 627 George Street, Aberdeen; Peter Walker Ironside, Stromness, Orkney; James Melville Keith, 5 Crimon Place, Aberdeen; John G. McWillie, 614 King Street, Aberdeen; John Geddes Pirie, 40 East Church Street, Buckie; Alexander Mitchell Watt, Fernlea, King's Gate, Aberdeen.

William Hunter, Aberdeen, passed the Final Examination (with "credit"), but will not graduate until he has attained the necessary age.

The Degrees of M.B. and Ch.B. (New Ordinances):—Robert George Henderson, M.A., Whitecrook, Keith.

Graduation Honours—The following candidates graduate with Honourable Distinction:—William Hunter (on attaining necessary age); Robert G. Henderson.

The John Murray Medal and Scholarship was awarded to William Hunter.

The Diploma in Public Health:—George B. Currie, M.A., M.B. C.M.Aberd., Aberdeen; James Fletcher, M.B., C.M.Aberd., Uttoxeter, Staffordshire; Robert J. McKeown, M.B., B.Ch., R.U.I., H.M.S. "Jackal."

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials* and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

MEDICAL AID ASSOCIATIONS.

A CORRESPONDENT writes:—

SIR,—I feel sure that the profession are falling into political error in raging against "Medical Aid Associations"; medical men are giving by their opposition a greater vitality to such associations. As a member of the profession for more than a quarter of a century, I may be permitted to express the opinion that there is no class so incapable of seeing outside their own circle as medical men! The General Medical Council showed wisdom in shelving this question of "Medical Aid Associations," and I hope that Body will not be moved by agitators in our midst.

WHEELMAN.—Mr. E. B. Turner, an authority on the subject, says that with bicycling "Piles diminish and cease from bleeding in a wonderful fashion by the time a few hundred miles have been judiciously covered, and though, of course, external masses must remain, they do not as a rule increase."

ENLIGHTENED TURKEY!

IT is reported that the censors of Turkey prohibit the importation of all educational books, this state of affairs having been brought about by the discovery in one book of the formula H_2O, which the wise men of the court interpreted to mean: "Hamid II is naught—a cipher—a nobody."

M.R.C.S. (Birmingham).—We much doubt whether the offer can in any case be regarded as an "honour."

M.D. (Torquay).—Our cycling editor, whose opinions on extra-medical subjects are held in great respect at this office, informs us that for ladies the Henson peakless saddle is to be preferred, but that for male cyclists of average dimensions the Burgess saddle is the more comfortable. The latter, however, requires a little practice to get used to.

DR. D. (Aix).—You had better apply direct to Messrs. T. Cook & Son, who will doubtless be pleased to supply the information you desire.

PHYSICIAN AND SURGEON (Hereford).—Cases of serious traumatism in women during the first coitus after marriage are not rare. The three most recent cases recorded will be found in the June number of the *Gazette Hebdomadaire de Medicine et de Chirurgie*. In each case a considerable quantity of blood was lost before medical aid was summoned and the hæmorrhage arrested.

THE FIRST ARTIFICIAL LEG.

HERODOTUS (484-408 B.C.) mentions the case of a prisoner who amputated his own leg to escape from his shackles, and, escaping to his friends, was provided with a wooden substitute. In 1885, in a tomb at Capua, a complete specimen of an artificial leg was discovered with other relics, dating to at least as far back as 300 B.C.

DR. SEPTIMUS B. (Plymouth)—French will be the official language at the International Medical Congress to be held in Moscow next year. But at the general meetings any European language will be allowed.

STUDENT (Edinburgh).—A reference to our advertisement columns will afford the desired information.

MRS. WHITE (Lincoln).—We cannot undertake to do more than we have done in the matter, at all events at present.

RESPICE FINEM.—We have referred our correspondent's request to a well-known authority on the subject, who has kindly undertaken to favour us with the necessary facts, which we will subsequently publish.

A SIMPLE ANTIDOTE FOR CARBOLIC ACID POISONING.

DR. R. CARLETON represents that distilled vinegar is a perfect antidote to carbolic acid. He recommends that equal parts of vinegar and water be swallowed by the victim of carbolic acid poisoning, and then that a stomach-pump be used and the stomach washed out.

DR. NICHOLAS M.—Apply to the publishers, Messrs. Bailliere, Tindall and Cox.

Vacancies.

Cumberland Infirmary, Carlisle.—House Surgeon. Salary £70 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary on or before August 11th.

Earlswood Asylum for Idiots, Redhill, Surrey. A fully-qualified registered Practitioner to take charge of the Asylum. Salary £500, with furnished residence, coals, and gas. Applications and testimonials to the Board of Management, 36 King William Street, E.C., on or before August 18th.

General Hospital, Nottingham.—House Surgeon. Salary £100, rising £10 a year to £120. Applications and testimonials to the Secretary not later than August 8th.

Glasgow Samaritan Hospital for Women.—Surgeon. Applications to the Secretary on or before 8th prox.

Halifax Infirmary and Dispensary.—Assistant House Surgeon. Salary £50 per annum, with residence, board, and washing. Applications, with testimonials, to the Secretary not later than Wednesday, August 12th.

Lincoln County Hospital.—Assistant House Surgeon. An honorarium of £10 for each period of six months, and board, residence, and washing. Applications, with testimonials, to the Secretary on or before Saturday, August 15th.

Miller Hospital and Royal Kent Dispensary, Greenwich Road, S.E.—Junior Resident Medical Officer. Salary £30 per annum, with board, attendance, and washing. Applications, stating age, with testimonials, to the Hon. Secretary or Secretary not later than Thursday, August 6th.

Royal Isle of Wight Infirmary and County Hospital, Ryde.—House Surgeon and Secretary. Salary £60 per annum, with residence, board, and washing. Applications, with recent testimonials, to the Secretary not later than August 21st.

Scarborough Hospital and Dispensary.—Assistant House Surgeon. Salary £50 per annum, with board and lodging. Applications, with testimonials and photograph, to the Hon. Secretary on or before August 12th.

Shoreditch Infirmary, 204 Hoxton Street, N.—Locum Tenens for three weeks. Terms £3 3s. a week, and resident allowances. Apply, Dr. Forbes, Medical Superintendent.

Suffolk County Asylum.—Assistant Medical Officer (unmarried). Salary £120 per annum, rising to £140, with board, lodging, &c. Applications and testimonials to the Resident Physician and Superintendent.

Appointments

BOURKE, ERNEST A., C.R.C.P.I., C.R.C.S.I., re-appointed Assistant Registrar and Resident Medical Officer to the Cork Street Fever Hospital and House of Recovery, Dublin.

CALEY, H. A., M.D., M.R.C.P., Physician in Charge of Out-patients, St. Mary's Hospital, Paddington.

CHATELIER, J. E. A., M.B., C.M.Edin., Medical Superintendent to the City Hospital, Little Bromwich, Birmingham.

HEYGATE, F. N., M.R.C.S., Medical Officer for the First Sanitary District and the Workhouse of the Petworth Union.

KIDD, H. A., L.R.C.P.Lond., M.R.C.S., Medical Superintendent to the new West Sussex Lunatic Asylum at Grayling.

LAWSON, ARNOLD, M.D.Brux., F.R.C.S., L.R.C.P.Lond., Ophthalmic Surgeon to the Paddington Green Children's Hospital.

LEA, ARNOLD W. W., M.D., B.S.Lond., F.R.C.S., Assistant Physician to the Clinical Hospital for Women and Children, Manchester.

LORD, S. T., L.R.C.P.Lond., M.R.C.S., a District Medical Officer of the Rochdale Union.

MORRIS, R. A., M.B., B.S.Durh., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Third Sanitary District of the Morpeth Union.

MOYNIHAN, B. G. A., M.S. and M.B.Lond., F.R.C.S., an Honorary Assistant Surgeon to the General Infirmary at Leeds.

NEILL, L. E. F., M.B., Ch.M.Syd., an Honorary Assistant Surgeon to the Sydney Hospital, New South Wales.

NEWMARCH, B. J., L.R.C.P.Lond., M.R.C.S., an Honorary Assistant Surgeon to the Sydney Hospital, New South Wales.

PETHYBRIDGE, W. L., M.D., B.Sc.Lond., Assistant Physician to Plymouth Public Dispensary.

PROUDFOOT, F. G., M.B., M.S.Edin., House Physician to the Radcliffe Infirmary, Oxford.

SMITH, W. R., M.B., M.S.Edin., Physician Superintendent to the Adelaide Hospital, South Australia.

TEMPLETON, GEORGE, M.B., M.S., F.R.C.S.Eng., L.R.C.P., Assistant Surgeon to the North-West London Hospital.

WHITEFORD, C. HAMILTON, M.R.C.S., L.R.C.P., Medical Officer to the Provident Branch of the Plymouth Public Dispensary.

Births.

BOXALL.—July 29th, at 29 Weymouth Street, Portland Place, London, W., the wife of Robert Boxall, M.D., of a son.

GILLESPIE.—At 23 Walker Street, Edinburgh, on the 31st ult., the wife of A. Lockhart Gillespie, M.D., F.R.C.P.Ed., of a daughter.

LUCAS.—July 27th, at Wimpole Street, W., the wife of R. Clement Lucas, B.S., M.B., F.R.C.S., Surgeon to Guy's Hospital, of a son.

Marriages.

ATKINSON—WOODWARD.—July 27th, at St. John's Church, Higher Broughton, Robert Atkinson, M.R.C.S.Eng., of Ripponden, to Louisa Lydia, youngest daughter of the late E. J. Woodward, Notting Hill, London.

Deaths.

CHRISTMAS.—July 25th, suddenly, at Wheatley, Coventry Park, Streatham, S.W., Charles Denn Christmas, M.D.Brux., L.R.C.P.Lond., M.R.C.S., late of Watford.

COWAN.—July 27th, at Brooksby, Largs, N.B., John B. Cowan, M.D., LL.D., Emeritus Professor of Materia Medica in the University of Glasgow.

FOX.—July 30th, at Victoria Villa, Oban, Scotland, Brigade-Surgeon Allan N. Fox, M.B., of Dublin.

PHILLIPS.—July 22nd, at Wimpole Street, London, W., Henry Astley Phillips, M.D., of Gravesend, aged 40.

POTTS.—July 31st, at 2 Albert Terrace, Regent's Park, London, William Potts, F.R.C.S., in his 81st year.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, AUGUST 12, 1896. No. 7.

The Bowman Lecture

ON

VISION AND RETINAL PERCEPTION. (a)

By H. SNELLEN, M.D.,

Professor of Ophthalmology at the University of Utrecht.

MR. PRESIDENT AND GENTLEMEN,—Of all practical questions on clinical work, diagnostic inquiry has more than anything else extended its dominion. Recent ophthalmology points with lawful pride at many a new appliance, but also at a remarkable extension of its field of investigation. Not only does our diagnostic art involve the diagnosis of the disease, but more and more the oculist is called in to examine the vision of eyes, considered as normal. A quantitative determination of the highest degree of visual acuity is required, and we have to consider what limit of vision is to be fixed for each department of the daily increasing host of railway and naval officials. The increased rapidity of transport and of travelling demands a continually growing use of signals, which claim, as well as technical capacity, a thoroughly controlled efficiency of each responsible man. Donders was the first to awaken interest in this question, and to cause this part of the ophthalmologist's duties to be acknowledged, and pointed out the international interest of these questions. It is chiefly in England that these views have met with serious consideration.

In regard to visual inquiries, most earnest investigations have been made by this Society and by the British Medical Association, for the latter of which I have but to allude to the invaluable Report of April, 1892, which has laid the basis for all further international negotiations on this important question. Several colleagues, greatly interested in the subject, initiated a conference in September last at Amsterdam. The reports just published will furnish unmistakable proof of the concurrence of English authorities in this matter. During this conference many scientific questions were advanced, rousing new interest and exciting to new researches. We also have been stimulated to work in this direction. I beg to be permitted to lay before you some views and investigations in several still open questions on vision.

I.

The idea of expressing the acuity of vision, as inversely proportional to the smallest visual angle has been almost generally adopted; but it is far from being the case, that one and the same sort of objects are used for these determinations. Alterations—not always improvements—have again and again been recommended from all sides.

But it is clear, that, where objects are used which do not agree with the standard—being either too easy or too difficult—the expression $V. = {}^{d}/_{D}$ loses all its value, unless there be added a co-efficient, expressing the proportion between the distinctness of those objects and of the standard lines, such as the three parallel lines with interlines of equal width, which we have adopted.

Shortly after the test-types had been introduced, a controversy was begun by Prof. K. Vierordt, who doubted whether it was right to apply the visual angle, *i.e.*, the linear measure of the retinal image, for expressing acuity of vision, and whether it would not be preferable to take into account the surface of the image, *i.e.*, the square of the diameter. This suggestion of Vierordt has lately been repeatedly referred to: and seems to deserve to be taken into consideration. It is after the example of Hooke (1705), that we measure the acuity of vision as being in inverse proportion to the visual angle; and, for practical purposes, this statement is satisfactory, even if perhaps it might have to be considered of a conventional value. This determination of vision answers fully to the wants, which were stipulated by Bowman, for his tonometric measurement, demanding, like all clinical investigations in the very first place, rapidity, and simplicity. Meanwhile we can yield to Vierordt's views in so far that the recognition of form depends on other and on more complicated considerations than can be afforded by the simple linear measure alone.

If we analyse our types, as they are constructed, within the twenty-five-fold square schemes, we see that they can be regarded as a combination, in different order of sequence, of twenty-five small blocks, white and black; for instance, with the **F T L**, each filling up twelve to thirteen of the twenty-five blocks, of which—as must be acknowledged—each represents a square surface.

On the other hand, it may be observed that the value of perception is not fully represented by the size of the square measure of the retinal image, because the perceptivity of the fovea is not equal all over, but diminishes from the centre to the periphery; thus a four times larger image does not correspond with a four times larger distinctness of impression. And, besides, the act of vision is not altogether confined to the perception of a stationary retinal image. On the contrary, in accurate and tranquil observations of any object, by imperceptible movements of the eye, we cause the different parts of the image to move successively over the centre of the fovea, and each muscular action unquestionably represents a linear measure. We, therefore, look upon the act of vision as a compound function, partly to be measured by linear, partly by square measure. But if we should have to grant to Vierordt "that truth is more nearly approached by expressing the psychological value of the retinal image by square measure," even then there will remain good reasons for continuing to determine vision by linear measure, and to register it as such, in the meantime bearing in mind that we can always find the square value wherever we should want it. Possibly square measure will prove to be preferable in the research into the relation of the degree of illumination to visual acuity. Evidently, we want square measure, for the comparison of the differentiation of oblong and of square figures.

Let us consider, for instance, these letters. **E**, measuring four by nine. The square measure is thirty-six, of which the root is six; its superficial measure, therefore, will be equal to a similar figure of six by six. Experience now proves that there does not exist any real difference in the distance, at which both can be recognised. Both are beheld with the same clearness, when seen at the greatest distance at which the square one is seen. This, of course, is confined to certain limits. If the lines become very thin accessory circumstances, such as irradiation or contrast, will arise. A further examination of oblong and of square figures, of equal amount of surface, leads us to another consideration. If, instead of taking white and black letters, we take coloured ones, we find that colour and shape both act in the same manner. In both cases we find a complete similarity between the oblong and square letters if they are of the same superficies. If this be so, and such is easily proved, if thus, colour and shape are subject to the same rules as to linear and to square measure, the question arises why we should restrict all the advantages of the linear measure to the determination of vision, and why we should not do the same for the determination of colour-perception?

According to the method of Donders, the quantitative

(a) Delivered before the Ophthalmological Society of Great Britain and Ireland on June 12th, 1896.

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value of colour-perception is is determined by comparing the distance at which a person distinguishes coloured discs with the distance at which we ourselves or any other person of a well defined colour sense will do so. This method, although it has been found to answer admirably, has never attained much popularity, nor any general adoption. The question arises whether this is not to be attributed to the general opinion that the recognition of a coloured surface must be registered by square measure, which hampers the rapidity and simplicity of the statements. Why should we not, just as with the determination of vision, here also avoid all complication and content ourselves with registering the figures as we find them, *i.e.*, by linear measure, provided we remember that this conventional value does not represent C equal to the colour-sense in the general acceptation, but to root of C, from which we can find C whenever it will be wanted? Donders agreed with this opinion, and in the regulations of railway servants' examination he expressed the amount of colour-sense by the angular, *i.e.*, linear measure.

II.

Another question to which attention was drawn at the Amsterdam Conference in connection with the determination of the acuity of vision was its dependency on the amount of illumination. It is well known that vision diminishes with decrease of illumination, but their mutual relation has as yet not been well determined. We have to thank Dr. Thomas H. Bickerton, of Liverpool, for recalling this subject to the attention of the meeting.

"A point which has not yet been mentioned, but one of vital importance to the establishment of standard test-types for the acuity of vision, is that of illumination." . . . "Thus, in coming to an agreement, as to the standard test-types, let us do likewise as to the necessary illumination."

The further discussion on this subject proved that the meeting agreed with Dr. Bickerton, but at the same time the difficulties of stating the degree of illumination, especially of daylight, were pointed out.

Different investigations into this question have been published, but we meet with many contradictions as to the results. It seemed desirable to make a new series of observations, with the special view of studying the sources of errors, which may have given rise to the contradictory conclusions.

Two of our scholars at Utrecht have endeavoured to act up to this suggestion. Dr. Laan and Dr. Piekema, both with young and healthy eyes, set to work to determine their acuity of vision under different degrees of illumination. We resolved to carry out the experiment by artificial light and tried to provide a gas-lamp of well-determined intensity. It immediately became evident that, as a rule, a common gas flame burns very unequally on account of the difference of quality of the gas and of the constant change of pressure to which gas is liable. Preliminary experiments made in our Ophthalmic Hospital proved to be useless. We surmounted these difficulties by the kind assistance of the manager of the gas works at Utrecht, Mr. V. D. Horst, to whom we feel greatly obliged.

By passing the gas over benzine the quality was made constant, and a special regulator provided the required constancy of pressure. We made use of an Auer's incandescent burner, which was daily photometrically controlled. The lamp was placed on a small vehicle, which could easily be moved, over rails up to a distance of 1 to 20 metres, so that we had at our disposal a degree of illumination ranging from 1 to 1·400. The distances from the object to the lamp and to the observer could be accurately measured by a scale placed along the rails. All light from the outside was carefully excluded. The lamp was placed within a black box, and, of course, care was taken that the lamp remained in the same enclosure, while the intensity of the flame was photometrically determined, because the interior of the box—though painted dead black—still caused a perceptible reflection.

In this series of determinations, the intensity of illumination was measured by the intensity of the source of light, which requires an absolute absence of all other light. The consequence is, that the eye remained adapted to darkness, and also, that the types were seen against a darkened background. It is clear that these determinations were made under unusual circumstances. We found here confirmed, what daily experience teaches, that the amount of vision must be greater here than when the eye is adapted to stronger light. In order to obtain a more complete knowledge of the effect of light on vision, it proved to be desirable to make also a parallel series of determinations, at which, in every instance, the illumination of the surroundings shall correspond with the illumination of the objects under examination. Till lately it has been impossible to determine directly the amount of light on a surface without examining the source of illumination. At present, however, the photometer of Leonhard Weber enables us to do so. This instrument is of great value for our purpose, and allows us to measure the light on each surface. In 1883 this photometer was devised by Prof. Leonhard Weber, and has since been considerably improved. It is made by V. Schmidt and Hänsch, in Berlin. The chief features of this instrument consist in two communicating tubes, placed at right angles to each other. At the place where they meet, a mirror is adjusted at an angle of 45°, in such a way that, by seeing through the eye-piece, we can observe the interior of both tubes by looking through the mirror into the one, and by the side of the mirror into the other. At the end of tube A, opposite the mirror, is a benzine candle, which, by an ingenious contrivance, can be made to burn with a very constant light. This illuminates a white opal plate, which can be moved to and fro through the tube, along a millimetric scale. The illumination of the plate, accordingly, will be in inverse proportion to the square of the distance from the light to the plate.

If bright daylight is to be tested, we place at the end of tube B, near *g*, one out of several white opal plates, which have each a definite power of absorption, one of which is chosen according to the intensity of light that is to be determined. The intensity of the light that is given off from the surface, which we want to determine, is now measured by the quotient of the square distance (R^2), from that surface to the plate, and the distance, from the flame to the movable plate (r^2), multiplied by a coefficient C, which is defined for every plate according to its power of absorption ($T=\frac{R^2}{r^2} \times C$). With this photometer, it is possible to measure very diverging degrees of illumination. However, as the instrument is now constructed, it does not allow us to determine a light lower than 1 mc., namely, one standard candle at one meter distance. If we have to determine the acuity of vision by a feebler light, grey glasses, of which the power of absorption has been stated beforehand, can be used before the eye. This photometer, although a most valuable instrument, cannot be said as yet to be perfect in *every* respect. A great difficulty arises from the difference of colour of the benzine flame and of daylight, and it is exceedingly difficult to judge of the equality of two illuminated surfaces if they are of different colour. Weber endeavoured to meet this objection by providing the eye-piece of the tube with a green or a red glass alternately. The difference in colour then disappears, and, from the combination of the two observations, the intensity of the light can be, approximately, calculated. It would be best if the benzine flame could be replaced by a source of white light of a constant intensity.

We have endeavoured to meet this difficulty by designing another plan for avoiding the difference of colour, by taking test-types on tinted paper, of about the same colour as the benzine flame. By this arrangement the light on both plates of the photometer becomes of the same colour, and all difficulty of comparing the illumination of the two plates is overcome, without interfering with our purpose of making a comparative determination of visual acuteness. After several examinations of the daylight, it was surprising to find how very changeable its intensity was. A white cloud or a ray of sunshine breaking through the clouds renders the light ten times more intense.

Prof. Cohn, of Breslau, has subjected this matter to extensive experiments. He stated that in the course of a few minutes it had been equal to 89, 106, 58, 19, 76 meter-candles. He found that a clear sky is less intensely illuminating than a sky overcast with grey clouds. With rain clouds the intensity of the light amounted to 49 to 54 mc. The unprotected eye hardly perceives considerable changes when the illumination is intense. This

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proves that the efficiency of the increase of light on vision shows itself less if the light exceeds a certain amount. We shall see that the maximum of vision is reached at a degree of illumination beyond 50 mc. On the contrary, with decrease of light the vision soon diminishes, and every change is then clearly perceived.

It is well worth while to trace the effect of decrease of illumination on vision. Many researches have been instituted on this question, with the most various results; and we are as yet far from being able to establish a law concerning the relation between the degree of illumination and the acuity of vision. "We must even," Uhthoff asserts, "positively reject all the formulated laws, that have been proposed by different authors, where changes of illumination of any important degree are concerned." Indeed, the results of the different observers are most diverging; but undoubtedly the experiments are very liable to error. Errors may occur with both methods of research which we have indicated, viz., either by determining the vision at the illumination of one source of light, or by applying a general illumination, of which the intensity will have to be stated. As a rule, former experimenters did not keep the two methods strictly separate; moreover, the last mentioned method could not be well applied before we possessed a photometric instrument which enabled us to measure directly the illumination of a surface while exposed to light. It would lead us here too far to give a summary of all former experiments, and to compare the results. For this we refer to an essay of Prof. Hermann Cohn (*Archiv. f. Aughen.* 31, p. 197), containing an account of the principal former researches. I will confine myself here to pointing out what means have been attempted by different observers.

Tobias Mayer (1754) was the first who seriously set about attempting this examination. He determined the visual angle with parallel lines, and illuminated them by means of a candle placed at different distances. He deduced from his results that the visual acuity depends on the illumination in proportion to the sixth root of intensities. Later researches, however, have not confirmed this conclusion.

A century later (1865) these experiments were renewed by Aubert, to whom, in every direction, physiological optics are greatly indebted. In a perfectly closed room daylight was let in through an aperture, which could be widened or narrowed at will. As objects he used Jaeger's reading-tests, at 1 metre's distance from the aperture. We have already seen what a changeable source of light daylight is. In 1876 a prize was instituted by the Insbruch faculty for a mathematical law showing the relation between vision and intensity of illumination. In answer to this question, a set of most accurate experiments was made by A. Posch. As test objects, he used parallel lines, with interspaces of the same breadth; his source of light was a lantern of Dubosq, with achromatic glasses. He came to the conclusion that, within certain limits, the acuity of vision increases as the logarithms of the light intensities, *i.e.*, that acuity of vision increases arithmetically, while the intensity increases in a geometrical progression.

An elaborate account of former researches led Cohn to the conclusion that there exists a great variation with different observers, and he concludes that we are still very far from being able to establish a law concerning the relation between vision and intensity. However, it may be remarked that this variation may partly depend on Cohn's method of comparison. Cohn takes as his basis of comparison the amount of light which proved to be necessary to obtain vision = $\frac{5}{5}$.

But $\frac{5}{5}$ represents full vision only for a certain number of persons; for others it represents less than full vision. In order to form a comparison between different individuals it is necessary to take as basis the maximum of each individual visual acuity.

A normal eye, after required adaptation, reaches its maximum of visual acuity at an illumination of 30 to 50 m.c. Beyond this, the vision hardly increases with the increase of intensity. Klein only mentions that he obtained a further increase of vision when the intensity of light was carried much higher. Probably this is to be explained by a more extensive narrowing of the pupil, which will improve the sharpness of the retinal image, if there be abundance of light, especially if refractive errors be present, which will be corrected by the stenopæic effect of a myotic pupil.

Our own experience shows that the effect of the change of light is restricted to the lower degrees of illumination.

I will not trouble you with numbers or figures, but I ask your permission to show you the representation of the facts, by means of some curves, which give the results of determinations of vision, either with one single source of light in darkness, or where, in daylight, the illumination of a surface can be photometrically measured. (The Author here exhibited illustrations of the curves obtained by experiments.) We cannot see any convincing proofs here that one method is to be preferred to the other, except that the linear measure yields lower and simpler values. The conclusion we arrive at here, just as with our clinical contemplations, is that it seems immaterial which of the two methods is followed, provided it be clearly stated in each case which measure, the linear or the square, is meant.

From the different observations on the influence of illumination on intensity of light, some conclusions may be drawn of a practical nature. Beyond the intensity of 50 m.c. the visual acuity no longer increases with increase of intensity. This explains why we notice almost nothing of the rapid and great changes of bright daylight. This fact is of further practical application.

Objections have been raised that in the determination of visual acuity, and in the rules laid down on this head, no sufficient notice has been taken of the intensity of the light, and that the required degree of this intensity is not indicated. We see now that this remark is correct, as far as feeble illumination is concerned, but does not hold good of strong illumination. The maximum of visual acuity is reached with 50 m.c., and if the eye has been adapted to the darkness for a considerable time, with 30 m.c.

So the only care that has to be taken in the determination of the acuity of vision is that the degree of illumination does not fall below 30 to 50. This degree of illumination is easily reached, and, to make sure, we can ascertain with Weber's photometer whether the intensity of the light is great enough.

Another subject on which these observations may throw light is the question, "What intensity of light is required for trades in which good visual acuity is essential?"

We were led to start these observations by a question to this effect, directed to us by our Government. In obedience to Art. 6 of the law of June 20th, 1895, on factories, regulations were wanted for the required illumination of factories and workshops, and the question was submitted to us: "Is it possible to determine the maximum amount of light necessary to the workman with normal eyes for a certain sort of work?" and further, "If such an amount of light is to be determined, is there a practical method to measure that amount of light?"

To answer these questions we set to work in a practical way, and repaired with the photometer to workshops, in order to determine the intensity of daylight at different times, and further, when twilight began to fall, to ascertain where, at the waning of daylight, the want of light begins to impede the man's work. In a printing business we found this to be the case for compositors when the illumination sinks below 15 m.c. With an intensity of 15 m.c. a visual acuity of $\frac{4}{5}$ is the extreme limit. As a rule all work is arranged so that it can be done at this vision. But for the man to have his whole visual acuity at his disposal it is necessary that, in the long run, a much greater intensity of light should be at his disposal. If, however, the intensity of light at dusk is not to fall below 15 m c., we shall be sure to have in the daytime an intensity of between 30 and 50 m.c. In answer to the questions which were laid before us, we came to the following conclusions: "That in every workshop a minimum amount of 15 m.c. is necessary for work resembling reading, whereas a 'minimum' of 10 m.c. will do for coarser work, *e.g.*, that of carpenters and blacksmiths; that in broad daylight the required amount is between 30 and 50 m.c., and that it must be possible to exclude direct sunlight. The determination of the intensity can be done best by means of a Weber's photometer."

In another respect the study of the influence of illumination in the visual-acuity has caused us to make special arrangements in the operation-room at our new hospital.

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Undoubtedly the highest demands on the power of vision may be made where delicate eye operations are to be performed. Considering that the visual power is heightened by adaptation for a weaker light than that by which the object is observed, we have arranged our operation-room as a roomy and lofty apartment, of which the walls, the ceiling, and the floor are painted black, bordered, for ornament, by a very dark grey. The light falls in through a great window, facing the north, which can be reduced in size by different separate black blinds.

This arrangement answers entirely to our expectations. The operator has at his disposal the maximum of his vision, provided he be careful not to look from the dark apartment into the light outside; and, beyond this, our arrangement proves to have additional advantages. The images reflected on the cornea can entirely be avoided when the light enters from one direction only. Also the patient keeps his eye open more easily, and further, there is the great advantage that the patient can distinguish more clearly the flame of a candle when seen against a black wall; and, according to Priestley-Smith, there is no better means of making the patient's eye keep the right direction than by directing it towards a flame. Experience has taught us that Priestley-Smith's advice is a most valuable one, provided that the illumination be arranged so as to allow the patient easily to distinguish the flame.

III.

The adaptation of the eye to light is a highly-important phenomenon. Like the size of the pupil, the sensibility of the retina changes under the influence of light and dark. Hitherto it is chiefly the duration of these phenomena that has been examined, and the results show us that the time required for adaptation corresponds to the period of anatomical changes in the retina, viz., the formation and disappearance of visual purpose, the alteration in shape and size of the pigment cells and cones, which have been known only in the last few years as the results of the influence of light and dark.

The knowledge of them gives us a better insight into these important, and, hitherto, mysterious phenomena. Moreover, Hering's theory on retinal perception assists us in arranging the facts and searching for an explanation.

In the study of the observation of light and of colour the inquiry into the after-images occupies an important part; these phenomena are narrowly related to those of the adaptation of the eye, and to the influence of different parts of the retina on each other.

I beg to be allowed to call your attention to a special review of some of these important phenomena. Aubert was the first to insist that the after-images can be best studied successfully when reduced to their simplest form. For this purpose he made use of the electric spark, with which he illumined a small coloured surface. The results were highly remarkable, diverging, as they did in many respects, from former observations. In 1891 they were once more examined by Prof. W. Hess, and in 1894 by Dr. H. P. Boescha, of Utrecht. At present their study is occupying us again, and we will endeavour to analyse them more minutely. These experiments are highly instructive where we are engaged in accounting for perception of colour; indeed, they are so remarkable that it is a matter of surprise that they have not been examined and studied oftener. In their results they furnish us with matter by which to test the theories on the perception of light and colour. I beg to be allowed to describe these experiments and to recommend them to your attention. I know of no observations that are so beautiful, and, at the same time, stimulate the student so powerfully to further inquiry. Like Aubert, we started from the principle that these observations ought to be reduced to their simplest form. As far as possible, we shall try to keep to this principle, even more rigidly than was done by former observations.

Our object of observation is a small screen, standing detached from other things. We have at our disposal a large apartment, of which the walls are quite dark, so that the observed plate stands at no less than 8 metres' distance in front of its dark background. The plate is properly illumined by an electric spark of great intensity, the light of which is reflected on the plate by a concave mirror.

Between the spot where the spark arises and the observer, a screen has been placed, preventing the spark from being seen immediately. We prefer the electric spark to the illumination of the closed lantern with momentary opening, because, in case of the spark, the duration of the illumination may be neglected, and it is very difficult in using the lantern to avoid all escape of light. And it is necessary that the experiments should be made in absolute darkness: the trustworthiness of the observation is entirely dependent on the eye being kept in absolute darkness. The slightest glance at a light harms the accuracy of observation. Where these precautions are taken, we see a constant series of phenomena succeeding each other rapidly. It is therefore advisable, with every observation, to restrict our attention to one of the phases, so that with the first experiment, the commencement, and with the second the end, of the phenomenon is more particularly observed.

The phenomena then showing themselves are as follows: The moment the spark flashes forth there appears on the screen a bright flood of light, which rapidly increases in intensity and fades away in a nearly corresponding period of time. (*a*) During the increase in intensity the flood of light has the same colour as the screen; during the decrease we see the opposite colour. We estimate the duration of the whole phenomenon at less than a second; under certain circumstances, however, longer. Whereas Aubert had noticed this change of colour of the after-image, only with red light, Hess proved conclusively that it is to be observed with all colours. We found it to be so for all colours, provided they are sufficiently saturated. Also mixed colours, such as yellow-green or violet, are seen as such, and likewise give the opposite mixed colours. A white screen shows the violet colour of the spark, and here again it is proved that absolute white is very rare; white paper always has a yellow or a blue tint. There is no better means of easily recognising a feeble objective tint than this rapid succession of opposite colours. A dead black which we used showed a saturated blue succeeded by yellow.

With these two phases of the phenomenon we clearly have two components, viz., the white light and the colour. The white light (the brightness) we cannot isolate, because the spark, as well as a white screen, are always more or less coloured. On the other hand, it is possible to diminish the intensity, whilst the colour remains pretty nearly unaltered, and so becomes more saturated. We effected this by applying between the screen and the observer's eye, or between the spark and the screen, coloured glass plates of the same colour as the observed screen. The white light then considerably diminishes, whilst at the same time the colours, both for the first and the second phases, are seen to greater advantage. Already Aubert had noticed, (*b*) that the positive after-image, by means of the electric spark, lasts longer with feeble than with intense illumination. Exner even lays down the rule: "Je schwächer die Reizung, desto länger das Nachbild" "The feebler the exciting, the longer the 'after-image'", which rule, however, naturally only holds good within certain limits. The truth is, that these phases of the after-image are more clearly perceptible when the white light diminishes, *i.e.*, when the colour becomes more saturated.

These two phases are succeeded by a third phase which is of much longer duration, and shows entirely different phenomena. The after-image now arising, though corresponding with the original image in shape and size, is very feebly-coloured, mostly of a reddish brown, as of brick; more or less resembling the colour of the illumined pupil. Sometimes it is hardly possible to define the colour; it seems to be a mixed one, still in a measure resembling brick colour. As long as this brown after-image exists, there is anæsthesia for objective light. As such we used luminous paint, with which the observed plate is covered. As long as the brown after-image generally remains, the luminous plate seems quite extinguished, provided the eye keeps immovably fixed on it. If, on the contrary, the eye is moved, so that the image is thrown on another part of the retina, the light reappears at once, and shows the original brightness immediately, whereas when it is fixed immovably, the image returns slowly and gradually.

This third phase of the after-image corresponds, as far

(*a*) Aubert, *Phys. Optik.*, G. 502.
(*b*) Aubert, *Phys Optik.*, p. 511.

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as the time of the origin and the duration of its existence are concerned, with the more commonly studied after-images, which arise by a longer-continued looking at a bright object and its projection on a bright surface, *e.g.*, if, after looking at a coloured ribbon on a bright surface, and then quickly removing the ribbon, we observe, after a very short interval of darkening, which corresponds to the second phase, an after-image of the opposite colour. This after-image lasts longer in proportion as the fixation had been more perfect, and, consequently, also longer than with the illumination by the electric spark. But it seems certain that both these after-images represent corresponding phenomena of the retinal function. Also, with the last-mentioned after-images, we observe a successive disappearing and reappearing of the phenomena.

IV.

This interesting succession of light and dark of the after-image can also be seen with the direct image of a very feeble light, if we look at it in a completely darkened room. If, *e.g.*, we continue for some minutes to look at the feeble light of illuminated point, it slowly fades, and disappears altogether. But with the least motion of the eye it suddenly reappears. If we take care that we do not remove the eye and that we remain viewing the same spot, we also will see the light reappear; but this time not suddenly—the brightness returns gradually and slowly. After some time it fades again, and so we obtain a continual slow succession of light and of darkness.

From the progress being a slow or a quick one, we can infer whether the reappearance of the image is the result of a movement of the eye, or whether it be due to a local alteration in the retinal perception.

It seems to me that these phenomena are to be looked upon as a clear example of the reciprocal effect of the adjoining parts of the retina upon each other. According to Hering's theory, there is a continual reciprocal influence between the spot of the retina where the image is observed, and the adjoining parts. This influence is due to a modification of the visual substance, which, according to Hering's suggestion, will perform an alternate dissimilation and assimilation. It will not seem strange that dissimilation and assimilation can temporarily become equally great, and by reciprocal influence neutralise each other. The varying increase in brightening and the gradual fading away would then have to be attributed to a struggle between dissimilation at the spot of the retinal image, and assimilation in the surrounding retina.

We undoubtedly owe to Hering's theory, that it enables us to compare and account for widely diverging phenomena much better than we could do so before. This causes us to appreciate these seemingly unimportant facts, and may stimulate to continue by this means to investigate the processes of retinal perception.

RINGWORM AND THE TRICHOPHYTONS. (a)

By MALCOLM MORRIS,
Surgeon to the Skin Department, St. Mary's Hospital, London.

The author read a paper embodying the results of some researches of his own on the ringworm fungi, made on a number of consecutive cases met with in hospital and private practice, and taken as they came without any attempt at selection. He gave a lantern-slide demonstration of a series of microscopic preparations illustrating the fungi found in the cases, and showed cultures of them made on agar-maltose. He also exhibited preparations of some of the fungi of favus, tinea imbricata (Manson) and tinea versicolor, for purposes of comparison. After giving a critical summary of the views of Sabouraud, Bodin, Leslie Roberts, Mibelli, Rosenbach, and Krösing, he described in detail the method which he had adopted in preparing his specimens, laying special stress on the importance of staining. The hairs which supplied the material for examination were all taken from the scalps of children. The total number of cases was 126. In 116 of these, the fungus was small-spored; in the remainder, large-spored. Attention was called to the great preponderance of the former variety (92 per cent.) as compared with the proportion (60 per cent.) given for France by M. Sabouraud. This preponderance held good for London and Edinburgh, as shown by the statistics of Jamieson, Adamson and Colcott Fox. In Italy and in Germany, however, this particular fungus appeared, from the observations of Mibelli and Krösing, to be very rare. On the other hand, it might be inferred that the large-spored parasite was comparatively rare in this country; it was suggested, however, that this might be because the affection which it produced was easily overlooked. The author showed from measurements made from his specimens that the difference in the size of the spores of the two varieties of fungus was not sufficiently great to constitute a differentiating feature; this was rather to be found in the arrangement of the spores and their mode of growth on the hair. The chief difference in the cultures of the fungi was in the colour, the small-spored being white, the large-spored brownish-red. The large-spored fungi from different cases did not show any marked differences in the appearance of the cultures—a fact which seemed to the author to be opposed to M. Sabouraud's doctrine of a multiplicity of large-spored parasites (trichophytons). He considered that the classification of large-spored fungi into an "endothrix" and an "ectothrix" variety was unwarranted as being based only on an accident of position. He showed cause for believing M. Sabouraud's views that the small-spored fungus only attacks the scalp, and that in cases of trichophytic (large spored) ringworm there is no mixing of breeds in the same individual, to be erroneous. He also stated that in his experience the parasite in cases of kerion is small-spored, not large-spored as taught by M. Sabouraud. His conclusion was that there were only two varieties of ringworm fungus which concerned the clinicians; one small-spored, causing the obstinate form of ringworm which occurred epidemically in schools; the other, large-spored, which was responsible for the more tractable forms of tinea tonsurans of the scalp and probably most other forms of ringworm.

(a) Abstract of a paper read at the Dermatological Congress, London, August, 1896.

A CASE OF SYPHILITIC CHANCRE OF THE CHEEK FROM A BITE.

By H. DE MERIC, M.R.C.S.,
Surgeon to the French Hospital.

In most examples of extra-genital chancres we rarely can ascertain the real and definite cause of the contagion, therefore the following case is of great interest, not only because chancre of the cheek is very seldom seen (personally, I have never met with one before amongst the thousands of venereal cases at the French Hospital), but also because the source of infection is definite and authentic. Unfortunately, I have been unable to get hold of the man who bit my patient; it would have been curious to note the exact state and position of the lesions, which necessarily must have existed in his mouth or throat. It is evident that *plaques muqueuses* must have been present on some part of the mucous membrane where the saliva could come into contact with them, for, although it has been abundantly proved that the saliva of a syphilitic person does not itself produce the disease when inoculated on another person, that secretion is quite capable of carrying the infection from a *plaque muqueuse*, as is often seen in cases of chancre of the lips from kissing; it is then, as Mauriac says, "defiled by a virulent blend."

The patient in question, a young man, æt. 20, *who*

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had never had a venereal sore of any kind, was brought to the French Hospital, having been bitten the previous day by a man on his left cheek and left thumb. He was seen by the Resident Medical Officer, Mr. G. Kinnersley, and as both wounds were dirty and suppurating, he was taken in for a few days to have them properly dressed. He stayed in a week; when he went out the wound on the thumb had completely healed and the one on the cheek, which for the first few days had suppurated a good deal, had become clean-looking, and had also nearly entirely healed up, only a small patch remaining, which did not discharge. A fortnight later, the man came back with the wound on the cheek enlarged to the size of a farthing, punched out with a grey slough. The Resident Medical Officer easily removed the slough, and then applied nitrate of silver to the wound. The patient was seen two or three times in the next month, but the wound enlarged, becoming the size of a halfpenny, with a hard base, and raised and indurated edges. He was again admitted to the hospital six weeks after his first discharge, this time into my ward, with a secondary roseola just beginning all over his body and limbs. The wound from the bite, which then had that peculiar raised keloid appearance that I have always remarked in chancres of the skin was without a doubt a syphilitic chancre; there was one hard typical gland just behind the ramus of the jaw, the bite itself being just in front of the same process of bone. Proto-iodide of mercury was given internally and black wash applied to the sore, which then cicatrised and healed rapidly, the man being discharged in a week and told to come as an out-patient for the treatment of the secondary symptoms.

JUDICIAL EVOLUTION IN THE RESPONSIBILITY OF DELIRIUM TREMENS.

By NORMAN KERR, M.D., F.L.S., London.

IT having been publicly stated that little regard need be paid to a recent isolated judicial charge laying down the criminal irresponsibility of delirium tremens, I have thought it right to trace the gradual evolution of the newer, more humane, and juster legal view of non-accountability in this malady. The Scotch Judge, Lord Deas, in 1867, allowed a plea of delirium tremens in *reduction* of a charge of murder to culpable homicide, and of another similar charge to manslaughter, there having been mental aberration short of legally proved insanity. A like reduction has been frequently allowed by several Scotch Judges since 1867, in capital charges. Indeed, in 1889, Lord Young declined to let the case go to a jury and discharged the prisoner (accused of culpable homicide), a married woman, who when in delirium tremens caused the death of her infant child from neglect and starvation, on the ground that delirium tremens was a disease. Apart from mere reduction of the alleged crime, even weak medical evidence of the presence of delirium tremens was accepted, as *a complete answer*, by the jury in 1845 (Reg. *v.* Watson, York Winter Assizes); and also in Reg. *v.* Simpson (Appleby Summer Assizes). In 1865, this plea was accepted in the case of Reg. *v.* Burns (Liverpool Summer Assizes), Baron Bramwell ruling that, though the quality of the act might be known, the jury might acquit the prisoner if they believed he was suffering from a delusion leading him to suppose that which, if true, would have justified the act. A similar acquittal as insane (Reg. *v.* Chrplin, Warwick Assizes; Nov.) took place in 1878, the deliriate having been charged with feloniously wounding two persons whom he supposed had been breaking into his house. In 1881 (Reg. *v.* Davis, Newcastle, April 27th) a verdict of "not guilty" was returned, on the ruling of Mr. Justice Stephen, that delirium tremens was a distinct disease, the secondary consequence of drinking. The Digest and Brett both hold that delirium tremens will excuse a man, though voluntarily induced. In 1886, Mr. Justice Day (Reg. *v.* Baines, Leicester Assizes, January) charged that if a man was in such a state of intoxication that he he did not know the nature of his act, he was insane in the eye of the law, and that it was immaterial whether the mental derangement then resulting from such intoxication was permanent or temporary. In 1895 Mr. Justice Hawkins ruled that delirium tremens absolved from responsibility. Lord James (1892) laid down that if the delirium tremens has become chronic in its effects, or so advanced as to cause insanity, "it would be scant justice to ignore it on account of the cause which has produced it." So much for major crimes. In minor offences the plea has also been allowed, since Lord Deas received it in a charge of theft; as in 1888 (Liverpool Summer Assizes), when a lady labouring under the effects of delirium tremens who had stolen a purse, a knife, a diamond ring, and three shillings was acquitted.

(a) Abstract of Paper read at the Annual Meeting of the British Medical Association, Carlisle, July, 1896.

PAPILLOMATA OF THE LARYNX IN CHILDREN. (a)

By G. HUNTER MACKENZIE, M.D.,

Surgeon for Diseases of the Throat and Nose, to the Eye, Ear and Throat Infirmary, Edinburgh.

DR. MACKENZIE directed attention to the fact that papillomata are the most frequent variety of laryngeal growths found in children, that they are sometimes congenital, at other times develop after attacks of the exanthemata, and occasionally arise without apparent exciting cause. They may be single or multiple, and in the latter instance may affect not only the whole of the laryngeal mucous membrane, but also the trachea as far as the bifurcation.

The author directed particular attention to the treatment of these growths in children, and to the great tendency to repeated recurrence which they showed after removal by endo laryngeal means, or by thyrotomy. Thus one operator records a case in a 4 year old boy, where thyrotomy was performed 17 times in three years, and only after the last operation did the papillomata begin to vanish. Another surgeon notes a case, also in a 4-year old boy, who had been thrice tracheotomised and twice thyrotomised within seven months, and at the period of reporting, the child was on the eve of his third thyrotomy. Several other similar cases were referred to.

In contradistinction to these results, the author narrated the results which he had met with after tracheotomy alone, and instanced several cases which showed that not only does tracheotomy relieve the breathing, but the retention of the cannula is followed by the gradual, spontaneous, and permanent removal of the growths, so that the tube may, after a period varying from six to twelve months, be eventually dispensed with. (Specimens of growths which had separated in this way in a child, æt. 2½, were exhibited. In this case the tube was retained for seven months.)

The author is inclined to attribute the satisfactory results to the fact that "not only are the growths called into existence by irritation of the parts, but are kept up by the same. Consequently when the larynx is put at rest, and set free from the irritation incidental to coughing and (excessive) phonation, as is

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done by tracheotomy, the papillomata tend to slowly atrophy, and ultimately to separate from their seats of attachment."

BROMIDE OF STRONTIUM IN EPILEPSY. (a)

By ANTONY ROCHE, M.R.C.P.,

Professor of Medical Jurisprudence and Hygiene, Catholic University Medical School of Dublin; Examiner, Royal University of Ireland.

Some two years ago I published some remarks with cases, on the use of bromide of strontium in epilepsy, since that time I have had twelve cases of this condition under my care and as they all occurred in private practice I am able to trace the course and results. It would be tedious to give the cases in full so I will state a summary of them. Of the twelve cases eight were in men, and four in females. Their ages ranged from ten to fifty, in none was any family predisposition admitted, and none could assign any cause, nor was there any evidence of syphilis, eight had the disease from their youth. In four of the cases, the fits occurred at least once a week, in the other eight, and at intervals of one to eight weeks. Three of the patients had some warning of the attacks—feeling depressed beforehand; in the others, they had not observed any. All had been treated with varying results. The treatment I adopted besides meeting any general indications, obtaining the best hygienic surroundings possible, and advising a strictly vegetable diet with milk, was to give 20 grs. of the bromide of strontium with 5 to 10 grs. of the bromide of ammonium or sodium, night and morning, largely diluted with water. The strontium I increased to 1 drachm, twice a day, rapidly, when I found the smaller doses did not control the attacks, and where the patient did not complain of it.

I found the majority of the patients took the strontium without any depression, but generally with the production of the acne rash on the face. Liq. arsenicalis added to the mixture controlled the rash and increased the appetite. This course, in all the cases, materially lessened the number of the attacks, and in eight of the cases there has been, so far, no return of them, that is, after an interval of 16, 12, 11, 9, 8, 8½, 5½, or 4 months repectively. I cannot, of course, speak of the future and ultimate results of these cases, but the present improvement is, so far, encouraging.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, Aug. 8th, 1896.

At the meeting of the Societé de Chirurgie, the last of this session, M. Walther presented a report on a case of contusion of the abdomen treated successfully by laparotomy. A man received a kick from a horse, in the abdomen, carried to the hospital, the patient was examined almost immediately by the surgeon in charge of the ward, M. Faure, who found that the seat of the injury was in the right hypochondria; the abdomen was somewhat retracted and the temperature 94°. An incision was made, without waiting for complications, from the zyphoid cartilage to the umbilicus in the median line. Beneath the peritoneum a large effusion of blood was found, but at that stage of the operation, M. Faure was unable to determine the origin of the hæmorrhage. Enlarging the wound in the direction of the liver, the operator discovered the biliary vesicle to be almost entirely detached, holding on to the liver by a small fold of the peritoneum. The hepatic organ was found also to be torn close to the gall duct, and at the bottom of that rent could be seen a small artery giving exit to a constant stream of blood. An artery forceps was immediately applied, and the wound filled with iodoform-gauze. The results of the operation were excellent; on the second day the forceps were removed, and in two or three weeks the patient left the hospital cured.

Stricture of the Rectum.

M. Reclus related two cases of stricture of the rectum treated by dilatation. The first was that of a Roumanian officer, who suffered from stricture of the rectum of syphilitic origin. The first *séance* was very painful, even with the sound, No. 9 of Hegar's calibre. For the subsequent operations, a 1 per cent. solution of cocain was employed by which the speaker was able to arrive in a few days to No. 25. The patient, believing himself cured, left for his own country at the end of a fortnight, and nothing was heard of him since.

The second patient was from Brazil, and his stricture was valvular in form, so that M. Reclus had to employ the tenetome freely before dilating. However, at the end of ten days the calibre of the rectum was restored. In this case also syphilis was the origin of the stricture.

M. Terrier said that he considered antisepsis of the rectum in the treatment of stricture of such importance that he did not hesitate in a large number of cases to create an artificial anus before proceeding to dilate.

Basedow's Malady.

Prof. Jaboulay, of Lyon, reports an interesting case of exophthalmic goitre greatly improved by him, by section of cervical sympathetic cords on both sides. A young girl came to the hospital to be treated for Basedow's disease, in which the three classical symptoms, palpitations, goitre and protrusion of the eyeballs were well marked. The hardy operator made an incision of two inches in length from one inch below the mastoid process to the middle third of the sterno mastoid muscle and close to its posterior margin. The muscle was drawn aside and the internal jugular vein, the carotid artery and the pneumogastric nerve, brought to view. These were gently drawn forward and the deep cervical fascia torn with the point of the sound; the sympathetic cord was thus easily attained and caught up between two threads. The middle cervical ganglion was then isolated and the nerve cut *below* it. A similar operation was done on the opposite side with the difference that the section was made *above* the ganglion. The exophthalmia disappeared the same evening and the palpitations and trembling ceased in their turn rapidly. The pulse, which previous to the operation beat 150 in the minute, fell to 100 at the end of the first week, while the circumference of the goitre had diminished by one inch.

The patient presented after the operation a slight congestion of the conjunctiva and of the right ear, but the vision was in no way affected.

Cholerine.

Benzonaphthol,
Benzoate of Bismuth, } x grs.

In one wafer; 3ij daily.

Lactic acid, 3iij;
Rum, 3j;
Syrup of orange, 3iv.;
Water, 3xxx.

(a) Abstract of paper read at the Annual Meeting of the British Medical Association, Carlisle, July, 1896.

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To be taken by glassfuls during the twenty-four hours. —(Prof. Grasset.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, August 7th.

THE PROGNOSIS OF DIPHTHERIA.

AT the meeting of the Society for Innere Medizin of the 6th ult., Hr. Engel gave a communication on this subject, with special reference to hæmatology. He said that it was known, according to Ehrlich, that normal blood contained about 73 per cent. of polynuclear white blood corpuscles, about 25 per cent. lymphocytes, and 2 per cent. eosinophile cells. The speaker had endeavoured to determine whether, in severe cases of diphtheria, any change took place in these proportions, and especially whether the action of diphtheria curative serum in regard to the form or relative proportion of the leucocytes was in any way recognisable. He examined 32 children suffering from diphtheria of the severest type (15 died) by making daily dried blood plates, and treating with the triacid, eosine-logwood, or eosine methylene blue. In this way he made 80 examinations, and the results led to the following conclusions :—

In diphtheria the polynuclear cells were slightly increased, even to over 80 per cent.; the eosinophile cells were diminished, and did not often exceed 1 per cent. The number of polynuclear cells remained constant with some children, in others it varied considerably. In the children that recovered there was a diminution of the polynuclear cells, so that the proportion, instead of being 3 to 1, as compared with lymphocytes, was only 1 to 1, or even 1 to 2.

In one case the number of polynuclear cells steadily fell from 76 per cent. to 35, and even three months afterwards the number had not increased. Myelocytes were scarcely present at all in the 17 children that recovered ; in three children, who at the height of the disease had 1·5 per cent., there were none at all in the course of a week.

All the children in whom the myelocytes were more than 3 per cent. died. The smallest proportion was 3·6 per cent., and the largest 16·4. This quality of the blood might be described as " myelocythæmia " in diphtheria. Where the disease lasted long and a large number of examinations could be made, a regular increase in the myelocytes was shown, and then a fall up to death. As appeared, there was no relationship between the polynuclear cells with neutrophile granulations, and the granulationless mononuclear cells, the lymphocytes ; it rather appeared that the neutrophile polynuclear cells were allied to the neutrophile granular mononuclear cells.

Although all the children with a high myelocyte percentage died, not all that died showed such a high percentage. Only about half those that died showed such a proportionate increase.

It was probable that the diphtheria poison acted with a disturbing influence on the blood-forming localities, permeating the marrow of bones ; as it did on the internal organs. The greater part of the children with excess of myelocytes had during life bleeding from the gums, angles of the mouth or blood in the fæces. In nearly all the leucocytes were increased. The so-called blood plates were much fewer in children with increased myelocytes.

With the exception of one all the children that recovered were treated with diphtheria curative serum.

In the case when an examination could be made both before and after injection of the serum, a slight diminution of the polynuclear cells, was observed, as compared with the lymphocytes.

DIMINUTION OF THE DEATH-RATE FROM PHTHISIS IN GERMANY.

According to the *Monatchrift fur Balneologie*, the death-rate from phthisis is steadily diminishing in Germany. In Prussia, it has sunk from 3·1 per 1,000 in 1881 to 2·7 in 1891 ; in Berlin, from 3·3 in 1881 to 3 1 in 1890 ; in Munich, from 3·9 in 1881 to 3·1 in 1893 ; in 241 German towns with populations of over 15,000, a fall from 3·1 in 1888 to 2·7 in 1893. In Saxony also a diminution is in progress, although the rate is still very high. In 1881, the death-rate from phthisis in Saxony was 8·5 per 1,000, and in Dresden itself, it was 15·02 per cent. of all the deaths. The diminution has been attributed to the combined influence of a number of causes, amongst which, in the front rank, may be mentioned improved sanitation and improved feeding.

At the meeting of the Free Society of Surgeons, of the 13th ult., Hr. Hadra related

A CASE OF ADDISON'S DISEASE CURED BY REMOVAL OF A RENAL TUMOUR.

The patient was a woman, æt. 55, sent by a colleague in October, 1895, on account of a renal tumour. She was of a family with a tuberculous history, and had herself suffered a good deal when young from chlorosis and gastric troubles. Five years ago, she was very ill, and her weight fell to 70 lbs. She had palpitation and vomiting, but never vomited blood.

On admission, the breath sounds were sharpened in a small zone about the right clavicle ; in the epigastric region a nodular, movable tumour could be felt, which was tender on pressure. When the stomach was distended, the tumour could not be felt. The function of the stomach was not materially disturbed. A retroperitoneal tumour was diagnosed, and in consideration of the extreme cachexia of the patient, it was deemed desirable to operate. On opening the abdomen, the tumour was easily reached. It pulsated very strongly, and very close to the aorta, so that the first thought was of aneurysm. Several punctures were made with an exploring needle, but nothing came. The tumour was then carefully freed, and what appeared to be a pedicle towards the aorta was ligatured. Mikulicz's tampon was inserted, and the abdomen was closed only on the second day. On the third day, the abdomen was much distended by meteorism, but otherwise recovery was not disturbed. The gastric troubles disappeared at once after the operation, the weight rapidly increased, and the patient soon felt quite well.

On examination, the tumour proved to be a supra-renal capsule that had undergone caseous degeneration. Although there was neither bronzing nor pigmentation, the speaker believed with Oesterreich that the disease was morbus Addisonii. The absence of pigmentation in some cases had been explained by Hutchinson by death or recovery occurring before it had time to take place. He would not propose extirpation of the supra-renal capsules for the cure of Addison's disease, but it would be well to bear these things in mind and palpate thoroughly in every case of the disease, so as to be able to say which of the capsules was the one diseased.

As regarded the *technique* of the operation, he had satisfied himself by operating on the dead body that Bergmann's extra-peritoneal lumbar incision answered very well, although extirpation through the abdomen was an

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easier method. A case was published by Thiem, of Cottbus, in 1890. There the tumour was mistaken for gall-stones. The patient died some time afterwards from general carcinoma.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Aug. 7th, 1896.

"ARGONIN."

THIE is a preparation reputed to destroy the gonococci in acute gonorrhœa. The drug is a combination of silver and casein, which acts effectually as a germicide, checks inflammation, and relieves pain. Bender has used it with great success in 72 cases of males, and 158 females The urethritis in both sexes rapidly subsides during its use, and the patient is said to be more speedily restored by this treatment than by any other drug extant, as the gonococci are entirely destroyed within two or six days.

CHEMICAL LABORATORY.

The Provincial Sanitary Council for Lower Austria have recently had several representations made to them to sanction the erection of a Public Pathological Laboratory of Chemistry considering the importance of this adjunct for a correct diagnosis of infectious diseases. Every large hospital is considered inadequately equipped without a chemical laboratory and complete apparatus for bacterial examination; but such laboratories are not always at the disposal of the outsider who has to bear the responsibility of correctly diagnosing the cases in the first instance.

The Council, after considering the requisition, have arranged to place the laboratory of the "Rudolf-Stifting" at the disposal of the public where those having no hospital appointment may carry on their own investigations chemically or bacteriologically.

ACTINOMYCOSIS.

Hlava showed an interesting specimen of actinomycosis from a boy, æt. 13, involving both lungs and liver. On admission to the hospital the right side of the chest was found to be dull, and this was shortly followed by the signs of an abscess that led to the first erroneous diagnosis of empyema. The abscess was freely opened and cleaned out, but the patient still grew more cachectic and ultimately died. Before death there was profuse expectoration.

The post-mortem revealed a dense thickening of the diaphragm and parenchyma of the right lung. The lung was adherent to the diaphragm, from which radiated the characteristic pustular stripes. The pathological process extended downward through the right lobe of the liver, which had also the purulent radiation. The rest of the organ unaffected by the disease was in a state of amyloid degeneration.

PRESERVING THE COLOUR OF SPECIMENS.

Hlava gave a description of his method of preserving the colour of his specimens, which are as fresh looking as they are when first removed from the body. His method of procedure is to paint the section on removal as near the normal colour as possible before immersion in spirit or glycerine.

RHINOSCLEROMA.

Vymola exhibited a case of rhinoscleroma to the meeting from Prof. Kaufmann's wards, showing the result obtained by the treatment with "Rhino-sclerine," which had been recommended by Honl, of the pathological institute. The case was a chronic one, dating as far back as 1886. In 1892 he was admitted to hospital with a hard cartilaginous nose of great size. At this time a surgical interference was undertaken for the purpose of opening the nasal canals and improving the breathing, as well as the cosmetic appearance. The patient was subsequently treated with chromic acid for two months, and afterwards he was dismissed from hospital quite cured. The disease appears to have remained quiescent till October, 1895, when the upper lip began to swell, and become painful. The nasal cavities then became contracted, the right bleeding periodically. He was admitted into the hospital for a second time on the 6th of February, 1896, with the nose in a similar condition to that on his first visit. A part was excised and bacteriologically examined with the usual results.

On the 4th of March, the treatment with "Rhino-sclerine" was commenced with one cubic centimetre doses. There was no rise of temperature. On the 31st of March the dose was increased to four cubic centimetres, after which the temperature rose to 38·2° Cent. (100·76° Fahr.). In a control patient, there was no elevation with two cubic centimetres. On the 17th of May, the dose was advanced to five cubic centimetres, when the temperature again rose to 38·7° Cent., while the control experiment was increased to 4 cc. without any noticeable change of temperature. On the 2nd of June, the dose was increased to 6 cc., with a further advance in the temperature to 39·7° Cent. The patient received in all 73.5 cc. of the drug with marked improvement in the whole organ. The thickening and infiltration of the lips and nose had almost subsided, while the breathing was quite free.

Honl said the surgical treatment of rhino-scleroma by surgical methods was as futile in this disease as in all other bacteriological processes where the local conditions recur. It is to Pawlouski that we are indebted for the first efforts in treating rhino-scleroma bacteriologically. The preparation of the drug is complicated. At first he injected subcutaneously an extract of the rhino-scleroma bacillus with apparent success. Honl himself uses the toxine of the rhino-scleroma bacillus, as in the case described. The injected fluid is of a bright clear orange colour which is first experimentally tested on animals.

MUSEUM AND CLINICAL CASES AT THE LONDON INTERNATIONAL DERMATOLOGICAL CONGRESS.

THE meeting of the Third International Congress of Dermatology was held last week at the Examination Hall of the Conjoint Colleges on the Embankment. It proved an entire success from every point of view, and by all account has surpassed previous gatherings in numbers, in enthusiasm, and in the valuable collection of scientific material laid before the members. Many papers on special subjects were read, or taken as read, and several important discussions were held, but by far the most attractive feature of the congress was to be found in the demonstration of clinical cases and in the Museum.

A FEW OF THE CASES.

Eight clinical demonstrations were held in the course of the proceedings, and an abundance of rare, remarkable and striking cases of diseases of the skin were shown. It would be impossible to attempt a detailed account of

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all that was on view, but a brief summary of a few of the cases may be useful to our general readers.

Dr. Colcott Fox showed, among a number of cases, one of Nævus Papillaris Neurotica in a girl, æt. 15. There were numerous papular elevations chiefly on the left half of the face, which was also more hairy, and on the right side of the body. About the neck and other parts of the body were irregular patches of faint colour. The eruption cleared up on the face under the use of salicylic acid, but had recurred.

Dr. Selhorst, of the Hague, showed a most interesting congenital condition in a woman. There was a large affected area on the shoulder, absolutely unilateral. Its surface was irregular, and displayed numerous islands of white cicatrix, with some small abscesses. This anomalous case of neuro-trophic skin tuberculosis was one of the most interesting on view.

Dr. Pringle showed, among many other cases, a hypertrophic lichen patch which had persisted for two years on the leg of a patient suffering from varicose veins. An uncommon feature was the healing of the centre of the patch. Dr. Pringle also demonstrated a boy with a perfect bat's wing lupus erythematosus at the unusually early age of fourteen. There were scars of former tuberculous glands. A full injection of tuberculin caused sharp general but little local reaction. Another case shown was Hyperkeratosis plantaris in an extremely neurotic woman, subject to copious sweats. There was enormous hypertrophy of both soles, which had been treated with salicylic acid plasters. The patient, who had been five years under observation, had no signs of syphilis.

Dr. Sequeira exhibited Adenoma Sebaceum of the face, having a bat's-wing arrangement. A singular point was the presence of brown patches of a xanthelæmic nature. The girl suffered from fits and had been backward at school. It had been suggested by Mr. Hutchinson that the pigmentation might be due to bromides given for epilepsy.

Mr. Malcolm Morris demonstrated a case of Keratosis Lichen Atrophicum in a young woman, æt. 24. She was bald on the upper part of the head, had never menstruated, and the mammæ were undeveloped.

Dr. Radcliffe Crocker showed a remarkable case in which a number of granulomatous tumours, the size of small marbles, in various parts of the body, had disappeared under the use of salicin. He also showed a man, æt. 38, who had contracted leprosy on the Zambesi. In six months he had been treated with forty-five injections of corrosive sublimate. Photographs proved beyond a doubt that there had been definite and considerable improvement in the condition.

Dr. Crocker also showed a remarkable condition in a young woman. An ulcerative bullous eruption had recurred practically all over the body for twenty years. When healed the lesion left a white scar, not deep, but pitted somewhat after the fashion of a vaccination mark. This patient attracted a good deal of attention. Another group of three cases of Left Facial Circumscribed Scleroderma in females had been figured in Dr. Crocker's Atlas.

Dr. J. T. Connor showed twins who had developed a number of pigmented spots, like black freckles, round the lips on their skin and mucous surfaces, and on the hard palate. No anatomical or other explanation was offered this most interesting and curious phenomenon.

Dr. Payne showed a case of cure of Extensive Lupus Erythematosus of four years' duration. The patient taken 30 grains of quinine daily for a long period, in spite of resulting cinchonism. A pigment of collodion with five per cent. of salicylic acid had been used externally. The disease had formerly been of a severe type, but complete involution had taken place with comparatively little scarring.

Dr. Payne also exhibited a lupus of twenty years duration, which had improved considerably under thyroid gland internally, and acid nitrate of mercury externally. He remarked that the gland appeared to soften the scar tissue and so act as an aid to local measures.

Dr. P. Abraham showed a case of Alopecia Areata, in which an oval patch existed on the arm. He demonstrated a number of other interesting cases, some of them anomalous, and others showing the effects of various kinds of treatment. One of his cases was that of a woman of 41, who for five months showed a painless, hard, circumscribed sclerodermatous patch below the left mamma.

Dr. Galloway showed a rare case of Syringomyelia, with numerous neuro-fibrous and other skin lesions.

Dr. Stephen Mackenzie demonstrated a most singular case of a necrotic erythema induratum, of the type of Bazin's malady. It occurred in a middle-aged woman, who came under treatment fifteen years previously for Menière's disease. The eruption developed later, it was symmetrical, consisted of fair-sized firm subcutaneous nodules upon back, legs, and arms; worse in winter, better or well in summer. After lasting a certain number of weeks, the nodule dried up and fell out (or could be scraped away) without previous ulceration. This anomalous condition was one of the most striking of the many cases brought from Dr. Mackenzie's clinic.

Dr. David Walsh showed a series of three girls who had a curious linear and arborescent atrophy of skin. In two the condition was associated with rheumatism, in the third with necrosed bone. In one patient one arm only was affected, from olecranon to styloid of ulna; in the second, both forearms; in the third, the whole surface of the body was involved.

Dr. Waldo showed an anomalous form of lupus, which is figured in Mr. Hutchinson's smaller Atlas. It is described in that book as covering the greater part of the cheeks with "bat's body and wing superficial scar, stripped over with lichenoid spots." It was styled "lichen-or acne-lupus." The patient had a vomica in one apex of lung.

Dr. Eddowes exhibited portraits of his own legs after application of the plant *primula obconica*. The leaves were kept on the part for six hours. Fifteen days later, the parts became first urticarial and then eczematous, the inflammation being pretty nearly limited to the site of the contact.

Dr. Vinrace showed a lad of seven, who had been affected since birth with indurated warts on inner surface of thighs. Of late, the inguinal glands had enlarged. The general opinion was that the condition was one of angio-keratoma. Professor Unna advised the immediate removal of the growths.

Dr. Savill had a good illustration of Keratosis Pilaris in an elderly woman. He also demonstrated two cases of xerodermia complicated with intractable psoriasis in sisters. One of them had been lately affected with partial paralysis of right arm. The psoriasis was grafted on to a generally ichthyotic skin surface.

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Space will not permit the mention of many other cases shown by Dr. Stowers and other well-known dermatologists.

THE MUSEUM.

This, next to the clinical demonstration, was perhaps the most educational part of the meeting. Thanks to the energetic Sub-committee and its Secretary, Dr. Galloway, a wonderfully varied and full collection of objects of dermatological interest were brought together. In the same rooms were shown a number of the results of bacteriological research, under Dr. Sims Woodhead as Director, and Mr. Plimmer as Secretary. Both classes of exhibits will be dealt with together in the following brief outline of the leading features of this part of the Congress. The pictures were to be numbered by hundreds, and formed an exceedingly fine series. Some were already fairly familiar either from previous exhibition at societies or from their reproduction in various atlases. The best paintings were sent by Mr. Hutchinson, Mr. Malcolm Morris, Dr. Crocker, Dr. Pringle, Dr. Payne, and Dr. Stopford Taylor. A wonderful lot of coloured photographs came from Professor Fournier, of Paris. Some interesting pathological models of skin diseases for teaching purposes came from Dr. Halle, of Breslau. Another valuable appliance for class purposes was the set of three stereoscopes sent by Neisser, also of Breslau. These were fitted up with a number of photographs of syphilitic and other diseased conditions. The effect on looking through the glasses was in some cases almost startling in its realism. When viewed in this way, the flat look of the ordinary photographic picture is replaced by a marvellous sense of form and perspective. So far as photographic illustrations of the kind are concerned, the English appear to be behind Continental countries. Indeed, it may be said that one rarely sees a really good photograph of a skin disease at any of our learned societies. Dr. S. H. Fox, of New York, showed some good photographs. A large number of excellent microphotographs illustrating varieties and modes of growth of ringworm in the human subject were shown by Drs. Colcott Fox and Blaxall. Close by were a number of cultures and microscopic specimens, shown by the same observers. Dr. Adamson had a very complete set of cultures, slides, drawings and micro-photographs. He has paid most attention in his researches to the large-spored varieties, which are comparatively rare in man. Thus in 263 consecutive cases of ringworm in the human subject, the small-spored trichophyton was found in 250. On the whole Dr. Adamson's results confirm most of Sabouraud's work. One striking point in the museum was the great prominence of ringworm specimens. Dr. Sabouraud exhibited a wonderful collection of cultures of tinea, both large and small-spored, from man and from the lower animals, such as the cat and horse. In addition to the French and English, were two Italian sets, grown in all sorts of media. From the last mentioned country also came a culture of what was said to be leprosy bacillus, but it is doubtful whether the problem of how to grow that interesting organism has yet been solved. The interest in the subject was shown in the number of beautifully stained specimens shown under the microscope, by Dr. Norman Walker, and others. Especially interesting was Mr. Malcolm Morris's cross section of a hair showing the stained fungus. Dr. Van Hoorn has sent an important contribution to the study of seborrhœa. His cultures, microscope slides, and pictures, demonstrated three organisms, namely, a large spherical *saccharomyces*, a smaller oval bacillus, and a very small bacillus. The two latter were isolated from seborrhœic scales for the first time by Van Hoorn. As might be expected, there was a large exhibit of microscopic specimens. Among them Dr. P. Manson showed the *filaria sanguinis hominis*, sections showing the leprosy bacillus, and other objects illustrating tropical diseases. Dr. Payne had some good slides including the organism of erythrasma. Mr. Malcolm Morris showed a living *filaria nocturna sanguinis hominis* and other extremely good specimens. Among many others, one deserving of special note was a section of a leprosy nodule by Dr. Abraham, which demonstrated beyond a doubt the presence of giant cells. Dr. N. Walker had a curiosity in the shape of a stained demodex folliculorum in the depths of a sebaceous gland. Prof. Besnier sent a beautiful case containing forty-four wax models from the famous Hôpital de Saint Louis. The value of this exhibit was greatly enhanced by the accompanying distribution of a small catalogue, in which the chief facts of each case were briefly recorded by the Director of the St. Louis collection, Dr. Feulard. An interesting feature of the Museum was the literature in the shape of a large collection of books and atlases dealing with diseases of the skin. In a short descriptive article like the present it is impossible to more than scant justice to the particular excellences of the Museum. The visitors were enthusiastic as to its merits, and the general verdict appeared to be that it surpassed all similar efforts at any previous international Congress of Dermatology.

THE ENTERTAINMENTS.

From a social point of view the Congress proved an entire success. In his presidential address Mr. Hutchinson gave an open invitation to breakfast each morning at the Clinical Museum. The informal reception of foreign members was held at the Café Monico on the Monday, and struck the keynote of cordiality which pervaded the proceedings of the whole week. There were present about 400 members, of whom perhaps half were foreigners. The latter naturally availed themselves of the invitation of the Lord and Lady Mayoress to visit the historic Mansion House. The reception given there was of a simple kind, consisting mainly of music and light refreshments, but the value of the invitation lay in the graceful recognition of the presence in London of an important scientific Congress. The chief social event of the week, however, was the Friday banquet offered at the Hotel Cecil to the foreign members. The responses of the visitors to the toast of International Dermatology were made by Prof. Kaposi (Vienna), Dr. Besnier (Paris), Prof. Lassar (Berlin), Dr. Unna (Hamburg), Prof. Schwimmer (Buda-Pesth), Prof. Tarnowski (St. Petersburg), Professors White (Boston), Campana (Rome), Haslund (Copenhagen), Boïck (Christiania), Petrini de Galatz (Bucharest), Zambaco Pasha (Constantinople), and Drs. Dubois-Havenith (Brussels), and Sederholm (Stockholm). The banquet proved a brilliant affair, and at its close the Secretary-General, Dr. Pringle, was carried shoulder high round the hall. Other entertainments included a crowded reception by Dr. Stephen Mackenzie, and an "At Home" given by the President and Miss Hutchinson at "Inval," Haslemere. By the invitation of Lord Tennyson the party visited the house of the late Poet Laureate. This pleasant country trip wound up a week in which a large amount of hard work and of social pleasure had been closely yet successfully interleaved.

The Operating Theatres.

MIDDLESEX HOSPITAL.

An Inguinal Hernia containing a Persistent Meckel's Diverticulum.—Mr. Bland Sutton operated on a man, æt. 50, suffering from an irreducible inguinal hernia on the right side. The upper part of the scrotum was occupied by a swelling the size of a bantam's egg. This swelling was translucent, but a rounded cord could be easily distinguished passing up the inguinal canal. The coverings of the cord were incised in the usual manner until the cyst was exposed. Its wall was then carefully pricked with the point of the scalpel, and about two ounces of straw-coloured fluid escaped. The upper end of the cyst seemed to be plugged by tissue resembling bowel. A second incision was made above the sac, when a piece of intestine was found occupying the whole inguinal canal, its lower end being so firmly adherent to the sac that it was necessary to cut the cyst away from the intestine, leaving a circular piece adherent to the extremity of the gut. The herniated portion of intestine was then drawn down and discovered to be a large persistent Meckel's diverticulum; this was returned with the

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circular piece of the sac wall adherent to it; the pillars of the ring were brought together with two strands of sterilised silkworm gut, and the skin united by silk sutures; the wound was dressed with iodoform gauze, and a spica bandage applied. Mr. Sutton remarked that of the various abdominal viscera able to occupy the sac of an inguinal hernia, Meckel's diverticulum was probably one of the rarest; the case, he said, was interesting in another way because the operation revealed the fact that this man had a large inguinal sac, the neck of which became plugged by the apex of the diverticulum; the fundus of the sac then became distended with the usual straw-coloured fluid, producing what is known as a hydrocele of a hernial sac, hence the clinical signs in this case were partially those of an encysted hydrocele of the cord partially those of an irreducible hernia, and it was the difficulty of accurately deciding between the two conditions, he said, which induced him to deliberately expose the parts through an incision rather than puncture the cyst with a trochar. The firm adhesion of the apex of the diverticulum to the sac wall was probably produced by the pressure of a truss which the man had worn for some years. The increase in size of the swelling which induced him to seek advice was due to the accummulation of fluid in the sac, whilst the absence of vomiting and intestinal obstruction was explained by the fact that the hernial contents consisted of a diverticulum, and, therefore, did not interrupt the lumen of the intestine.

CHELSEA HOSPITAL FOR WOMEN.

TWO SUPPURATING OVARIAN DERMOIDS.—Mr. BLAND SUTTON operated on a single woman, æt. 30, who had for two years suffered from pelvic pain which had recently become greatly exaggerated; the increase in her suffering had of late been complicated by marked frequency and painfulness of micturition; this led her to seek advice. She was said to be suffering from pelvic abscess, and on this diagnosis was sent into hospital. On physical examination her pelvis was found blocked with an irregular mass which rose above the level of Poupart's ligament on the right side. No definite diagnosis was made, but the patient was advised to submit to cœliotomy. On opening the abdomen, the intestines were found matted by old adhesions. Some of these last were carefully broken down, and a cyst of the size of a small melon was with difficulty enucleated from the back part of the right broad ligament, the ureter was detected stretched across the wall of the cyst. On the left side another cyst was removed from the back of the left broad ligament. Whilst the cyst was being detached some stinking pus escaped into the pelvis, necessitating irrigation with water, at a temperature of 110. As there was some oozing from the bed of the tumour, it was deemed prudent to drain the pelvis with a small india-rubber tube. The incision was then closed by a triple layer of sutures, dressed with iodoform gauze and secured by a many-tailed flannel binder. The tumours were found to be thickly-walled dermoids which had suppurated. Mr. Sutton said the chief points in the case mainly centred in the operative difficulties of enucleating the cysts without damaging the bowel, the bladder, or the ureter, and some notion of the way in which the parts were matted together might be gathered from the fact that the uterus was not seen or felt in the whole course of the operation. There could be little doubt, he remarked, that the frequency of micturition and the pain experienced during the act were mainly due to the way in which the tumour pressed upon the ureter.

This last opinion was subsequently borne out by the fact that within twenty-four hours of the operation the patient could hold her water for four hours and pass it without pain. Seven days later she was convalescent.

GREAT NORTHERN HOSPITAL.

TREPHINING THE OCCIPITAL BONE FOR CEREBELLAR TUMOUR.—MR HERBERT ALLINGHAM operated on a case of Dr. Beevor's in which the patient presented most of the signs and symptoms of cerebellar tumour in the right lobe; double optic neuritis, staggering gait, occipital headache, &c. The patient was in an extremely feeble condition of health. The position of the longitudinal sinus having been marked out, a large flap of skin was turned downwards in the right occipital region; the muscles attached to the occipital bone in this region were then divided and pushed downwards, and, when the bone was thoroughly exposed, an inch trephine was applied, and a crown of bone removed; then, with Horsley's cutting bone forceps and the assistance of a Hey's saw, pieces of bone were taken away in all directions so that a square hole about two inches long and an inch and a half wide was removed, the opening extending to within a third of an inch from the foramen magnum, a third of an inch from the lateral sinus and backwards in close proximity to the occipital sinus. The dura mater bulged into the trephine hole but did not pulsate, and it seemed extremely tense. The bleeding having been completely stopped, the skin flap was replaced as it was thought wiser to open up the dura mater and to endeavour to remove the tumour in about ten days time when the patient would have recovered from the shock of the removal of such a large quantity of bone. Mr. Allingham pointed out the extreme difficulty of removing the bone in the cerebellar region on account of taking away position in which the patient's head has to be kept rendering the administration of an anæsthetic very difficult; besides the trouble and bleeding which follows the separation of such large muscles as those in connection with the occipital region.

OWING to the troubles incidental to the rebellion in Cuba, our esteemed contemporary, *Revista de Ciencias Medicas*, has discontinued publication. The journal was founded nine years ago by Dr. Benjamin Cespedes, and latterly has been edited by Dr. Jacobsen. It was essentially a practitioner's journal, devoting the greater part of its space to clinical records and therapeutic papers. Nine years ago, peace reigned in Cuba, and there was a prospect of progress which made Señor Cespedes hopeful of accomplishing some good for his country by producing a journal for practical physicians. *Revista de Ciencias Medicas* quickly attained favour and secured a good circulation. But the Cuban insurgent cares nothing for science or progress, and in the Pandemonium he has created in the Queen of the Antilles, the voice of peace and the teaching of science are silenced.

ACCORDING to the last annual report of the Medical Officer of Health for Brighton, out of fifty-six cases of typhoid in the town about one-third were attributable to the consumption of raw shell-fish. Moreover, sewage-derived organisms were found in the interior of oysters obtained from the same beds or ponds as the fish consumed by the patients.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 12, 1896.

THE PRESIDENT'S ADDRESS AT THE DERMATOLOGICAL CONGRESS.

As President of the third International Congress of Dermatology Mr. Jonathan Hutchinson last week delivered the opening address to members. In his speech he took just that broad and philosophical view of the relations of the special study of the skin to the wider field of general medicine which one would expect from a man of his temperament and experience. He appropriately remarked to his large audience that whereas a generation ago it was possible to count dermatologists proper on one's fingers, at the present time they are to be numbered by scores and hundreds. The importance which this particular branch of medicine has assumed of late years he attributes mainly to the influences of cheap printing and of cheap travelling. By means of these two common agencies both subjective and objective information are rendered easily available from all the civilised countries of the world. In the subject of tuberculosis one can easily recognise what the study of the skin has done to advance the knowledge of general medicine. Since the discovery of Koch's *bacillus tuberculosus*, the *vulgaris*, the *necrogenicus* and other forms of lupus had been shown to depend on that micro-organism as a common cause. From the careful study of such lesions we have been enabled to deduce the general law that a local tuberculous lesion may exist in one person for many years, making slow progress at its borders, and showing no tendency whatever to become generalised. Another truth revealed by a similar study was the fact that a potency for distant infection often actually exists in the early stages of lupus, which may at that period develop multiple lesions in a rapid manner all over the body. Then, again, the history of an ordinary lupus patch shows the possibility of the latency of parasitic elements, even for the greater part of a lifetime. These and other conclusions cannot fail to be of the utmost value as aids to some of the great pathological problems that await solution as regards organs other than the skin. One of the most remarkable and suggestive facts worked out of late years by dermatologists is the multiformity of results that may ensue from a single common cause. That discovery alone would go far to justify the existence of dermatology as a special branch of the medical art. But the toilers in the field are many and their achievements manifold. There are numerous signs, moreover, that the study is on the verge of a turning-point in its history. Hitherto, those who have been engaged in the work have devoted their attention mainly to the exact description o clinical appearances and the compiling of vast masses of associated clinical facts. Now, the cry that is raised throughout the whole dermatological world is the value and the want of etiology. So for the next few years we shall probably find the dermatologists wandering in the fields of general medicine and pathology. Having arrived at this stage of systematic inquiry, one is prepared to accept Mr. Hutchinson's proposition that diagnosis should be based upon essential nature and not on external appearances. That such an ideal, however, is out of reach in the present state of knowledge has been emphasised again and again in the proceedings of the Congress itself. In the valuable and extensive collection of cases brought together for purposes of clinical demonstration a certain number were not diagnosed even by the collective wisdom of so representative a body of dermatologists. One of the great wants of the special study of diseases of the skin is a natural classification. It would certainly seem easier to obtain an orderly arrangement of those maladies, so far as their causes are already actually known to us, in the skin than in any other branch of medicine. A consideration of the subject in its general aspect brings us back to the wise if somewhat musty aphorism that the best dermatologist is the best physician. The tendency of all specialism is to narrow the grasp and the apprehension of the individual observer, but here in England, as the President of the Congress remarked, the study of diseases of the skin and general medicine have never been disassociated. If we may forecast from the signs of the present meeting, that union is likely before long to bring forth a full and abundant harvest. Without actual inspection it would be impossible to realise the enormous mass of observation, of accurate records, of experimental research, and of downright hard work in clinical and all other correlated fields which have been brought together by the enthusiastic organisers of the Third International Congress of Dermatology.

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HOSPITALS AND MEDICAL MEN.

THE time has come when we think we shall be doing the best service to the profession and to society, if we point out and aid in the correction of the abuses which have grown up during the last few years, and which are being now realised by the great body of medical practitioners throughout the country. We recognise the extent to which the members of the British Medical Association may feel that it rests with them to combine and act in the direction indicated; and there is no doubt but, that the combined action of those members will effect all that is right if some well organised plan is followed out. We should like first to point out that the relation of hospitals to the Profession, and to the poor, has greatly changed during this century. Exactly the same kind of change has taken place in the question of education, and we can understand how it is that now there is a struggle going on between what is known as the Voluntary System and the School Board, which is the same as that between the hospitals supported by the voluntary contributions and the infirmaries and other institutions supported by the ratepayers. The need of hospitals is no longer what it was before the infirmaries and the Asylums Board were created; and when we see the competition that now exists between the hospitals themselves, and the injury that is done to the great body of practitioners by the mistaken charity of the hospital system, we have no doubt of the need of dealing with this subject in a decided and critical spirit. In the old days the hospitals were really supported by the leaders in medicine and surgery as schools in which students were supplied with the means of clinical study. The contest that went on between private teachers and hospital monopolies has been mentioned in the recently published "Life of Wakley." Hospitals are not now cultivated by physicians and surgeons so much for purposes of teaching as for means of advertising their names to the public, and this, of course, is more marked in the case of special hospitals, where little or no teaching is encouraged. It may be admitted that the material supplied at special hospitals are advantages not so easily obtained at general hospitals, but as we are dealing chiefly with the relation between hospitals and the medical staffs, we find the chief interest felt by the latter is the advantages this system affords them of advertisement. To attract the public in every way they can is what most hospitals endeavour to do; the secretaries in order that they may get funds, and the physicians and surgeons in order that they may get known. We see in one part of London one hospital complaining that it is obliged for want of funds to close some wards; while we see in another part of London a hospital opening new wards and drawing all the funds it can in every way to aid in that matter. The great body of practitioners have looked on in a helpless kind of way at all that has gone on for some years past, but now as they are beginning to find their personal interests more seriously damaged than has hitherto been the case, a stir is being made. How it will all end it is difficult to say; but our view is most decidedly that those who are at the head of the medicine and surgery of this country ought not to encourage abuses in the way they have done, and ought not to lower the high tone which ought to prevail among those who claim to set example and regulate professional conduct. It was the opinion of the late Sir Andrew Clark that there is no clinical teaching in London; and there is no doubt but that the miserable system of examination of requiring an amount of examining which destroys good teaching is chiefly responsible for the poor character of the lectures generally given at our medical schools in London. The demoralising influence of the out-patient rooms is another subject which we shall on some future occasion criticise as it deserves.

THE ANTITOXIN TREATMENT OF DIPHTHERIA.

THE July number of the *Contemporary Review* contains a very temperate article on the statistical results of the antitoxin treatment of diphtheria from the pen of Mr. Lennox Browne who has all along consistently preserved a sceptical, if not an actually hostile, attitude towards the new therapeutical departure. Without wishing to endorse his trenchant criticisms, we cordially recommend the perusal of the article to those who are tempted to be carried away by the enthusiasm that an agent for which so much has been claimed, is likely to excite in certain minds. The author is evidently quite at home in manipulating figures, and with an ease which is positively disconcerting, he draws what look like well-founded deductions unfavourable to the treatment from figures which were thought to militate in its favour. This shows what wonderful things figures are and justifies the old saying that with figures one can prove anything. Taken seriously, however, Mr. Browne's thoughtful and carefully pondered article makes it clear that it is a very difficult and delicate task to apportion the therapeutical value of a particular remedy. It is obvious that foreign statistics cannot be relied upon as a guide to the results on account of the numerous sources of fallacy which vitiate their returns. An abnormally high rate of diphtheritic mortality in certain foreign cities has, under the antitoxin treatment, been reduced to a mortality which, if comparatively low to that which previously obtained, does not compare favourably with cases treated in the Metropolitan Asylums Board hospitals *without* antitoxin. Then, again, statistics are such fragile and mysterious things that if given crudely, they are reproached with comprising obvious sources of fallacy, and if attempts are made to eliminate the sources of error, they are alleged to be "cooked." It would seem, moreover, that the interest which the new treatment has been the means of directing to this particular disease has of itself had a beneficial effect in reducing the mortality at home as well as abroad, and no means are available of differentiating the improvement under this head from that fairly attributable to the antitoxin treatment proper. So long as antitoxin is resorted to only in selected cases, the milder cases being excluded by reason of their mildness, and the worst cases by reason of their hope-

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lessness, so long shall we be unable to draw conclusions which may be absolutely relied upon. As an instance of the confusion which is caused by the attempt to schedule the cases under different heads, we may instance that part of the report of the Asylums Board which divides the admissions into cases treated, "with" and "without" antitoxin. Those not treated with antitoxin, we are told, were all mild cases, but later on it transpires that in a certain number of patients, being moribund at the time of their arrival and beyond the reach of treatment, no antitoxin was given. These cases would, therefore, fall into the "without serum" class, the low mortality of which is ascribed to their mildness, whereas, if this version be correct, the low mortality resulted *in spite* of the admixture of a certain number of the very worst cases. On the whole, and in spite of Mr. Browne's destructive criticism, the evidence appears to point to a certain benefit attending the treatment, but we are no longer justified in hoping that it will realise an economy of human life at all *en rapport* with that which we were promised when the discovery was ushered in, heralded by the acclamations of a delighted and enthusiastic world.

Notes on Current Topics.

The Prevention of Tuberculosis.

It is curious to note the reluctance even medical men show in advocating measures which would place the treatment of tuberculosis on a level with its pathology. No one now contests the essentially infective character of the malady, and the theoretical possibility of circumscribing, if not of stamping out, its ravages, yet up to the present very little in the way of prophylaxis has been contended for, and virtually little or nothing has been done. The readiness with which men of science lay down the principles that must guide us in seeking to stay the hand of the ubiquitous microbe, and the more than half-hearted way in which they apply them, are oddly at variance. Effective supervision of the milk and meat supply would certainly do much to combat the ravages of alimentary tuberculosis in the young, but the great, probably the greatest, source of infection—the bacillus laden dust, remains, to be inhaled when we walk abroad and to be swallowed when we drink the milk or eat the food on which the dust has settled while on the road to our homes. It would not perhaps be possible, were it indeed desirable, to segregate tuberculous patients, in the interests of the community, but it might and ought to be possible to check the disgusting and dangerous practice of indiscriminate expectoration. The first step has been taken by forbidding it in public vehicles, but something more than moral pressure will be required to secure its discontinuance. We see no reason why there should not be a police regulation regulating this particular excretion. We must, however, secure the co-operation of the public, and for this purpose the public must be taught to recognise the infectiousness of tuberculosis and the possibility of limiting the spread of the virus. Until we have made up our minds what to do with phthisical patients, it is unnecessary to insist on the notification of cases of the disease, but even under existing circumstances it might be well to notify deaths from this cause, in order to allow of the thorough disinfection of the house and effects.

The Increasing Mortality from Cancer.

In the newly-issued Annual Report of the Registrar-General, Dr. Tatham deals fully with the subject of the increasing mortality from cancer. The deaths from this cause, which in the two decennia immediately preceding, had corresponded to annual rates of 384 and 468 respectively in each million persons living, rose in the decennium last ended to 589. Throughout the entire period the ratio has been steadily progressive from year to year. Thus, basing a calculation on these figures, it is shown that the mortality from cancer during the past twenty years has increased by fifty-three per cent. A closer scrutiny, however, of the returns makes it somewhat apparent that the whole of this increase is not real. Dr. Tatham points out that within the last six years of the recent decennium, the number of deaths ultimately referred to cancer has been augmented by 1,548 in consequence of further application into the nature of the cause of death. He is of opinion, therefore, that apart from these additional cases, the increase is not wholly real, but may be accounted for, to some extent, on the assumption that the true nature of obscure cases of malignant disease has been recognised with ever-increasing certainty in recent years, and that, as a consequence, the statement of death causes by medical men has been made with greater precision than formerly. In all probability, this statement expresses the truth, not only so far as cancer is concerned, but other diseases as well, as may be gathered from the fact that, under the heading, "Other and unrecognised causes" of death, the figures show a decrease of no less than 647 per million. But while there can be no question that improvement in the system of registration is accountable for some of the increased mortality from cancer, nevertheless, it must be pointed out that few of those who have paid attention to the subject have been able to dispute that a considerable real increase in the disease is taking place year by year. The evidence, indeed, both statistical and personal, points inevitably to this conclusion. Surgeons now-a-days, are often heard to say that they are more frequently called upon, both in hospital and private practice, to operate for malignant disease, than was the case some years ago. They do not account for this increase and frequency by attributing it to the advance of modern surgery, but to the more frequent development of malignant growths.

A Case is reported by Osler in a recent number of the *Montreal Medical Journal*, in which death was due to a perforation produced by pressure from a Murphy button in the splenic flexure of the colon, where it had lodged three weeks after a successful gastro-enterostomy for cicatricial pyloric stenosis.

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The Ethical Section of the British Medical Association.

THERE is not much reason for those Members of the British Medical Association who took part in the proceedings of the Ethical Section at the meeting in Carlisle for feeling proud of their work. When the Section was established, we apprehend that it was scarcely anticipated that the discussions would partake of a character which is frequently described as distinguishing the meetings of vestrymen or Boards of Guardians. But no one who has had the opportunity of perusing the verbatim reports of the proceedings in question, which have been published in certain lay newspapers, can fail to have been struck with the unfavourable light in which the profession has been made to appear. In the *North British Daily Mail* for Saturday, August 1st, a long account is given of the meeting of the Ethical Section held on the 30th ult. The "Ethics of Advertising" was the subject which was introduced for discussion, and upon this peg Dr. Kingsbury hung his complaint against the *Journal* of the Association. In the personal matters to which he made reference he naturally excited opposition, and the unedifying wrangle which ensued was, to say the least of it, a matter greatly to be regretted. When, in an open meeting, one medical man accuses another of "giving him the lie," it is surely time that measures should be taken to prevent any such exhibitions of bad taste in the future. It must not be forgotten that the annual meeting of the British Medical Association is intended for the discussion of scientific subjects, ostensibly for the purpose of advancing the interests of medical science. But if a large number of the Members of the Association only come to make use of it as an opportunity, by means of the Ethical Section, of villifying and irritating each other, the sooner that this section is abolished the better. It is to be trusted that no "scenes" of the kind above referred to will be permitted on future occasions. Moreover, the Council might well take into consideration the expediency of excluding the reporters of lay journals from the meetings of the Section. Even if "scenes" did occur, to the discredit of the members of the Association, the exclusion of the press representatives would prevent any public attention being drawn to them. We commend this suggestion to the Council, and trust that in the future the proceedings of the Ethical Section will be regarded as private, save to the members attending the annual meeting.

The House of Commons and the Case of Mr. R. B. Anderson.

A MOST successful conference took place in a committee room at the House of Commons last week with a deputation of the Civil Rights Defence Committee and some Members of the House. The meeting was presided over by Dr. Farquharson, M.P., and the deputation was introduced by the Earl of Stamford, the Chairman of the Civil Rights Defence Committee. Lord Stamford read a letter from Lord Willoughby de Eresby, in which he said: "I shall be very pleased to support any alteration in the law, if it can be shown that the law gives no right of remedy against judges for malicious or illegal injury." And General Graham briefly stated the now well-known facts of Mr. Anderson's case. Mr. Kimber, M.P., said that no words would be adequate to express the indignation of Englishmen at the wrongs which Mr. Anderson had suffered, and for which the law had, up to the present, by the mouths of its judges, declared that the law of England afforded no remedy. In the course of an able exposition of the legal aspects of the case and the course which it would be best to adopt under the circumstances, Mr. Kimber intimated that he had prepared a question to ask the Attorney-General upon the subject. He subsequently moved "that this meeting of members of both Houses of Parliament sympathise with Mr. Anderson in the wrongs under which he is suffering, and in his prolonged resistance to them, and that questions be put to the Government in both Houses, not only as to what the present state of the law is, but as to whether they will initiate legislation to define it, and that the Civil Rights Defence Committee deserve the strongest support of the British public in their efforts to get the law declared." After some remarks from Mr. F. J. Gant, Mr. Rivington, Mr. Cohen, M.P., Mr. Herbert Lewis, M.P., Mr. Clough, M.P., and Mr. Anderson, the motion was unanimously carried. Mr. Anderson's case is undeniably making headway, and there are now signs that it will be carried to a successful conclusion. A curious feature about the support which Mr. Anderson is receiving is the enthusiasm displayed by those who have identified themselves with his cause.

The Evils of Intermarriage.

THE evils of intermarriage have been plainly shown by the experience of Dr. Campbell, the Medical Superintendent of the Lunatic Asylum at Garlands, Cumberland. In the course of a paper read at the meeting of the British Medical Association he pointed out that in his part of the country marriages with blood relations were often contracted with the object of keeping a small property in the same family, or increasing a property by union. Dr. Campbell further alluded to one district where most of the land belonged to small owners of the same stock, who have inter-married, and at the present time several of the children of these families are inmates of the Asylum. Thus, it would appear in these instances to be the case that where wealth increases, reason diminishes. Nature knows her business, and refuses to be cajoled merely for the sake of allowing avarice to be satisfied. If the practice of these Cumberland families was to be generally followed, obviously the world would rapidly become a huge lunatic asylum, and all human energy and enterprise would speedily come to an end.

Doctor and Matron.

COMMON experience shows that the resident Medical Officers of hospitals or infirmaries are not always on the best of terms with the resident matrons. The cause of this is often to be found in a deplorable want of tact displayed either on one side or the other. In

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the interests of the institutions it is essential that no friction should occur between the respective officers, but there is no gainsaying the fact that occasionally the friction reaches such extensive proportions as to imperil the proper working of the institutions. When this contingency occurs nothing else can be done than to call in the aid of authoritative interference. This is precisely the state of affairs which has unfortunately taken place at the Bow Infirmary. Mr. Buncombe, the Medical Suprintendent at the Infirmary, has a difference with the matron, and the matron with him. The City of London Guardians accordingly referred the matter to the Local Government Board. The Board have appointed one of their officers to hold an inquiry into the circumstances of the case. This inquiry will be held to-day (Wednesday) in the Board Room of the Infirmary.

Newton Abbott Workhouse Again.

The condition of the Workhouse at Newton Abbott appears to be still disgracefully bad. In his half-yearly report, presented a week since, the Medical Officer, Dr. Culross, in answer to a number of detailed questions, made many startling statements. He reported, for instance, that the infants' schoolroom was decidedly defective, both in lighting and in ventilation, during the winter months. That sick children were continually mingled with adults, and that the accommodation for infectious cases was quite insufficient. That no means existed of separating ordinary or dangerous lunatics. That the pauper nursing system in connection with the insane was far from satisfactory. That during the winter months the supply of clean bedding, clothing, and so on, was inadequate. That the number of lavatories and baths was insufficient. That the supply of water, both hot and cold, was most defective. If these things be true, and there seems to be little doubt as to the weight of the evidence, then it is time the Government interfered in the matter. When, a year or more ago the scandalous state of the Newton Abbott Workhouse was revealed to the public, a perfect storm of indignation was hailed down upon the unhappy guardians. The Local Government Board held an inquiry, and now, in many respects, things seem to be much as they were, that is to say, about as bad as bad can be. One of the guardians laid much of the blame on the Local Government Board, to which plans for a new laundry had been submitted for sanction three months since, but from which no reply had been yet received. The revelations that have been made regarding this workhouse show the rottenness of the governmental department that can first of all allow such evils to escape its inspectors, and that then with the full knowledge gained by official inquiry, permits many glaring defects to remain untouched.

No case of small-pox has been notified in Gloucester during the fortnight ending August 8th. The epidemic is considered to be at an end.

The Dearth of Candidates for the Army Medical Department.

The interest in the question of candidates for the Army Medical Department is undoubtedly fostered and maintained by the queries from time to time addressed to the War Office authorities in the House of Commons. At the end of last week Captain Norton asked the Under Secretary of State for War for details respecting the number of candidates who presented themselves for the competitive examination of the Army Medical Department which has just been held. The reply given was that the number of the candidates amounted to thirty, that their ages varied between twenty-two and twenty-seven. Thus the War Office have been honoured with five candidates in excess of the number of vacancies advertised, namely twenty-five. But it remains to be seen how many of these competitors will be able to pass the qualification. For the number of vacancies announced, at least double the number of applicants should have come forward in order to raise the status of the competition.

The Notification of Measles.

Arguments in favour of the notification of measles have been lately advanced before various guardians and other boards. A short while since the desirability of such a step was urged upon the Willesden Urban District Council by Dr. Stocker. He pointed out that during the last three months in three of the largest towns of the Kingdom measles was answerable for 2,959 deaths as against 519 from scarlet fever. Much was done to control the latter, but no general precaution was taken in the case of measles, which by a popular fallacy was regarded as a harmless disease. The additional cost of notification of this complaint in Willesden would be about £200. The suggestion to notify was violently opposed by another member, who more than hinted that the matter was brought forward by the medical profession from purely mercenary motives. This speaker is reported to have defied any doctor to say that any child would come to harm from measles, provided it was kept from catching cold. Precisely so, but judging from the excessive mortality from the cause in question, the majority of patients must "catch cold." The sanitarian attempts in the case of infectious disorders to prevent the secondary risks by abolishing the primary cause. We quite agree with Dr. Stocker in his opinion that the doctors would lose by the notification of measles, in part by the removal of patients to hospitals (which would be a necessary general provision), but chiefly from the decrease of the malady. On the whole, the Willesden Council seemed disposed to consider the suggestion seriously. The whole matter was ultimately referred to a special sub-committee for full inquiry and report.

The Water Famine in East London.

The East London Water Company still cuts down its supplies to starvation point, and a simply abominable state of affairs prevails in the large area for which it is supposed to provide. In the course of last week

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a medical man gave some remarkable evidence at an inquest held at the Poplar Town Hall upon the body of an infant of six months. He attributed death to the quality of the water supplied by the Company. He also emphatically stated before the Coroner that the water was not turned on for more than one hour out of the twenty-four. During the past few days reports have been issued as to an alarming state of affairs in Stepney. A serious outbreak of diphtheria and scarlet fever has occurred in that district, and it seems perfectly obvious that infectious diseases must be fostered and spread by a lack of water. It is impossible to water and wash down the streets. Worse still, the closets and drains cannot be flushed. so that the stench is everywhere noisome and well nigh unendurable. All that the local sanitary authorities can do is to distribute disinfecting powders broadcast. However, if the present state of affairs goes on another week, they might as well send each householder a little eau de Cologne and violet powder. But surely this year's failure must prove the death-blow of the monopoly that has so repeatedly failed in the fulfilment of its obligations. We notice that Mr. Chaplin, in replying to a deputation which waited on him at the Home Office, appeared to maintain his old faith in the companies in spite of their annual short comings. It is not likely, however, that a similar faith will animate the inhabitants who have gone through the privations and hardships entailed by the water-famine. The water supply must sooner or later become popular property, and in the light of present and past experiences, most folk will say that the sooner the day of reckoning the better.

The Council of the Royal College of Surgeons England.

IT is of interest to note that the Council of the Royal College of Surgeons, England, have decided to issue on October 1st the circular to the Fellows, asking their opinion on the question of the direct representation of the members on the Council. Presumably the intention of the Council is to have the replies returned to the College, in sufficient time for the result of the *plebiscite* to be made known to the annual meeting of the Fellows and Members to be held on November 19th. If this assumption be correct, the discussion on the subject at the meeting in question should be unusually interesting, more especially since it is well known that many of the Fellows are anxious to see the Members accorded the right of direct representation on the Council.

The Russian Government and Hebrew Medical Men.

THE law in Russia in the present day with regard to Jews stands thus : it practically prohibits the entrance into the country of any Hebrew, no matter what his business or occupation may be. As we pointed out some weeks ago, this law would operate in preventing Jewish medical men from attending the International Medical Congress to be held in Moscow next year. Apparently, too, up to a short time ago, the Russian Government intended to enforce the law, so much so that Virchow communicated to the authorities of the Congress his determination to have nothing to do with the meeting unless some concession were made in favour of the Jewish medical men desirous of visiting the Congress from Germany. It is now reported that the Russian Minister of the Interior has decided to permit the entry into Russia of foreign Jews without distinction of calling. Such persons, however, will have to be provided with passports bearing the *visé* of a Russian Consul. To comply with this condition will probably not be considered a hardship. But why should it be exacted of scientific men desirous of visiting Russia upon such an occasion ?

The Aden Hospital.

A SCHEME has been started for providing with nursing sisters the hospital at Aden. During the year 1895 the number of in-door patients, including those from the Royal Navy, amounted to 248, and the want of a sufficient staff of trained nurses was much felt. The various shipping agencies whose steamers call at the port and the merchant firms of the town are chiefly interested, but it is thought that other benevolent persons might wish to contribute. It is calculated that a capital of about £9,000 is required to put the hospital on a proper footing. Any company or individual desirous of subscribing to this worthy object are requested to communicate with the Political Resident, Aden, marking "Nursing Fund" on the envelope.

Irish Company Drug Trading.

THE Irish Pharmaceutical Society scored a success last week in a prosecution instituted against a Mr. Boyd, trading as "The Liverpool and Belfast Teahouse and Drug Stores," for keeping open shop for the dispensing of poisons. The charge was not denied, but it was pleaded that there was another partner in the concern—one Bonar—who was a registered druggist, and, therefore, entitled to dispense poisons. The Chairman of the court, in delivering judgment, said,

The principal Act and the amending Act refer to the persons only. No mention is made of firms, and this is quite natural, for the act of selling poisons is made a personal obligation and duty, and properly so, for the protection of the public. In a recent decision of the Queen't Bench, Judge Boyd said that the penalty could not be enforced against a corporation. The firm of Boyd & Co., however, was not a corporation nor a company constituted under the Companies Act, but a private firm of two partners, defendant being without statutable qualification. The defendant was, therefore, convicted and fined £5.

Is it a Crime to Cure Syphilis?

WE read with much surprise the following editorial pronouncement in a medical contemporary :—

"The Hospital Sunday Fund has decided not to grant any money to the Male Lock Hospital, Soho. I venture to take a little credit to myself for this decision, as. alone among journalists, I have protested again and again against moneys collected in churches and chapels being used to support an institution which encourages vice by curing, free, the diseases acquired often at great cost by men of dissolute habits. That

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such an institution as a hospital for curing men of venereal diseases should be kept up by public charity is, in my opinion, a public scandal."

We venture to submit to our *confrère* that however indignantly moral he may be he is a trifle inconsistent. What distinction (other than the religious one, which we submit, has nothing whatever to do with the matter) will he draw between syphilis and any other avoidable disease? Will he, for instance, refuse to cure cholera, typhoid, or itch, because these are acquired by dirty people? or treat delirium tremens, cirrhosis, or insanity, because these are acquired by drunken people? Or stricture, or spermatorrhœa, or gonorrhœal ophthalmia, because these are usually acquired by incontinent people? Will he refuse to cure syphilis in a man who gets it from his wife, or in a boy who inherits from his parents? The paragraph reads as if the editor had culled his wisdom from the columns of the *Echo*.

Changes in the Staff of Dublin Hospitals.

The retirement of Mr. Kendal Franks, Vice-President of The Irish College of Surgeons, who is leaving for Johannesburg, causes a vacancy in the staff of the Adelaide Hospital, and we understand that Dr. T. E. Gordon, M.B., and B.Ch. Univ. Dublin, has, practically been appointed. It will be remembered that Dr. Gordon was elected to the last vacancy in the City of Dublin Hospital vacated by Dr. H. Fitzgibbon, but he now returns to the Adelaide, where his original *habitat* may have been said to be. We believe that there is a considerable competition for the City of Dublin vacancy and that Mr. J. J. Johnston, Assistant-Surgeon to the Richmond Hospital, is a prominent candidate.

An important action was concluded at Birmingham Assizes last week, in which the executors of Thomas Smith, brother of a former Mayor of Birmingham, sued the King's Norton District Council for £10,000 damages in respect of his death, which resulted from blood poisoning, the alleged consequence of a defective sewer ventilator carried up a chimney of his house. The local authority had, on request, stopped the connection with the sewer, but plaintiffs alleged that the work was done in an imperfect manner. The defence was that the house was insanitary from private causes. The jury found for the plaintiffs, £3,500 damages.

A case is reported from France in which the patient, by a mistake of either the physician or dispenser, took half an ounce of bismuth trisnitrate and the hundred and twentieth of a grain of atropine each morning, and 75 grains of the former each night, and continued this dose for twenty-four days, during which she took nearly 50 ounces of the bismuth, and was not, in the least degree, anything the worse of the treatment.

Sir Savile Crossley has signalised his term of office as President of the Royal Halifax Infirmary by a timely and generous donation to the new institution. Sir Savile has promised to give £3,500 in addition to his previous donations of £1,000 and £500, making a total of £5,000. One of the ward pavilions at the new Infirmary will, at the suggestion of the donor, be named after his father, the late Sir Francis Crossley.

Is a copy of the "British Pharmacopœia" a prohibited medicine? The Carrick Board of Guardians (Co. Donegal) has set this conundrum to the Local Government Board, because the local doctor had made a requisition for a copy of that publication, and the guardians did not consider it reasonably necessary for the dispenser, or, if necessary, they thought he ought to provide it at his own expense.

The Islington Guardians on Thursday received a communication from the Local Government Board sanctioning the purchase of the Highgate Hill Smallpox Hospital by the Guardians, for conversion into an infirmary. The price to be paid to the present owners —the Metropolitan Asylums Board—is £53,000, which the London County Council have agreed to lend at £2 17s. 6d. per cent.

Lady Kortright last week laid the foundation-stone of the new In-Patients Department of the Grosvenor Hospital for Women and Children, Vincent Square, Westminster. The cost of the undertaking will amount to about £9,000. The funds have been provided by Lady Kortright and other donors.

Surgeon-Major-General Nash, who is at present serving as principal Medical Officer with the English troops in Egypt, has been appointed to a similar position in the South-Eastern District. He will join General Butler's command on his return from Egypt in the course of a few weeks.

The death of Sir Thomas Logan, the late Director-General of the Army Medical Staff, made a vacancy in the list of the Queen's honorary physicians. The post has been given to Surgeon Major-General Sinclair.

The Third International Congress of Psychologists, which met at Munich on the 4th inst., was closed on Friday last. The next Congress will be held in 1,900 at Paris.

Scotland.

[from our own correspondent.]

University Court of St. Andrews.—At a meeting of this Court, held on Wednesday of last week, Dr. James Musgrove was appointed Lecturer on Anatomy, and Dr. W. H. de Wytt, Lecturer on Materia Medica. The report of the Committee appointed to examine the testimonials of the candidates was in favour of the Anatomy appointment, but recommended the other to be delayed. Dr. G. W. Balfour moved that there be no delay, which was seconded by Dr. Dow, and carried by 6 votes to 2. The Court adopted, among other resolutions, the following:—No professor who does not personally teach nine hours a week, and whose classes do not require at least

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fifteen hours teaching per week, shall be allowed an assistant. Where a Berry Scholar is available in any department, he shall, while holding his scholarship, act as assistant in that department. Lord Bute gave notice that at the next meeting he would move that a woman be appointed assistant to Professor Pettigrew, who shall also be Lecturer on Physiology.

THE EDINBURGH INFIRMARY NEW LAUNDRY.—Following on the resolution of the Managers of the Edinburgh Royal Infirmary to build a new and enlarged laundry on the part of their ground which is now known as Lauriston Lane, and the granting of warrant by the Dean of Guild Court, the Medical Officer of Health for the City has suddenly realised that he does not approve of the site. He has promptly entered into the fray, as is his wont, and by writing letters to the lay papers and talking to the Town Council has succeeded in bringing the matter, rather too late, before the public. A deputation of residents round the proposed site has interviewed the Town Council and alleged all manner of nuisances which may be expected to be caused by the new building. And now the Sub-committee of the Council's Public Health Committee have resolved to express regret that the laundry is to be erected in Lauriston. We must say that we entirely fail to grasp the reasons given for considering a laundry a nuisance. It will be some distance from the surrounding houses, no offensive odours will be given off, no noise, and little smoke can be produced. The present laundry is on a site close by, and it has never caused any annoyance. The smoke nuisance complained of rose from the engine-house chimney connected with the heating of the whole buildings. The objectors say that it should be removed to the country, but as all the laundresses live on the premises and board in the infirmary it would increase the expense if they had to be boarded and lodged at a distance.

THE appointment of a Medical Electrician to the Royal Edinburgh Infirmary is announced for the 1st October next. Applicants must be fully qualified. The post will be an honorary one, and one that is much needed, especially as hitherto the application of electrical treatment in the hospital has been much neglected, and as now there is a great demand for the use of the X rays in surgical diagnosis.

THE death-rate of Edinburgh further declined to 11 per thousand last week, exclusive of deaths of country cases. For the second quarter of 1896 the actual death-rate, including deaths of strangers, was 16·8 per thousand, or the lowest among the principle towns of Scotland.

A NEW MARINE STATION.—The Marquis of Bute has now approved of the plans for the Marine Station at Millport, and has granted to the Committee a free site for the building near Keppel Pier. Situated in one of the best localities in the Kingdom for the study of marine life, there can be no doubt the station will be eminently and extremely useful to students of natural history in the West of Scotland, many of whom have already profited by its facilities, even in its present temporary form. Dr. Thomas Reid, Surgeon to the Glasgow Eye Infirmary, has given a donation of £500, which encourages the Committee to hope that the balance of £300 or £400 still required for the building fund will ere long be provided. It is stated that Dr. David Robertson, the veteran "naturalist of Cumbrae," purposes bestowing upon the station, when ready, a considerable portion of his unrivalled collection.

SWINE FEVER.—Swine fever, of a virulent type, has broken out at Carmyle Farm, Lanarkshire, and Superintendent Cooke, the local inspector, has declared the farm an infected area under the Contagious Diseases (Animals) Act Several of the animals have died, and the rest have been ordered to be destroyed. The animals were purchased at Stirling at an auction sale, and were supposed to have come from England.

A CAUTION.—In the Paisley Sheriff Court, on the 4th inst., a fine of £20 and expenses was inflicted against Dr. Walter Sandeman, Bridge of Weir, for slander against a domestic servant; the sum sued for was put down at £100. The plaintiff stated that she was engaged by defendant to fill a temporary situation in his house from April 23rd till May 15th last, that she entered upon that engagement on the date mentioned, and that she was dismissed on May 9th by defendant without notice and without cause, the reason alleged being that she had been drinking. After leaving defendant's employment, defendant wrote to a lady by whom plaintiff had been engaged to go to at the term (May 28th), and before the lady had engaged her, stating that he had been obliged to send plaintiff away as she had been drinking all the time she was with him.

Obituary.

MR. WILLIAM G. BLACK, OF NEWCASTLE.

THE death was announced last week of Mr. William Glaholm Black, a well-known and prominent citizen of Newcastle. Deceased was Surgeon to the Hospital for Children in that town. After a distinguished career in the University of Durham, in which he held the Charlton, Dickenson, and Gibb Scholarship, he qualified as L.S.A. in 1880, M.R.C.S. in 1881, and F.R.C.S. in 1891. By his premature death a most promising career has been brought to an untimely close.

Literature.

MEMORIALS OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW. (a)

MR. DUNCAN undertook a herculean task when he commenced this work. We speak with some experience, for we have spent many years turning over long-forgotten medical records, and although our labours were always or almost always on a congenial subject, we look back with dismay on the piles of dry-as-dust matter through which we had to wade to reach the precious item for which we sought. But two hundred and fifty years of legal and medical documents to be sorted, catalogued, and reduced into an edifying creation from a chaos of papers was enough to dishearten the bravest. Yet the work has been done, and the handsome, well-printed, quarto volume on our table is the creation brought about by untiring industry and genius.

From the preface we learn that the work had its genesis in the antiquarian lore of Dr. William Weir, who in 1869 handed over to the Faculty a MS. of considerable size, and we further learn that Drs. Finlayson, Glaister, and Steven acted as a committee of reference during the preparation of the book, an aid which was absolutely necessary for the distinguished lay author.

After a short introduction the work of the book is entered on with an account of the sanitation and epidemiology of old Glasgow and then we get a chapter on early Glasgow medicines, in which we incidentally learn that the Glasgow Corporation are sticklers for the good name of the old city. One, "Thomas Myln, a salaried surgeon, was brought up before the Council for speaking sclanderouslie of the town calling it the 'hungrie town of Glasgow.'" Nor were the

(a) "Memorials of the Faculty of Physicians and Surgeons of Glasgow, 1599-1850; with a Sketch of the Rise and Progress of the Glasgow Medical School and of the Medical Profession in the West of Scotland." By Alexander Duncan, B.A.Lond., Secretary and Librarian of the Faculty. Glasgow: James Maclehose and Sons. 1896.

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ences: Port Sanitary Authorities, presided over by Arthur Holt-Barber, Chairman Port of London Sanitary Authority; Medical Officers of Health, presided over by Alfred Hill, gineers. presided over by Francis J. C. May, M.Inst., C.E.; M.D., F.R.S.E., F.I.C., F.C S.; Municipal and County En- Sanitary Inspectors, presided over by George Reid, M.D., D.P.H.; Domestic Hygiene, presided over by the Mayoress of Newcastle-upon-Tyne. In connection with the Congress, a Health Exhibition will be held, and H.R.H., the Duke of Cambridge, K.G., who is president of the institute, has graciously consented to perform the opening ceremony on September 2nd. Excursions to places of interest in connection with sanitation will be arranged for those attending the Congress. The local arrangements are in the hands of an influential Local Committee, presided over by the Mayor of Newcastle, with Dr. H. E. Armstrong, Medical Officer of Health for the City, and Dr. J. W. Hembrough, Medical Officer of Health for Northumberland, as Honorary Secretaries. It appears from the programme that over 160 authorities, including several County Councils, have already appointed Delegates to the Congress, and, as there are also over 1,800 members and associates in the institute, there will probably be a large attendance in addition to the local members of the Congress.

A Serious Matter.

The *Daily Chronicle* of the 10th inst., contains the following paragraph:—"Those who follow the news from day to day are painfully aware that during the past year there has been a most grave and even terrible attack made upon the highest medical authority on the condition of the Irish workhouses, particularly in regard to the nursing of the sick poor. The annual report of the Irish Local Government Board is just out, and we turned to it for some light and comfort. We find, indeed, that the Local Government Board sent down to their local subordinates a severe indictment signed by Sir Philip Smyly as chairman of the Irish Medical Association, in which, *inter alia*, it is declared that out of seventy-nine infirmaries, there are forty-three in which all the pauper sick, including the insane, are entirely in charge of untrained pauper nurses, "most of whom have come in burthened with children." The Board give us no note of the replies; but we gather on the one hand that the charges are not denied, and on the other that "the Board," that is, the Irish Secretary, has done nothing and does not propose to do anything, by way of insisting on reform."

PASS LISTS.

The Conjoint Board for England.

The following gentlemen, having passed the necessary examinations, have been admitted Diplomates in Public Health of the Royal Colleges of Physicians and Surgeons, viz.:—

Messrs. G. T. Birdwood, M.R.C.S.Eng., L.R.C.P.Lond, M.B. and C.M. Camb., Surgeon Lieutenant Bengal Army, of Cambridge University and Guy's Hospital; L. M. Bowen-Jones, M.R.C.S.Eng. and L.R.C.P.Lond., of Guy's Hospital; F. W. Brown, M.R.C.S.Eng. and L.S.A.Lond., of London Hospital; E. A. Dorrell, M.R.C.S. Eng. and L.R.C.P.Lond., of University College and Royal Infirmary, Bristol; R. T. Hewlett, M.R.C.S.Eng., M.R.C.P.Lond., and M.D.Lond., of King's College, Hospital; A. E. B. Hine, M.R.C.S. Eng., L.R.C.P.Lond., of Charing-cross Hospital; F. E. Ingall, F.R.C.S.Eng., L.R.C.P.Lond, of London Hospital; C. A. Johnston, M.B. and C.M.Edin., Surgeon-Captain Madras Army, Edinburgh University, G. A. Leon, M.R.C.S.Eng., L.R.C.P.Lond. and M.D. Brux., of University College and London Hospital; A. C Rendle, M.R.C.S.Eng., L.R.C.P.Lond., and M.B.Camb., of Cambridge University and St. Mary's Hospital; A. Senior, M.B. and B.C.Camb. of Cambridge University and St. Mary's and King's College Hospitals; E. G. Storrs, M.R.C.S.Eng., L.R.C.P.Lond., of Yorkshire College and General Infirmary, Leeds, and King's College Hospital; T. M. Tibbetts, M.R.C.S.Eng., L.R.C.P.Lond., M.B.Lond., of Mason's College, Queen's and General Hospitals, Birmingham; J. P. Topping, M.B. and C.M.Glasg., of Glasgow University, King's College, and St. Thomas's Hospital; and C. W. Vickers, M.R.C.S., Eng., L.R.C.P. and L.M.Edin. and L.S.A.Lond., of London and King's College Hospitals. Thirteen candidates were referred for six months.

At the July sittings of the Examiners of the Triple Board of the Royal Colleges of Physicians and Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow, held in Glasgow, the following candidates passed the respective examinations (those marked with an asterisk (*) passing "with distinction"):—

First Examination, Five Years' Course.

David S. E. Macnab, James Noble, David Crombie, Percival H. Rainbird. Thomas M'Donagh, Albert E. Ward, Joseph B. O'Mahoney, Thomas B. Adam, John B. Walker, John T. Griffiths, Mary E. Potter, George Evans, Thomas Little, Robert E. Naish, Harry M. Roberts, Albert S. Sieger, William J. Buckmaster, John E. M'Intyre, Stuart J. Farries, Alex. Scoular, Alice Miles, Thomas Henderson, David Fitzgibbon, James F. Shone, Louis M'Sherry, Angus M'Innes, Rupert E. Moorhead, Francis A. Gray, Aloysius F. Fleming, George J. Campbell.

First Examination, Four Years' Course.

Louise Fox, Alfred N. Davies, Andrew Dougall, Thomas E. Saxby, Herbert V. Craster, Thomas W. Colthurst, George G. Wilson, David R. Edwards.

Second Examination, Five Years' Course.

William M'Farlane, Henry A. Marquis, Jeannie H. Traill, Sydney J. Smith, John T. R. Thomson, Robert Stewart, Alexander J. Wilson Alexander F. Jack.

Second Examination, Four Years' Course.

John Davies, John Elliott, Griffith L. Jones, Edward A. Kirkwood, George R Harland, *Hugh O. Jones, *Frederick George Henderson, Edward A. Clark, Alexander L. Brown, John Farmer, Thomas H. O'Reilly, Thomas S. Ross, David C. Rowland, Walter Beck, Albert W. Swettenham, Harry L. Phelps, A. Newton Davies, David S. C. Reid.

Third Examination, Five Years' Course.

Samuel Vernon Robinson, Harold Chaffer, Edgar Huss Sheldon, James R. Riddell, Vaughan Bateson.

University of Edinburgh Graduation Ceremonial.

The summer graduation ceremonial in connection with the University of Edinburgh took place on August 1st. The ceremonial was presided over by the Vice-Chancellor Principal Sir William Muir, who was accompanied by the members of the professoriate and others. Two lady students received the degree of M.B., C.M., and were loudly cheered on coming forward to be "capped." The following degrees were conferred:—

The Degree of B.Sc.

R. Borthwick, G. Burns, G. P. Lishman, S. C. Mahalanobis, W. P. Meldrum, J. Miller, A. H. Pirie, G. Robertson, and A. C. Smith, M.A.

In the Department of Public Health: R. C. Dun, M.B, C.M., and G. H Masson, M.B., C.M.

Thesis Gold Medallists.

R. S. Aitchison, M.D., W. Elder, M.D., R. A. Fleming, M.D., C. B. Ker M.D., J. Macpherson, M.D., T. H. Milroy, M.D., G. R. Wilson, M.D.

The Ettles Scholarship: P. J. Henderson, M.B, C.M. The Beaney Prize in Anatomy and Surgery: W. H. Carse, M.B., C.M. The Stark Scholarship in Clinical Medicine: J. Forbes, M.A., M.B., C.M. The Buchanan Scholarship in Gynæcology: L. Grant, M.A., M.B., C.M. The James Scott Scholarship in Midwifery: T. M. Callender, M.B, C.M. The Freeland Barbour Fellowship: J. G. Patrick Murray, M.B., C.M. The Cameron Prize in Therapeutics: Awarded to Professor William MacEwan, University of Glasgow, for the valuable results of his investigations on the Surgery of the Brain.

The Degrees of M.B.C.M.

D. N. Anderson, J. Anderson, E. Arkwright, J. Ballantyne, J. Bannerman, A. Baxter. J. E. H. Bennett, R. Bennie (M.A.), L. F. B. Bicard, J. B. Blaikie, F. J. O. Y. Botha, C. A. Bowker, E. Bramwell, W. H. Brendon (B.Sc.), D. Brough, G. S. Brown, H. G. Brown, C. A. Brugman, W. J. Buchanan, W. Buchanan, T. M. Callender, A. F. Cameron (M.A.), J. C. B. Carruthers, W. H. Carse, H. C. Colman, M. Corry, G. B. Crampton, E. Crarer, J. Davidson, P. Deb, H. Dewar, M. L. Dhingra, A. Dickson, J. Dorman, H. Douglas, C W. Esmes, J. Eason, A. H. Edwards, L. C. Edwards, W. J. A. Erskine, A. W. R. Fletcher (B.Sc.), W. C. H. Forster, J. M. de Freitas, R Gardner, Alexandra M. C. Geddes, W. G. C. Geckie (M.A.), M. A. Ghany, W. E. Gibbons, C. F. Giddy, D. D. Gold, T. Grainger, L. Grant (M.A.), A. Y. Greenwood, N. Gunn, R. M. Hall, F. A. Hardy, P. J. Henderson, P. T. Herring, J. T. Hewetson, L. W. Hignett, R. P. Hill, W. H. Hill, W. J. H. Hislop, J. F. Holden, R. K. Howden, J. A Hunter, D. H. Hutchison, M. Jackson, W. Jagger, C. H. Johnson, T. F. Johnston, H. I. Jones, G. King, R. W. Knox, C. H. Kruger, C. D. Lander, G. Lawrence, J. L. Leadbetter, J. Lee, J. F. Lindsay, B. L. Livingstone-Learmonth, T. V. Lockhart-Mure, R. E. Loney, J. R. Lord, A. P. Low, A. L. Low, J. D. M'Crindle, S. M'Donald, J. M. MacGregor, G. W. M'Intosh, G. M'Keilar, J. Macmillan, S. Malanuah, J. L. Marjoribanks, J. Mason, F. H. Merry, R. A. Milne, W. M. Milne (M.A.), J. A Milroy, H. M. Morton, O. St J. Moses, W. Mowat, J. Muir, J G. P. Murray, A. J. Orchard, W. D. Osler, J. Patton, J. P. Peterson, C. H. Phillips, E. E. Porritt, F. Porter, J. Prentice, W. B. Pritchard, W L. Pritchard, F. M. Purchas, O. Raitt, R. G. Ralston, J. A. Rees, J. H. Reynolds, J. Richards, W. T. Ritchie, W. H. Robb, N. H. Ross, D. R. Rowlands, J. H. Seon, J T. Shirlaw, J. W. Simpson, W. A. Skinner, G. S. Small, F. O. De Sousa, J. Stevenson, J. Stoddart, A. C. Sturrock (M.A.), H. Y. Taylor, H. F. L Taylor, D. G. M. Teague, H. T. J. Thacker (B.A.), A. G. P. Thomson, R. H. Walter, H. G. Waugh, C. A. Welsh, J. H. White, C. F. Whyte, P. W. Wilkinson, F. M. Wilcox, T. F. Williams, T. A. Williams, E. F. Wills, J. Wilson, W. W. Wood, W. A. Young.

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Notices to Correspondents, Short Letters, &c.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

TRADES UNIONISM AND MEDICINE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I see in your issue of August 5th, that I am reported as having "preached the gospel of Trades Unionism to his hearers." Your representative has fallen into an error of personal identity; it must have been some other member of the association. I was not present at the Carlisle meeting.

I am, Sir, yours, &c.
THOMAS PEARSE, M.D., &c.

153 Union Street, Plymouth.
August 6th, 1896.

SURGEON-GENERAL CHARLES R. FRANCIS (Wandsworth).—Communication received, and will be inserted in an early number.

G. P.—It appears to us that the matter should be at once referred to the Medical Officer of Health for the District.

ANTIDOTES TO CARBOLIC ACID POISONING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—At page 152 of THE MEDICAL PRESS AND CIRCULAR, Acetic Acid is recommended as a perfect antidote to Carbolic Acid. In the year 1880 a Russian physician recommended Sulphuric Acid (*Medical Digest, Section* 354-5) as infalliable, if given early.

I am, Sir, yours, &c.
RICHD. NEALE, M.D Lond.

60 Boundary Road, South Hampstead.

DR. ROBT. A. E. LOWRY (Gloucester) is thanked for the cutting sent. We have forwarded it to the Secretary of the Medical Defence Union.

M.R.C.S.—Our correspondent is hardly correct. The latest returns show that the mortality among children under five years of age is the highest in Salford. After that comes the mortality in Liverpool.

THE BRITISH LARYNGOLOGICAL ASSOCIATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I should be glad if you would insert the two following corrections in your next issue. In the last report of the British Laryngological Association: (1) Dr. Bosworth *would* do a preliminary, &c. (2) The discussion should read Tracheotomy in Thyrotomy, &c.

I am, Sir, yours, &c.,
R. LAKE, Hon. Sec.

19 Harley Street.
August 8th.

ERRATUM.—In the Report of the Annual Museum at the meeting of the British Medical Association, in Carlisle, published in our last issue on page 147, for "Messrs. Moller showed a new Hydroxyl form of cod-liver oil," read "Messrs. Moller showed a Hydroxyl free cod-liver oil."

THE ROLE OF SPAIN IN MEDICINE.

FOR the introduction of preventive medicine and the founding of children's hospitals we are indebted to the Spaniard; and it is historically interesting to note that Friar Bacon learned such medical knowledge as he possessed in Spain, and that Spaniards, if they did not introduce the "lip-teaching" of deaf mutes, at all events re-introduced it.

MR. FRED. W. LOWNDES (Liverpool).—We are much obliged to our correspondent for forwarding the Reports. We will deal with the subject in an early number.

Vacancies.

Bristol Eye Hospital.—House Surgeon. Salary £60, with board and residence.

Children's Hospital, Nottingham.—House Surgeon, non-resident. Salary £100 per annum.

City of Sheffield.—Assistant Resident Medical Officer for the two City Hospitals for the Treatment of Cases of Infectious Disease. Salary £120 per annum, with board, lodging, and attendance. Applications to the Town Clerk, Town Clerk's Office, Sheffield.

Earlswood Asylum for Idiots, Redhill, Surrey. A fully-qualified registered Practitioner to take charge of the Asylum. Salary £500, with furnished residence, coals, and gas. Applications and testimonials to the Board of Management, 35 King William Street, E.C., on or before August 18th.

Hereford General Infirmary.—Resident House Surgeon. Salary £100 per annum, with board, lodging, washing, and attendance.

Lincoln County Hospital.—Assistant House Surgeon. An honorarium of £10 for each period of six months, and board, residence, and washing. Applications, with testimonials, to the Secretary on or before Saturday, August 15th.

Liverpool Infirmary for Children.—Assistant House Surgeon for six months. Board and lodging provided.

Manchester Royal Infirmary.—Resident Surgical Officer, for twelve months. Salary £150 per annum, with board and residence.

Owens College Manchester.—A Senior and Junior Demonstrator in Physiology. Salary £150 rising to £200, and £100 rising to £150 respectively.

Royal Cornwall Infirmary, Truro.—House Surgeon. Salary for the first year £120, increasing by £10 a year to £150, with lodging and attendance.

Royal Isle of Wight Infirmary and County Hospital, Ryde.—House Surgeon and Secretary. Salary £60 per annum, with residence, board, and washing. Applications, with recent testimonials, to the Secretary not later than August 21st.

Sunderland Borough Asylum, Ryhope, Sunderland.—Resident Clinical Clerk for six months. Nominal Salary, with board and lodging.

Teignmouth Hospital, South Devon.—House Surgeon. Salary £66 per annum, without alcohol.

Appointments.

ATKINSON, F. F., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health by the Sedbergh District Council.

BAKER, J. C., M.B., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Workhouse of the Hambledon Union.

BALDWIN, Aslett, F.R.C.S. Eng., L.R.C.P. Lond., Casualty Surgical Officer to the Middlesex Hospital, W.

BIGGER, E.C., M.D., Ch.M.Irel., L.M.R.C.P., D.P.H.Irel., Consulting Sanitary Officer for the Rural Sanitary Districts of the Belfast Union.

CHAPLIN, Arnold, M.D.Cantab., M.R.C.P., Physician to the Metropolitan Dispensary.

CULHANE, F. W. S. M.R.C.S., Medical Officer for the Workhouse of the Hastings Union.

FALVEY, F. J., L.R.C.P., L.R.C.S.Edin., Physician to the County Kerry Fever Hospital.

HESSEY, J. D., L.R.C.P.Lond., M.R.C.S., Medical Officer for the First Sanitary District of the Hastings Union.

HOLMES, F. D., L.R.C.P., L.R.C.S.Edin. L.F.P.S. Glasg., Medical Officer for the Little Eaton Sanitary District of the Shardlow Union.

JOHNSTONE, G. W., L.R.C.P.Edin., L.F.P.S.Glasgow, Medical Officer and Public Vaccinator for the Sanitary District of Upholland, Wigan.

JUCKES, F. A., M.B., C.M.Edin. Medical Officer for the Workhouse, and the First Sanitary District of the Horsham Union.

MAIS, F. W., L.R.C.P., L.R.C.S.Edin., L.F.P.S., L.M.Glasg., Public Vaccinator and Medical Officer for the Thorner District of the Wetherley Union.

PESKETT, A. W. Chalmers, M.A., M.B., B.C.Cantab., Honorary Medical Officer to the Hospital for Sick Children, Nottingham.

ROBERTS, K., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Shillington Sanitary District of the Ampthill Union.

SMITH, R. B., L.R.C.P.Edin., L.R.C.S.Irel., Public Vaccinator for the Burton Hastings District.

STUART, J. A. Erskine, L.R.C.P.Edin., L.R.C.S.Edin., Medical Officer of Health for the Borough of Batley, also Medical Superintendent of Borough Isolation Hospital.

THURSFIELD, W. N., M.D.Edin., M.R.C.S., D.P.H.Cam., Medical Officer of Health by the Dawley Urban District Council.

Births.

ABBOTT.—Aug. 1st, at Pinefield, Addlestone, the wife of W. F. Abbott, F.R.C.S.E., &c. of a daughter.

BROOKE.—Aug. 3rd, at The Crosses, Thorverton, Devon, the wife of Frederick Brooke, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

HIRST.—July 28th, at Aspley, Huddersfield, the wife of Herbert Hirst, M.B., C.M., of a son.

LAWSON.—July 2nd, at Mooltan, Punjab, the wife of Charles B. Lawson, M.B., A.M.S., of a daughter.

MCLEARN.—July 30th, at the Infirmary, Archway Road, N., the wife of Dr. J. Crawford McLearn, of a daughter.

O'BRYEN.—July 30th, at Springfield Lodge, Sydenham, S.E., the wife of Dr. Wheeler O'Bryen, of a son.

UMNEY.—Aug. 7th, at Heatherbell, Crystal Palace Park Road, Sydenham, the wife of William F. Umney, M.D. (Lond.), of a son.

Marriages.

BISHOP—ISLES.—July 29th, at St. Jude's Church, Southsea, Thomas Hill Bishop, M.D., second son of William Bishop, of Stroud, Glos., to Ethel, third daughter of the late Captain Arthur Irwin Isles, Bengal Staff Corps, of Perran, Southsea.

FEATHERSTONE—MCKILLIAM.—July 29th, at the Alexandra Hall, Blackheath, Joseph Arthur Featherstone, M.B., C.M., Morningside, Edingburgh, to Helen Jane, the second daughter of Rober McKilliam, M.D., C.M., Ballandalloch, Blackheath, London.

HORNER—HAYTER.—July 29th, at St. Nicholas, Brighton, Charles Julian Horner L.R.C.P., M.R.C.S.Lond., fourth son of William Sims Horner, of Walthamstow, Essex, to Mabel Winifred Randall, fifth daughter of the late Frank Hayter, of Lewisham.

LYLE—DEACON.—Aug. 5th, at St. Mark's, Dalston, Herbert Willoughby Lyle, M.B., M.R.C.S., L.R.C.P., A.K.C., elder son of Thomas Lyle, M.A., of Grove House, Shacklewell, N.E., to Sarah Mary, eldest daughter of the late Captain Deacon and Mrs. Makepeace (late Deacon) of Redlands, Bristol. No cards.

MAITLAND-DEWAR-DURIE.—Aug. 6th, at St. Serfs-next-Culross, Frederick Lewis Maitland, of Lindores, to Constance Zelia, youngest daughter of the late Andrew Dewar-Durie M.D., of Craigluscar, Fifeshire.

WILLCOCK—WEEDON.—July 29th, at St. George's Campden Hill, Richmond Cotts Willcock, M.D., of Golden Square, Aberdeen, to Lucy, daughter of the late Frederick Price Weedon, of Glynfield House, Willesden, N.W.

Deaths.

EDWARDS.—Aug. 1st, at Amesbury, Wilts, Joseph Albert, L.S.A., second son of the late Richard Edwards, of Constantinople, aged 27.

GRANT.—Suddenly, at Bridge of Allan, N.B., James A. S. Grant, Bey, M.D., LL.D., of Cairo, Egypt, third son of the late William Grant, Methlick Villa, Aberdeen.

MADELEY.—July 31st, at Cliftonville, George Henry Madeley, Fleet Surgeon, R.N., aged 54 years.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, AUGUST 19, 1896. No. 8.

Original Communications.

CASE OF EXCISION OF THE RIGHT HALF OF THE LARYNX FOR CANCER. (a)

By ROBERT H. WOODS, M.B., F.R.C.S.,

Surgeon to the Throat Department of the Richmond Hospital, Dublin.

THE interest attaching to radical operation for malignant disease of the throat, and my belief that this is the first case of its kind in Ireland, will, I trust, be deemed sufficient apology for this communication.

J. M. Q., æt. 32, by trade a rivetter, came to the Throat Department of the Richmond Hospital on March 20th, 1895, complaining of difficulty in swallowing and pain in the throat, of six weeks' duration. The pain at first was slight, but became progressively worse, and during the last few days was so acute during deglutition, that he voluntarily starved himself rather than endure the agony of swallowing solids; liquids, however, could be taken with comparative ease. He had never previously been ill, and there was no history of syphilis.

His family history was unimportant, except that his father died of cancer of the neck.

On examination, a hard, fixed nodule, about the size of a large bean, was seen and felt at the superior border of the right ala of the thyroid cartilage. The laryngoscope showed that corresponding to this nodule the larynx contained a large tumour; this tumour involved the right ary-epiglottic fold in its whole extent, touched the posterior pharyngeal wall behind, and so encroached on the lumen of the larynx internally as to diminish the air space by more than half. The larynx was pushed bodily forward so that a considerable interval lay between the right arytænoid cartilage and the vertebral column. Here there was situated, just above the patent opening of the œsophagus, a necrotic patch, which lent a gangrenous fœtor to the breath, and perhaps caused some of his pain. The glands under the sterno-mastoid muscle at the level of the cricoid cartilage were enlarged. By passing the forefinger of the left hand over the base of the tongue, the tumour could be felt to be hard and firm. The lungs were healthy.

The case was diagnosed to be one of cancer, but in order to place the matter beyond doubt, and save the valuable time necessary to differentiate by drugs between it and syphilis, a small piece of the growth was avulsed by means of a sharp, hollow forceps, and handed to Dr. H. C. Earl, who submitted it to a microscopic examination, and on March 26th, reported it to be a carcinoma.

The disease was evidently very far advanced, and must have been established months before it attracted his attention, indeed, it is likely that he only suspected mischief when the pain of the ulceration disturbed his quiet.

The question of interference was an anxious one, but after consultation with my surgical colleagues it was agreed that it would be better to give him the chance of operation rather than leave him to wait in pain and starvation for inevitable death. Excision was, therefore, recommended. The dangers and difficulties of the operation, as well as its after effects and the rarity of permanent cure, were fully and fairly laid before the patient, who without hesitation decided on having it performed. He was told that the whole larynx might have to be removed, and he not only agreed to leave the matter entirely in my hands, but expressed the wish that I should take away too much, rather than too little.

The operation was performed on April 1st. One-sixth of a grain of morphia was injected subcutaneously, and the patient chloroformed with a Skinner's inhaler, a sand-bag was placed at the back of the neck and the head extended. Before narcosis was induced he struggled a good deal, and his breathing sounded as if there were some obstruction in the larynx. An incision was carried along the middle line from the hyoid bone to the supra-sternal notch, the trachea was bared and high tracheotomy performed. A transverse cut was next made from the upper end of the mesial wound outwards and to the right, parallel to the hyoid bone and close below it.

The thyroid cartilage was bared, and with the subjacent mucous membrane cut in the middle line with a stout scissors. The thyro-hyoid membrane was similarly treated. The wings of the thyroid cartilage were dilated and the larynx inspected. The growth was confined to the right side and nearly filled the larynx; there was œdema of the left ary-epiglottic fold due apparently to infection from the necrotic surface behind, and explaining the dyspnœa during the early administration of the chloroform. A few drops of a 20 per cent. cocain solution were brushed on the mucous membrane to diminish its sensibility and allow greater freedom of manipulation. A strip of sponge with string attached was introduced into the larynx and packed round the upper part of the tracheotomy tube, to which a Trendelenburg's apparatus was attached for the administration of the chloroform during the subsequent steps of the operation.

The skin and subcutaneous tissues were stripped from the triangle marked by the mesial and horizontal incisions as far back as the sterno-mastoid. The right crico-thyroid membrane and adjacent structures were cut through, the crico-arytænoid joint opened, and the right half of the larynx thus freed from its connection with the cricoid cartilage. The thyro-hyoid membrane was next cut close to the hyoid bone, and the epiglottis snipped along the middle line, its right half was brought into the wound and drawn forcibly downwards while the tissues were cut between the horizontal wound externally, and the vallecula within. The great cornu of the hyoid bone was found to run so close to the tumour that it was removed, and the height to which the dissection had to be carried involved, as we afterwards found, division of the hypoglossal nerve, the lingual artery, however, escaped. The mass was then detached posteriorly from the pre-

(a) Read before the Surgical Section of the Royal Academy of Medicine, Ireland, Dec. 6, 1895.

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vertebral muscles, the bag of the pharynx being divided to the left, the healthy side of the middle line, the attachments to the carotid sheath were cautiously severed, and, finally, a pedicle by which it was held to the base of the tongue was snipped through and the mass removed. The hæmorrhage was occasionally pretty sharp, but at each step the bleeding vessels were caught and ligatured; the quantity of blood lost altogether was not great.

Infected glands were then sought for, a number of them were followed towards the angle of the jaw and carefully dissected out. A second chain underlying the sterno-mastoid at, and below the level of, the cricoid cartilage was next isolated and extracted, great care being necessary to avoid wounding the internal jugular vein, on which they lay and, to some extent, clothed. The whole wound was next examined but nothing suspicious, either to the eye or touch, remained. The carotid artery and internal jugular vein were found to have been exposed for three inches of their course.

The raw surfaces were sponged with tr. benzoin co. I am aware that the classical antiseptic and hæmostatic for excision of the larynx is chloride of zinc, but I consider any soluble antiseptic too temporary and unreliable in its action when used in a situation where the secretion cannot fail to carry it away within a very short time. Friar's balsam, on the contrary, forms an adhesive coating to the tissues, and that it effectually prevented infection in this case is sufficiently evidenced by the temperature chart.

The horizontal wound was next sutured, the mesial one was left open; a No. 14 red rubber œsophageal tube was pushed into the stomach and sutured to the skin at the upper end of the central incision. The cavity of the larynx and lower part of the pharynx were plugged with iodoform gauze, and the patient put to bed breathing comfortably through the tracheotomy ube.

The patient took the chloroform badly from first to last; three times the respiration ceased without mechanical cause, the pulse, which was carefully watched, slowed down, and the patient became pallid and ashy. Patients after tracheotomy develop a condition of physiological apnœa the chief cause of which is diminution in the length and consequently of the capacity of the passage between the lungs and the outer air. But the condition of the patient on these three occasions was quite different from the apnœa of tracheotomy, as evidenced by the failure of the heart and the change in colour. On each occasion the operation had to be stopped and artificial respiration started. After the third time the chloroform was suspended and the operation finished while the patient lay in a lethargic, but not quite unconscious, condition. He, however, felt no very acute pain.

The tumour was examined microscopically by Dr. Earl and found to be a squamous epithelioma.

During the days immediately following, morphia was given by the skin, with the double object of lessening the shock and avoiding bronchitis or pneumonia, the commonest causes of death after this operation. No steam apparatus was used; the temperatnre of the room was carefuly regulated and draughts excluded.

At the end of the first twenty-four hours he had a reactionary temperature of 100·8° F., and this was the highest it ever reached, he had no pain, very little tenderness, and had not vomited. He was given a little milk through the tube, which he bore well. The wound was dressed, the plug of gauze being removed and a powder of iodoform and boric acid insufflated before a fresh one was replaced.

On the third day the tracheotomy tube was dispensed with, the stitches were taken out of the horizontal wound which had healed by first intention. The stomach tube was removed and cleansed and the gauze plug withdrawn and not replaced. On the fourth day, his bowels not having been moved since the operation a saline draught was administered, He shortly afterwards vomited frequently and complained of an "icy-cold pain" in the pit of the stomach. Withdrawal of the stomach tube relieved this pain. The tube was left out and not re-introduced except at meal times when it was passed into the œsophagus through the wound in the neck.

From this time his recovery was uninterrupted, he was allowed up on the tenth day, and was able to enjoy a pipe on the fourteenth. There was a good deal of secretion from the granulating surface, and saliva trickled into the throat. A convenient apparatus for their removal was made from a bottle with two glass tubes passed through the cork. To one tube an enema syringe was attached "tail on" so that when worked it pumped air from the bottle, and to the other was fixed a rubber tube to which a long brass nozzle of ¼ in. diameter could, if necessary, be fixed. By putting the nozzle to the required spot, the secretion and saliva could be removed rapidly by working the syringe, the bottle acting as a reservoir. This little instrument was first designed by me for removing blood and saliva in cleft palate operations in the "head down" position. I have used it also with very great advantage when opening the larynx from in front. By its means blood can be removed in a tenth of the time and with less than a tenth of the trouble taken in sponging, and perhaps most important of all without exciting any reflex spasm in the patient.

The patient swallowed corn flour on the twenty-eighth day and did not require to have the tube passed after that time.

Seven weeks after the operation there was slight inspiratory dyspnœa due to cicatricial narrowing of the throat, this was successfully treated by the daily passage of Schrötter's stenosis tubes.

From this time he was perfectly well, there was absolutely no pain at any time, he slept well and could swallow meat and drink without difficulty. It was no uncommon thing to see him drink a pint of milk without taking the mug from his mouth. He spoke with a hoarse but very fair voice, making himself heard across an ordinary room without effort. He expressed himself as well pleased with the operation, and said that any inconvenience he had had to suffer was as nothing when compared with the relief it had afforded him. He spent over three weeks at the Convalescent Home, Stillorgan, and was exhibited both at the Surgical Section of the Royal Academy of Medicine and at the Laryngological Section of the British Medical Association in London.

He was examined at regular intervals for any sign of recurrence, with negative result however, until early in August, when an indurated lymphatic gland was felt low down on the right side of the neck behind the sternal head of the sterno-mastoid muscle, its nature was only too obvious. Removal was recommended and agreed to by the patient with a cheerfulness and alacrity that characterised him from the very first; and the operation was undertaken on August 21st.

In view of the difficulty encountered in keeping him alive under chloroform on the former occasion it was decided to use cocaine, and three-quarters of a grain was accordingly injected under the skin through two punctures at the site of incision. The gland was exposed and found lying on the internal jugular vein just at its junction with the subclavian. The dissection was conducted most cautiously and the danger of venous canalisation kept in view, an accident once seen by me in a fatal case under the hand of the late Prof. Billroth. The gland was more than half isolated when a membrane was punctured and air heard to rush through the hole with a characteristic sound. The finger was at once placed on the puncture and a pause made to watch if any effect followed. There was no change in the patient's condition, so that the quantity

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of air which had entered the vein must have been too small to cause distress, or else the breach must have been made into the cervical pleura. Either was quite possible in the situation, but the latter was thought more probable. To settle the doubt, the patient was directed to cough; during the effort the finger was removed, when a jet of venous blood showed the true state of affairs. An effort was made to secure the puncture so as to admit of a further attempt to isolate the gland, though the prospect of its possibility was not an encouraging one, it being by this time pretty certain that the gland was adherent to the wall of the vein. The perforation, however, could not be secured, and the attempt was attended by the entry of more air. The patient immediately developed the characteristic symptoms of canalisation. The face became intensely congested, the lips blue, and the skin covered with a profuse sweat. He felt smothered, and asked to be allowed to sit up; this he was let do. Oxygen was procured at once, and administered during inspiration through a tube in the mouth, the clips were taken from the wound, and the edges held firmly together by the fingers, and subsequently clipped by forceps; the wound was then closed and the operation abandoned. The effect of the oxygen was marvellous, the patient's colour at once returned, and his distress ceased. The gas had to be temporarily stopped to allow the apparatus to be adjusted, and he promptly reverted to his former condition, recovering however, with the re-administration. From its effect on the patient there is little doubt that oxygen is the quickest and best remedy for such cases, and I should recommend that where there is a risk or certainty of opening veins near the root of the neck, the operator should have a supply of the gas at hand. After the lapse of three-quarters of an hour he had quite recovered, and the oxygen was discontinued. The patient felt quite comfortable that afternoon and the following day except from some pain in the chest, especially on coughing; he had complained of this however before the operation.

The cough became more and more distressing, and his condition daily worse, and he died five days later, nearly five months after the excision.

Post-mortem Examination.—There was severe inflammation of the whole respiratory tract from the trachea to the bronchioles. The lower lobe of the left lung was of a dusky-red colour, and on squeezing the tissue of the lung, drops of muco-pus exuded on to the cut surface from the air passages. The vein punctured during operation was found to be the internal jugular, just before it joined the subclavian; the vein was healthy, and no attempt at thrombosis was observable. The site of the first operation in the larynx was perfectly cicatrised, and there was no suspicion of recurrence *in loco*. There were no mediastinal glands engaged. There is every reason to believe that this gland in which recurrence took place was a far-down-member of the chain on the carotid sheath dissected out at the first operation, and though, as far as one could tell, it was completely excised, it is now evident that the last and minutest link must have been left behind.

It is a rule with some operators not to touch malignant disease of the larynx when there is any palpable glandular enlargement. I question its wisdom. Secondary involvement of the axillary glands does not now-a-days necessarily contra-indicate operation in cancer of the breast, and though it may add to its difficulty, need not prevent its success, and I can see no reason why, as our *technique* becomes more perfect, the same should not be true of cancer of the larynx. I do not regret having acted contrary to this rule. The man's life was prolonged for some months, and his condition, from being one of acute suffering and starvation, was rendered tolerable and even enjoyable. It is, perhaps, not too much to say that had the patient presented himself a little earlier, before the cancer had progressed quite so far, the same operation might have removed every trace of that most terrible of diseases.

THE RÔLE OF "RESTS" IN THE ORIGIN OF TUMOURS. (a)

By W. ROGER WILLIAMS, F.R.C.S. Eng.,
Formerly Surgical Registrar, Middlesex Hospital, London, &c.

Mr. Roger Williams began by remarking that modern pathology was for ever urging us to the study of the origin of the morbid processes, and where, he asked, in the whole range of pathological research was there to be found a more absorbing problem than that which related to the origin of tumours?

When Cohnheim first announced his celebrated theory, no one then believed in the possibility of such an amount of developmental irregularity as it presupposed. The light of modern research had effectually dissipated this misconception, and had opened our eyes to the hidden defects of normality. Sequestrated fragments of the various tissues and organs had now been found to exist in every part of the body that had been specially examined for them. It was to belated structures of this kind that the term "rests" was applied. Cohnheim thought that "rests" consisted solely of *embryonic* tissue which, after sequestration, lay dormant in the body without undergoing any further developmental changes. Mr. Williams said that if "rests" of this kind really existed, their entity had yet to be demonstrated. The "rests" with which histology had made us acquainted always presented indications of having undergone more or less developmental exegesis, along the lines proper to the parental tissue. Again, Cohnheim thought that "rests" originated solely during embryonic life, but it was now known that they might arise also during post-embryonic life.

In discussing the part played by such structures in the genesis of neoplasms, Mr. Williams proposed, for the sake of brevity, to limit his remarks to mammary and uterine neoplasms, a further reason for so doing being that tumours of these organs had hitherto received hardly any attention in this connection.

The following facts proved that heterotopic structures of the kind under consideration, really played an important part in the genesis of *mammary* neoplasms.

Mr. Williams had elsewhere pointed out that isolated fragments of mammary glandular tissue—sequestrated from the evolving organ—were of common occurrence in the vicinity of the mamma, and probably also in the gland itself. He had also proved that neoplasms, identical in structure with mammary neoplasms, frequently arose from these aberrant glandules.

Several pathologists had noticed the presence in the otherwise normal breast of small cartilaginous, calcareous, ossiform and even truly osseous nodules. The most feasible explanation of the existence of these anomalous structures in this situation, was that which ascribed their origin to sequestration from the matrix of the evolving thoracic skeleton. It seemed certain that the various cartilaginiform and ossifying tumours that had from time to time been found in the breast, originated from aberrant elements of this kind. In the mammæ of bitches and some other animals similar cartilage-containing tumours were of frequent occurrence, and they were often associated with malignant disease. In the female breast chondrifying, calcifying, and ossifying structures had likewise been found associated with cancerous, sarcomatous, and myxomatous disease, and in these cases it seemed probable that the

(a) Abstract of a paper communicated to the Pathological Section at the Annual Meeting of the British Medical Association, Carlisle July, 1896.

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malignant disease had started in portions of the breast, in which sequestrated skeletal elements had become entangled. Even in fibro-adenomata similar conditions had been met with, and this in animals as well as in human beings.

Billroth had reported a remarkable case in which, in the midst of a small round-celled sarcoma removed from the breast of a young girl, numerous transversely striated muscle cells were found. Here the foreign element had evidently been sequestrated from some of the adjacent striated muscles. In like manner certain dermoid cysts of the breast no doubt arose as sequestrations from the epiblastic rudiment of the evolving gland.

Mr. Williams next proceeded to cite facts showing that in the origin of uterine neoplasms "rests" played an equally important part. It had been demonstrated that islets of cylindrical cells existed in the midst of the epidermoidal elements of the *portio*. These were *residua* of the primitive epithelial lining that had persisted unchanged. It had been proved by Ruge and Veit that most primary cancers of the *portio*, originated from these foreign elements, rather than from the constituent cells of the *portio* itself.

Similarly, aberrant epidermoidal elements had often been found in the cervix, and sometimes even in the mucosa of the corpus, far removed from their *habitat*, the *portio*. These were the germs whence primary squamous-celled cancers of the cervix and corpus originated.

Recent observations pointed to the probability of many uterine fibro-myomas likewise arising from "rests." The presence of epithelial elements within these neoplasms had been demonstrated by numerous pathologists. These were now generally regarded as *residua* of the Müllerian and Wolffian ducts. Many observers maintained that fibro-myomata arose from muscle elements connected with these *residua*. At any rate, it could hardly be doubted but that aberrant epithelial elements of this kind, were the germs whence cancerous disease of these tumours arose.

A great deal of attention had lately been directed to certain malignant neoplasms (*deciduoma malignum*) that appeared to arise from the *residua* of placentation. If the current views as to their pathogenesis turned out to be correct, the part played by "rests" in their origin would be a very interesting and remarkable one.

The origin of another peculiar group of neoplasms that grew from the lower part of the uterus, could also be referred to germs derived by sequestration from the matrix of adjacent tissues during early embryonic life. With the sarcomatous elements that formed the basis of these tumours various heterotopic structures, such as cartilage, bone, striped muscle, &c., were found. Numerous cases of this kind had now been described (Pe n'c>, Rein, Thiede &c.).

Certain rare dermoid cysts of this part of the uterus no doubt had a similar origin.

It was even probable that the remarkable proneness of uterine fibroids to calcification might depend upon the inclusion of osteogenic elements sequestrated during early embryonic life, for truly osseous and cartilaginous structures, evidently thus derived, had been found within these tumours.

In short, it was plain from the foregoing, that a considerable proportion of malignant and non-malignant neoplasms actually arose in connection with these aberrant elements. The next question was, Were the constituent cells of "rests" the only ones capable of originating neoplasms, as Cohnheim maintained? Mr. Williams thought such a proposition in the highest degree improbable. On the contrary, as he had elsewhere shown, there were good reasons for believing that neoplasms might arise wherever undifferentiated cells were present, and that they were most prone to arise where such cells most abounded.

Preston, July, 1896.

THE DIGESTION OF THE CARBOHYDRANES OR STARCHES IN FLOUR,

AND

THEIR TRANSFORMATIONS BY SPECIFIC FERMENTS, PARTICULARLY DIASTASE.

By J. L. W. THUDICHUM, M.D., F.R.C.P.Lond.

THE digestion and assimilation of flour of the cereals is a complicated process, which ever varies according to the particular kind of food to be digested. *The albumenoids* require the action of the secretion of the glands of the stomach, containing pepsin to become dissolved and partially altered, and further, an ingredient of the secretion of the pancreas, trypsin, to be specifically decomposed and made ready for absorption. The pepsin digestion takes place in the presence of free acid, the trypsin one in the presence of alkali, by an excess of which the peptic acid has been neutralised, and of bile, which also, by its alkali and its organic alkaloids, contributes to the neutralisation of the acid. Wheat flour, like the contents of most cereal seeds, and the juices, particularly latices, or milk juices, of most plants, contains *an agent which acts like pepsin* when flour is mixed with water, or when the seed begins to sprout. This action is so strong, that the dough of wheat-flour will digest a considerable quantity of meat, the dough from a pound of flour no less than half a pound of meat, so that when it comes out of the oven all meat has been dissolved and disappeared. *The phosphatides* of the flour will dissolve easily in the digestive juices, and, with or without decomposition, will be absorbed. But *the varieties* of *starch* or *carbohydranes* are digested and assimilated in a different manner and by different agents, namely, the ferments produced by the salivary glands, the pancreas, and the agminated glands of the small intestine. Starch in its natural state is easily digested by animals, just as is the more tender part of cellulose, but man can hardly digest raw starch, but requires its previous gelatinisation by the influence of heat and water to make it accessible to the starch transforming or amylolytic ferments. If then the ferments come in contact with the hydrated starch, the effect is controlled by the quantity of ferment, the duration of its action, and the temperature at which it acts. The products are, under all circumstances, *maltose* and *dextrin*, but their proportion varies according to certain conditions prevalent in the intestines. If starch in the gelatinised state were = $C_{18} H_{30} O_{15}$, maltose = $C_{12} H_{22} O_{11}$, dextrin = $C_6 H_{10} O_5$, we might have this simple proportion, with the addition to starch of merely one molecle of water = $H_2 O$; or, 2 starch + 1 water may yield 1 maltose and 4 dextrin, 4 starch + 1 water may yield 1 maltose and 10 dextrin. The maltose remains a single molecle in all reactions, while the dextrin may rise to 10 molecles; but dextrin is probably again, at least in part, transformed into maltose by a kind of synthetical action, with addition of water; 2 dextrin and 1 water = 1 maltose. Dextrin once formed is not easily thus transformed but requires much time and ferment to be so condensed; therefore the mixture of digested products of starch which passes into the portal blood varies in composition, there being more or less maltose, some already split up into dextrose and more or less dextrin, transformable out of the body into maltose and dextrose, but its mode of transformation within the body is not yet known.

I have in the foregoing spoken of dextrin as if it were a single body, but it is really an aggregate, which consists of isomers, probably three in number; one of these is coloured red by iodine, and hence called *erythro-dextrin*; another gives no colour with iodine or any other reagent and is called *achroo-dextrin*;

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of this latter, two modifications exist, which are distinguished by the rotation of polarised light; the one turns the plane 213 degrees to the right, the other 150 degrees. From this right turning faculty their name has been derived. As regards the exact definition of those varieties of dextrin there is yet some difference of opinion, which is explained by the difficulty of separating the products, and of absolutely guiding the processes of their production.

The formulation of the tranformation of starch given above may be varied, according to some inquirers, thus: Starch has the formula n ($C_{12} H_{20} O_{10}$) in which n is no less than 5 or 6. The hypothesis of n = 6 leads to the same figures for starch as those in the last formula of the above series, namely to $C_{72} H_{120} O_{60}$. The effect of diastase or dilute acid upon this molecle is to split off one molecle of maltose leaving alpha-dextrin of the formula $C_{60} H_{100} O_{50}$, the one molecle of water taken up remaining with the maltose. The hydration and splitting off of maltose is now repeated, when *beta dextrin* is left = $C_{48} H_{80} O_{40}$; this by another loss of maltose leads to *gamma dextrin* = $C_{36} H_{60} O_{30}$. This residue is now surmised to transform into three molecles of *maltose* directly, without any formation of dextrin, corresponding to the terms with C_{24} or C_{12}. This complete transformation of starch into maltose in four, may be, six stages, may perhaps be effected in the laboratory by the combined or consecutive action of diastase at high temperatures and acids, but has not been proved to take place in the animal intestine. Here the assimilated products received in the portal blood are always a mixture of maltose and dextrose with non-reducing carbo-hydrates, amongst them dextrines of the varieties described; and, moreover, all stages occur simultaneously, and their products are simultaneously absorbed.

All amylolytic ferments of the human body yield with gelatinised starch maltose and dextrin, but the dextrins differ. Glycogen from the liver also yields a dextrin, which appears as a white powder, unchangeable in air, while the dextrin from starch is hygrophil and changeable in air. The transformation of starch or its maltose and dextrin into glycogen is, therefore, accompanied with a change in the radicle, which appears on renewed decomposition as this peculiar *glycogen-dextrin*

I have elsewhere (*a*) summarised the results of some special studies of the latest progress made in the chemistry of the albuminous substances as well as the carbohydrates, and in connection with this it has appeared useful to me to consider the bearing of this evolution on the theory and practice of the administration of food and the guidance of nutrition, particularly of children during the first five years of their life. For our statistics tell us of a great mortality during those ages, and unquestionable experience proves that a large proportion of this is caused by faulty nutrition. A great improvement has already been effected by the systematic sterilisation of cow's milk, the risk of its producing scurvy notwithstanding, and by other processes. But what is still really wanted is as near a substitute for mother's milk as can be practically produced, and used by all classes of the community. The most suitable material for such a product will be acknowledged to be wheaten flour and milk. But the starch in flour presents a mechanical and physiological difficulty by its want of liquidity and assimilability, which has to be overcome by culinary art. It requires, in fact, to be assimilated to the lactose, the crystallisable carbohydrate, which, though it has no sweet taste, is, owing to its chemical constitution, termed sugar of milk by chemists, and of which mother's milk contains such a large amount. This assimilation is effected by subjecting the flour to the action of *diastase*, the ferment of sprouting barley, and thus transforming it into soluble products, mainly *barley sugar, or maltose* and *dextrine*, the latter a product which, as it is tasteless and colourless and very soluble, does not enjoy the privilege of a popular name, but has most of the physiological qualities of lactose.

Amongst the latest food products is a material which is very well adapted to undergo the transformation at the hands of all persons with the least expenditure of trouble and risk of failure; it is called "Diastased Farina Food" (*a*); the diastase is incorporated with the flour in such a perfect manner that the transformation required and described above is effected in the course of the gradual heating of its suspension in milk or milk diluted with water, and any excessive effect which might make the product over sweet, is prevented by the boiling which completes the process and simultaneously sterilises the whole. A tablespoonful of the diastased farina food is to be incorporated cold with a quarter of a pint of fresh milk; to this, half a pint of water is to be added, and the perfectly homogeneous liquid is to be heated on a very slow fire with stirring until it boils, and to be boiled for three minutes. If the food be intended for the use of older children, or of adults, it does not require the co-operation of water for its solution, but may be prepared in one operation with fresh milk only.

While the preparation is a perfect physiological food, maintaining and increasing the body weight of infants during all the time in which they naturally depend upon mother's milk, it is also a complete physiological food for persons with disease of the mouth, throat and stomach, and is borne and digested even in severe stages of structural disease of the stomach in which no solid food is tolerated. Some of its most remarkable effects are observed in cases of debility and anæmia, and spanæmia. It was discovered just a century ago by Cruikshank, the then apothecary and chemist to the Ordnance at Woolwich, that the amylolytic ferment diastase is formed in germinating barley only in the presence of an abundant supply of oxygen. The same law is observed by the organs of animal bodies which produce the starch-transforming ferments, inasmuch as they act but slowly, or cease to act altogether when they are not supplied by the blood with a sufficiency of oxygen. Hence many conditions accompanied with diminished oxydising power of the blood and organs are followed by a diminution of ferment-producing power of the intestines and their secretory glands.

While all ferment-producing glands are thus affected, those which produce the starch transforming ferments, the salivary, pancreatic and agminated glands cause the greatest deficiency of power, as their ferments have by far the greatest amount of work to do, the carbohydrates to be adapted weighing more than the albumen and fat together, any diminution or failure of this action being followed by consequences, which concern considerable amounts of material. If starch remains unchanged by ferment, it is very little assimilated by the human intestines and passes away unused; or, and this is the more frequent case, it undergoes abnormal decompositions by ferments, or ferment-producing bacteria, which are not amongst the agents of normal digestion or assimilation, and produce substances, which like marsh gas, CH_4, acetic acid $C_2 H_4 O_2$, and formic acid $C H_2 O$ (a frequent cause of urticaria or nettle-rash), are under the circumstances distinctly pathological, and give rise to very severe symptoms. They are probably the result of two processes, which alternate in intensity, as in one and the same case the formation of marsh gas may prevail at one time, or recede, and let the formation of acid come to the foreground. In adults, when the alternation is little expressed, the formation of marsh

(*a*) *West London Medical Journal*, Vol. I, No. 3, 1896, p. 151.

(*a*) The "Diastased Farina Food" is produced by Messrs. Beanes & Co., the manufacturers so well known in connection with malt products of various kinds and their practical application, referred to in a former number of this journal.—Ed.

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gas is the prevailing symptom; in young persons and children the formation of acids prevails, and one of the prominent effects of this formation is copious and not rarely fatal diarrhœa; in the cases of infants the prevailing acid is lactic, which is also formed from the lactose of milk-food in the absence of starch-food. While the acetic acid and marsh gas are mostly formed in the stomach proper, the lactic acid is always formed low down in the intestine, even as low as the colon. Such cases of diminution of the amylolytic digestion, or even of its temporary cessation, which occurs sometimes almost regularly after each considerable meal, are not rarely greatly benefited by taking pure diastase in admixture or solution. Moreover, they are also greatly aided in their recovery by the use of starch-food, which has undergone a partial or complete amylolysis by diastase, such as takes place in the diastased farina in the course of its culinary preparation. Bread is not so useful in this respect, as it is insufficiently amylolysed for reasons which I have discussed elsewhere (*a*). Under such conditions, the diastased farina food becomes of the greatest use; it has, when prepared, undergone considerable amylolytic effect, which can be somewhat increased at will by heating the farina with the milk rather slowly, and putting off the final boiling a little longer. The product has a fresh and agreeable taste, and is easily consumed as spoon-food or as drink from cups by adults. I have used the diastased farina food in four forms: first, the plain form for infants, with milk or milk and water only (adding a little carbonate of potash when the preparation did not contain any such addition already), its use by the bottle, when made in this way, has been followed by uniform success; secondly, the form with milk or with water only, to which some extract of meat, with salt, and some spice was added; this was found excellent in acute and chronic illness, particularly as an alternation with pure milk food; thirdly, as custard, by adding yelk of egg and some spice to the food at a suitable temperature; and fourthly, as a preparation with milk, or milk and water, or water only, to which chocolate powder was added. In cases in which a more fatty diet is required, some butter is easily incorporated with the diastased farina food, which, indeed, is highly suitable for all sauces in which a slightly saccharine taste is an improvement, for it is by the presence of this proportion of maltose that it differs from the dextrinised flour prepared for sauces and soups by heating in fat, the so-called "white roux," of magiric art. In this relation no less than in the matter of infant feeding, the diastased farina will play a useful *rôle*.

NOTES ON A CASE OF RAYNAUD'S DISEASE, ASSOCIATED WITH URÆMIA. (*b*)

By CHAS. CRAWFORD AITKEN, M.B., C.M.,
Cumberland Infirmary.

THE following case is interesting not only because it would associate Raynaud's disease with the gouty diathesis, but because it illustrates a condition hitherto unrecorded, viz., the association of uræmic exacerbations with the attacks of vasomotor pain met with in this disease. The patient was a man, æt. 43, with the uric acid diathesis and albuminuria of more than six years standing, who came under observation in October, 1894, with well-marked symptoms of Raynaud's disease. The father, who had died from renal disease, was alcoholic, and probably also gouty; an elder brother suffered from sciatica, and the mother had been subject to epileptiform attacks. The patient had for many years suffered occasionally from gout, but there was no history of syphilis, malaria, nervous disease, or intemperance. The kidney conditions had been first diagnosed in 1889 as chronic interstitial nephritis, and latterly the excretion of urea had dropped to about 250 grains daily. Symptoms of Raynaud's disease appeared first in the ears in 1887; in the fingers in 1888; and in the toes about four years later. The attacks were bilateral, recurred frequently, and showed the usual stages of syncope, asphyxia, and mortification. The retinal vessels were affected similarly to those of the extremities, and it is suggested that renal vessels were also implicated, as, in the course of observations extending over many months, it was found that, when vascular spasms came on, the excretion of urea regularly decreased, and continued low so long as the spasms lasted. The urine contained a large amount of albumen, with, on several occasions, hæmoglobin. The treatment of the vasomotor spasm by nitrites and galvanism gave no beneficent result; and death took place ultimately from uræmic coma. The case was a typical example of Raynaud's disease, and its great interest centres in the intimate concurrence of uræmic attacks with the paroxysms of vascular spasms. It offers no explanation of the causation of such spasms; but the latter would appear to be of functional origin, as it is difficult to associate the rapid onset, fluctuating course, and, in many instances, short duration of the several attacks, with any organic lesion.

(*a*) In my work entitled "The Spirit of Cookery." Chap. xxix., p. 361.

(*b*) Abstract of a paper read in the Section of Medicine at the Congress of British Medical Association, Carlisle, July 30th, 1896.

THE DIAGNOSIS AND TREATMENT OF CARDIAC FAILURE. (*a*)

By PROFESSOR SIR T. GRAINGER STEWART.

PROFESSOR GRAINGER STEWART said that under the term "cardiac failure" he included all conditions in which the muscular fibre of the heart becomes unfit adequately to carry on the circulation, whether due to disease proper to the muscle itself or to the valves or blood vessels. After briefly referring to the consequences which follow upon this condition he passed to the question of the various means which we can employ for its remedy. (I.) Among all the agents at our disposal the most important is rest, which by relieving the heart of extra work enables it to recover tone. While rest is good in all severe cases of cardiac failure it brings out the most striking improvement in those who engage in labouring work, because, by the time that a man who leads a comparatively easy life begins to exhibit the general symptoms of cardiac failure, his cardiac muscle is, as a rule, so much deteriorated as to be less capable of a rally than that of the labouring man exhibiting corresponding symptoms. (II.) Second in importance is the element of hope. When a patient knows himself to be suffering from formidable cardiac disease and daily feels the discomfort and miseries attendant upon his cardiac failure he is apt to be gloomy and disheartened, and this damages the organ in a way that we cannot at present fully explain. If such a patient becomes persuaded that he can recover he becomes more hopeful about himself and his heart benefits correspondingly. (III.) Next to rest ranks diet. Among hospital patients an increased allowance of nourishment, and especially of nitrogenous material, is often attended by striking benefit, while in private practice the amount of rich food may have to be curtailed and the use of directly unsuitable articles has to be forbidden. Many cardiac patients err in taking too much liquid with or soon after meals—a habit which not only interferes with digestion and tends to the development of obesity, but also renders the circulation more difficult by keeping at a high level the volume of blood and impairs the nutrition of the heart by increasing its load of fat. A "dry diet" is often of

(*a*) Abstract of the President's Address delivered before the Section of Medicine at the British Medical Association Meeting in Carlisle, July, 1896.

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great service in heart cases. In regard to the use of alcohol as an article of diet, while any excess is to be strongly deprecated in all cases of threatening cardiac debility, and its use in any form which is unsuitable to the stomach to be forbidden, its employment in moderate doses is often of great service, more especially in such forms of cardiac debility as of late years were seen following influenza or in the advancing cardiac weakness so common in later life. The best form of alcohol is, in most cases, whisky, the amount of which for habitual use should never exceed four ounces in twenty-four hours. Tea, coffee, cocoa, and other non-alcoholic stimulants, as well as tobacco, must be discontinued if they are found to disturb the action of the heart. (IV). Exercises have to be considered in three different forms: (1) passive exercises, including massage; (2) movements with regulated resistance after the method of the brothers Schott; and (3) more active movements, as in hill climbing, after the method of Professor Oërtel. Sir Grainger Stewart said that his own observations applied mainly to the first and second of these methods, and that the effects of this form of treatment could be judged of (*a*) by careful percussion of the heart before and after the exercises, noting the immediate result as it came out after each *séance* and the ultimate effect produced after a course of exercises; (*b*) by the character of the cardiac sounds; (*c*) by the rate and character of the pulse; and (*d*) by the sensations experienced by the patient. The alterations which the area of dulness showed under treatment were often quite unmistakable, and could not, in his opinion, be explained in any other way except by changes in the state of the heart itself. He had fully satisfied himself by observation on the dead body that he could rely upon percussion for determining the size and outline of the heart, but he also wished to point out that the success in photographing by means of the Röntgen rays the thoracic and abdominal viscera achieved by Dr. McIntyre of Glasgow would enable changes in the heart to be demonstrated in a way that was absolutely conclusive. He exhibited specimens of Dr. McIntyre's work. The various forms of exercise were then taken in detail.

1. *Passive Exercises.*—After describing these in detail Sir Grainger Stewart said that he had been able to satisfy himself from his experiments (1) that in the great majority of cases of cardiac dilatation the area of cardiac dulness diminishes perceptibly during each administration of massage; (2) that the character of the cardiac sounds and the rhythm and strength of the pulse correspondingly improve; (3) that the patients usually experience a sensation of comfort and feel the better for the treatment; (4) that on one or two occasions he had seen the manipulations produce the opposite effects in all these particulars, apparently because the heart was feeble and the patient fatigued at the time of application; (5) that although the immediate favourable effects pass off in a few hours they frequently do not pass off completely, for the line of cardiac dulness was often found within that at the previous *séance;* (6) that repeated applications of massage bring about a permanent diminution of the area of dulness with improvement of pulse and of the patient's sensations; and (7) that he had seen a case in which the Schott movements produced a deleterious effect, rendering the heart more irregular and intermittent, which was treated on the following day by this method of passive movements with the most striking benefit.

2. *Movements with regulated resistance after the method of Schott.*—These are a modification or development of the Swedish system of gymnastic exercises which has been carefully worked out by the brothers Schott of Nauheim, and consists of a series of exercises so regulated as to secure that there should not be any excitement of the heart or respiration. His experience of this method of treatment had satisfied him (1) that in a large proportion of cases it effects immediate improvement of the heart, as shown by percussion and auscultation; (2) that in many cases the rhythm of the pulse improves and the beat becomes more vigorous; (3) that while the immediate effect is in a sense temporary the heart rarely goes back to its previous condition of dilatation, but remains somewhat smaller than it had been before the exercises; and (4) that gradually improvement of a lasting kind sets in, so that the heart recovers its tone and the area of dulness diminishes.

3. *The method of Oërtel by climbing heights.*—Sir Grainger Stewart had not been able to make of this as careful experimental a trial as he had done of the passive and resisted exercises, but he had seen enough to satisfy him that in a certain proportion of cases and at certain stages of the treatment the method is attended by excellent results.

(V.) *Baths.*—A very important part of the treatment at Nauheim consists of baths. After describing the chemical and physical properties of the Nauheim water and the rule adopted there in the treatment of cardiac cases, and after showing how the Nauheim baths may be successfully imitated in this country, Sir Grainger Stewart went on to say that as a result of his observations at Nauheim and the experiments which he had conducted in Edinburgh (the latter proving that it was the combination of salines with carbonic acid which best brings out the effects) he was able to say that this method produced changes as definite in the area of cardiac dulness with slowing and strengthening of the pulse as those he had described as resulting from the exercises. He showed tracings of the effect of the baths in some of his Infirmary patients suffering from various cardiac lesions.

(VI.) Reference was next made to the use of *medicinal remedies* in the treatment of cardiac failure, speaking first of cardiac tonics. In his experience digitalis had proved the most valuable of the heart tonics for increasing the elasticity and contractile power of the heart muscle, steadying and strengthening the pulse and relieving the dyspnœa and other pulmonary symptoms. He did not consider that the theoretical objection to its use on account of its power to contract the arterioles had been borne out by clinical evidence, although to combat that tendency, especially when the heart failure was associated with cirrhotic Bright's disease or with sclerosis of minute vessels, he had often given the nitrites along with digitalis with apparently good effect, although he admitted that experiments on animals had failed to confirm the value of such a plan of treatment. Next to digitalis he placed strophanthus as a cardiac tonic, for the knowledge of which medical science was almost entirely indebted to his colleague, Professor Fraser. The contention of Professor Fraser, that, while exerting such a powerful influence upon the contraction of the heart muscle, strophanthus had little influence upon the muscular fibres of the arterioles, had been questioned by other observers, who claimed to have proved that it contracts the arterioles of mammals, though not of frogs. Even admitting that this is probably correct, yet its influence in contracting the arterioles is much less marked than that of digitalis, and so far it has the advantage, and it would theoretically appear that strophanthus ought to give the better result; but in his experience of it clinically, it had not been equal to digitalis. Unquestionably strophanthus is of greater service in an emergency and helps the heart more rapidly than digitalis can, and this is a point of immense importance, which must be kept in view in cases of urgently threatening cardiac failure. In some cases strophanthus may be borne when digitalis produces stomach disturbance, or the reverse may be the case. Brief reference was made to the use of caffeine and diuretin and the importance of nux vomica and strychnia as cardiac and general nervine tonics when other remedies are not well borne. (VII.) Leaving the group of cardiac tonics, he then proceeded to the consideration of the remedies which relieve the heart by dilating the arterioles. For rapid action the foremost place is taken by nitrite of amyl. For producing prolonged effect sodium nitrite and nitro-glycerine were of first importance. As regards potassium iodide it may be held as proven that in ordinary doses it neither depresses the heart nor dilates the vessels: but in some cases, particularly where there is chronic inflammatory change still going on, it appears to aid the action of cardiac tonics.

(VIII.) He next referred to the means of dealing with the secondary results of cardiac failure, especially dropsy. He placed especial importance upon the tapping of the pleura. The amount of hydro-thorax is often unsuspected and out of all proportion to the dropsy elsewhere. Its presence greatly exaggerates dyspnœa and adds to the embarrassment of the heart, and he has often found that the removal of a small quantity, say twelve or fourteen ounces, from a pleura gives relief to breathing far beyond what one would naturally expect. Not only is direct relief

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thus given to heart and lungs, but it also favours the efforts of nature to get rid of dropsy elsewhere, according to the law that when a certain amount of relief is afforded mechanically the emunctories have a better chance of dealing with the remainder. In dealing with the question of cardiac failure he did not consider it needful to dwell upon the treatment of individual lesions of the heart, for in such a condition the treatment should be essentially the same whatever the lesion may be. He had never seen reason to condemn the use of digitalis in aortic cases, as some have done, and the only conditions in which he is inclined to urge great caution in the use of cardiac tonics is where one has reason to believe that the inflammatory process in the valves is still advancing, or degenerative changes in the fibres of the heart, whether the latter be dependant upon disease of the coronary arteries or not. In the advancing inflammatory condition he prefers to avoid tonics and exercise entirely, to insist on absolute rest, and to prescribe arsenic and iodide of potassium, often with carbonate of ammonia, while in the degenerative changes in the heart he would employ tonics and exercises with the most scrupulous watchfulness. The various nervous symptoms—sleeplessness, pain, &c.—might often be relieved by beef-tea and alcohol at bedtime and during the night. Hoffman's anodyne is useful, but best of all is opium or morphia, which failing, sulphonal, paraldehyde and the nitrites may be employed.

In conclusion, he said that, reviewing the whole subject, it is clear that heart failure may be most successfully treated by a judicious combination of various methods and not by the exclusive use of any one. In answer to the question as to whether patients should be recommended to resort to Nauheim he should in many cases advise them to do so because there they can have a favourable climate, valuable natural thermal baths, change of air and scene, and the advantage of the great experience and skill of Dr. Schott and his colleagues. But, as that gentleman himself has pointed out, essentially the same conditions may be obtained in our own country, and many a cardiac case might be sent with great advantage to Buxton, Harrogate, Bridge of Allan, or other places which involve a less fatiguing journey and afford advantages very similar to those of Nauheim. The chances of doing good are vastly increased if a patient can be lifted out of his ordinary surroundings and occupations and he is left little to do beyond taking his baths and exercises and the other treatment required for his cardiac ailments. But now that the profession in England had become thoroughly acquainted with the methods, and looking to the good effects which had been obtained by the use of artificial baths, it was not necessary to go abroad.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Aug. 15th, 1896.

PLEURISY.

ACCORDING to Prof. Pitres, of Bordeaux, the use of the plumb-line is of great value in diagnosing the existence of effusion into the pleura. It seems that in healthy and well-formed persons the sternum occupies exactly the centre of the body as regards its antero-posterior section. If, on a man standing erect, the arms hanging freely by the side, a plumb line is let fall from the middle of the fourchette of the sternum, the vertical line traced by the string will pass exactly over the point of the zyphoid cartilage, down the linea alba, to the centre of the symphysis pubis. If the individual is placed in the recumbent position, and that a string is stretched between the centre of the symphysis pubis and that of the fourchette of the sternum, the string will also pass over the point of the zyphoid cartilage.

On the other hand, if the experiment is tried on a patient suffering from pleuritic effusion of some importance, the plumb-line will deviate from one-half to one inch to the right of the zyphoid cartilage. This deviation is the result of the deformation of the chest, the thorax becomes asymmetric.

RHEUMATISM.

Dr. Ringot, of Lille, took recently as subject for his thèse the treatment of rheumatism by essence of wintergreen (salicylate of methyle). The author considers this oily liquid as equal to salicylic acid for the above affection; under its influence the pains in the joints disappear with considerable rapidity. After the first application, the suffering ceases for six or eight hours, while after the second or fourth day, the remission is considerably longer, and at the end of a week the fever falls and the swelling disappears.

After the pain and swelling have disappeared the employment of the salicylate of methyle must be continued ten or fifteen days longer to prevent a relapse.

Its mode of application is simple and consists in painting on the skin about a drachm of the liquid each time, and over the painful joints, and the rolling of the limb in cotton wool.

The treatment is particularly useful in those persons who cannot take salicylate of soda without being intolerably sick.

SWEATING OF PHTHISIS.

Dr. Joguet strongly recommends tellurate of soda for the sweating of phthisical patients, and administers it to his patients as follows:—

Tellurate of soda, ii to iv grs.;
Proof spirit, ʒij.

A teaspoonful morning and evening in a wine-glass of sweetened water during three successive days.

The only drawback to its employment is the garlic taste it gives to the breath, which, however, disappears on the cessation of the drug.

GASTRO-ENTERITIS IN CHILDREN.

(One Year.)
Lactic acid, ʒss;
Water, ʒiij.

A teaspoonful after each little repast.

Morning and evening a warm bath and an enema of a decoction of linseed.

(Two to Five Years.)
Lactic acid, ʒj;
Laudanum, 1 minim;
Rum, ʒi;
Syrup of lemons, ʒij;
Water, ʒxj.

As a drink during the day.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, August 14th.

AT the meeting of the Free Society of Surgeons Hr. König read a paper on

GONORRHŒAL ARTHRITIC DISEASE.

He said that in the third or fourth edition of his textbook he had pointed out that in all acute joint affections the cause of which was not otherwise obvious the urethra should be seen to; in at least 90 per cent. gonorrhœa would be discovered. This was correct for Göttingen, for Berlin he must confess that these figures were too low.

The most frequent arthritic affections were the gonorrhœal, there was no joint that might not be affected, and

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during the three or four years he had practised in Berlin he had seen every one of the joints attacked.

The knowledge of the connection between the diseases was not very old; Bonnet and Hüter mention gonorrhœal inflammations of the joints only very briefly, and the speaker himself was the first who drew attention to the great dangers of this disease. The French had described the disease thoroughly and known that it was not always innocent and was sometimes serous.

Gonococci were only rarely found in the exudation. He himself had never found them, but in their stead a number of other kinds of bacteria, streptococci, staphylococci, and once pneumococci. Possibly the gonococcus only found its way with difficulty into the exudation like the tubercle bacillus. It would be sufficient, first of all, to limit the attention to the anatomico-pathological, and clinical study, and to leave a bacteriological explanation to later researches.

Four groups of the disease had been established, but he could not give his adhesion to this arrangement fully. The mildest form was hydrops of the joint; the sac was simply filled, not swollen itself. In the second group the fluid became gradually turbid, fibrinous shreds became separated from the fluid, and the capsule itself swelled. In the third group, the swelling of the capsule came more into prominence, there was para-articular phlegmon, particularly of the ligaments and tendons, the exudation was limited. In the fourth group, the exudation remained altogether in the background as regarded the swelling and the great pain, the joint contained but little, and that mostly fibrine. Ollier first described this form as pseudo-membranous, and—unhappily correctly so—as ankylosing. Volkmann had described such a case without mentioning gonorrhœa, but from the description the speaker had no difficulty in recognising the disease.

The pathological condition had mainly to be studied from punctures, incisions, and the few resections. The hydrops was a slight affection, and could easily be overcome by aspiration and subsequent injection of a carbolic solution. It was different, however, with the other forms. The rigidity of the joint caused by the para-articular inflammation, was striking. In ten to twelve days a deformity took place, a recurved genu valgum and other deformities. Very soon adhesions took place which, in the cases in which there was effusion, did so in a locular manner, so that the whole joint was divided into a number of loculi, he had convinced himself of this by making incisions. Another, and, indeed, the greatest danger lay in the bony union of the ends of the joints. It was surprising how, in the course of three or four weeks, the patella became completely immobile through bony union. The more severe the case at the commencement the more quickly bony ankylosis took place. Such a rapid bony union was seen almost only in the pyæmia of puerpery, in this disease there were two forms of joint disease, the purulent metastatic and the rapidly ankylosing, with scanty exudation, this was observed most frequently at the hip-joint. The knee-joint was particularly subject to ankylosis in a bad position. At the wrist-joint the tendons were specially endangered. In the foot the relations were most favourable, as the tendons were in immediate relation to the joint, only on the anterior part. The hand could easily ankylose in a bad position. The treatment of the cases with para-articular phlegmon depended on the quantity of the effusion. In the wrist and ankle injections by puncture were preferable to the trocar, with which it would be difficult to penetrate the small interspaces. The French still used blisters in the case of phlegmons, and possibly properly so. He was accustomed to tincture of iodine, but it must be used so as to produce exudation in the skin and, if possible, blisters. Moreover, rest was of great importance, and this alone sometimes sufficient. In the rapidly-ankylosing form extension was advisable. this would sometimes prevent ankylosis.

If ankylosis had already taken place, he would recommend a radiograph of the parts, on the one hand, that useless attempts might not be made, and, on the other, that the right point of attack might be discovered. The solution of some ankyloses in process of formation might sometimes be achieved by vigorous massage, a firmly ankylosed joint might sometimes be made movable by attempts at fracture, but great strength of character on the part of the patient was necessary for this, for the pain occasioned by attempts to break down an ankylosis was about the worst there could be.

Hr. Nasse confirmed the enormous frequency of gonorrhœal arthritis. In the University poliklinik no less than forty-five such cases were treated last year. In addition to these were a number of women, in whom the affection was probably due to gonorrhœa. He had made bacteriological investigations in 27 cases, and had found the gonococcus in 14, in 3 cases there was a mixed infection.

In many cases of simple hydrops the brown colouration of the effusion was remarkable, it often had the appearance of an old effusion of blood. In these cases the prognosis was generally favourable, it became worse, however, by frequent relapses.

V. Noorden said that often an individual tendon of the hand or foot became affected. He would not open the joint except in individual cases. The principal part in the whole treatment was rest. Women were affected as frequently as men, with them, however, the hand was the principal joint implicated, in men it was the knee.

Hr. Körte quite agreed with Hr. König. He had often punctured hydrops when it did not go away. A remarkable feature was the great pain as compared with the inconsiderable physical change, this, however, improved rapidly when a plaster of Paris dressing was put on.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Aug. 14th, 1896.

Symptomatology of Tabes.

The origin of this disease has been variously described under the head of malnutrition. Recent investigation and observation tend to go further and establish a nerve centre disturbance as the primary cause that usually develops itself in the form of "osteopathia" and "arthropathia" To illustrate this view of tabes Pribram produced two cases as examples.

The first was a widow, æt. 44, who had suffered for the last three years from a morbid condition of the left knee and ankle. There was swelling of the joint with a thickened condition of the capsule, great protuberances over the epiphyses with a wedging of the tarsus beneath the long bones without any pain being experienced. The Westphal, Argyle Robertson, and sensibility aberrations were present in both legs, although no ataxia could be

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observed. It may be added that she had aborted six times.

The second case was a machine-worker, who first came with a spontaneous fracture of the left thigh, with a diffuse accumulation of callus. The Westphal and Argyle Robertson symptoms were present in this, but not the Romberg sign or ataxia. The morbid conditions were present several years before the accident. Pribram considers the arthro- and osteo- pathia were the result of the tabes, where an "osteoporous" condition was first established by a primary degeneration of the trophic centre that controlled the sensibility of the muscles, bones, and periosteum.

SYRINGO-MYELITIS.

A patient, æt. 58, was shown from Jaksch clinic, with a history, extending back nine years, of a paralysis that commenced presumably after a cold, with pain and swelling about the left elbow-joint, which appears to have left him at that time, as nothing is recorded till the following year, when he came to the hospital with the fingers of the left hand bent and rigidly fixed, while the sensation was greatly reduced. At the elbow-joint there was *arthritis deformans* with great thickening at the ends of the bones. In addition to this there was paralysis of the pectoralis major as well as the muscles of arm and hand, forming the characteristic claws or *main en griffe*, with a loss of temperature-feeling.

CANCER SERUM.

Emmerich and Scholl reported their experience with cancer serum which they had applied in several cases in Jaksch's wards.

The first was sarcoma of the pelvic fascia with lymphatic metastasis. After eight applications the tumour receded about a third of its volume. The reactions produced were swelling and reddening at the site of injection, accompanied by albuminuria, hæmaturia, rigors, and fever. In three other cases reported there was no diminution or other favourable improvement in the disease.

CEREBRAL CONTUSION.

This is somewhat a singular definition of a cerebral disease, but Frey and Pick are convinced of the correctness of the lesion in a case that the former showed to the society. The boy exhibited was 15 years of age, and had fallen from a height on the left side of the head, after which he was immediately conveyed to Wölfler's wards. He was never unconscious at any time, but aphasia with pain in the head gradually supervened although vomiting never appeared. On the third day spasmodic cramps along the entire right side of the body commenced but gradually disappeared.

On the seventh day motor aphasia was established with difficulty in writing, and general disturbance of the muscular movements of the right side, while the sensory function was unaffected. At this time paralysis of the right facial and hypoglossal nerves were observed, with pain and jerking of the right hand. Over the suture corona there was a tender area, about the size of a shilling, which was slightly depressed.

Three days later, the whole condition of the patient rapidly improved, and he began to speak as fluently, and write as correctly, as ever he did, while all spasmodic jerking and pain left him.

Frey could put no other construction on these remarkable circumstances than that a contused condition of the brain was the result of the injury which gradually brought about the paralysis by an effusion of blood from the median artery of the meninges that subsequently became absorbed as other hæmatoma. The rapidity of the recovery in this case lends weight to the expression that many of the cranial operations performed are quite unnecessary, as they would recover more satisfactorily if let alone.

In the discussion that followed, Chiari and Pick expressed themselves satisfied that all the complex symptoms described were due to the effusion of blood, whatever term Frey adopted to include the whole phenomena.

HYDROCEPHALUS.

Randwitz brought forward a boy, æt. 5, who suddenly became affected with right-sided hemiplegia, aphasia, and a slight lowering of the facial branches, although the trunk of the nerve was normal, pepton was present in the urine; in both sides there was otitis media. Knee phenomenon in right at first absent, but later exaggerated. After a time, convulsive fits commenced, with contraction of right leg, exaggeration of knee, and tendon achillee reflex on both sides, and increased measurements of head. Vibratory motion on percussion on the left side was also present. The coronary suture on left side was one centimetre apart, while that of the right was scarcely discernible.

The spinal meninges was tapped twice in the lumbar region, and 15 ccm. (3j) removed the first time, but only 1 ccm. on the second occasion. The child is now much better, and promising to improve. The differential diagnosis of primary or secondary hydrocephalus could not be made.

Special Articles.

HOSPITAL EXTENSION.

By J. O. SYMES, M.D., D.P.H. Lond.

AT a time when so many of our large medical charities are appealing to the public for funds in aid of their various schemes of extension, it is well to consider how far such schemes are desirable and worthy of support.

It is impossible here to enter fully into a discussion as to the relative merits of large, and small hospitals. Indeed, the conditions under which they work are so different that comparisons based either on the time of stay under treatment, or on statistics of the results of operations, are of little or no value. It will, however, be generally admitted that on the whole a small hospital is more desirable than a very large one. Yet, the tendency in London has been to multiply the number of beds in existing institutions, and to-day the London Hospital has 790 beds; St. Bartholomew's, 676; Guy's, 600; St. Thomas's, 573. ("Hospitals and Asylums of the World," Burdett, Vol. iv.).

A large number of hospitals, such as St. Mary's, St. George's, and Westminster, contain from 200 to 500 beds. It is quite true that, in spite of this noble provision, London remains far behind some Continental cities as regards the care of the sick poor, the number of beds provided being less than 2 per 1,000, but it does not follow on that account that it is necessary to add to the huge structures already existing. This, however, is the method generally adopted, and to day extensive building operations are contemplated, or are in various stages of completion, at the London (Andrew Clark Memorial), St. Mary's (Clarence Memorial), Middlesex, Royal Free, and University College Hospitals. To any one acquainted with the surroundings, sites, and the nature of the existing premises of some of these institutions it does indeed

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seem marvellous that any such schemes should receive the support, not only of the public, but of distinguished members of the medical profession.

A hospital presumably exists for the relief of the sick poor, and its boast should be, not of the size, or imposing nature of its buildings, but of their suitability for, and success in accomplishing, the work of cure. Yet, with one or two exceptions our metropolitan hospitals are totally unsuited for the reception and treatment of large numbers of sick persons, and year by year they are rendered more and more unfit by the addition of further extensions and so-called improvements. The public recognising how unsuitable for habitation is the centre of London, are gradually migrating to the suburbs, but the hospitals must of necessity remain where they are and consequently the sick are frequently treated in an atmosphere inferior to that found in their own homes.

It is curious to notice how little modern ideas have influenced the construction of such buildings. Whilst local authorities are making every effort to limit the height of houses, to widen the road space in front of them, to prevent the building of back-to-back houses, and to abolish huge blocks of model dwellings and barrack schools, our hospitals continue to crowd more and more beds on a given site, to add ward to ward, and wing to wing, running up six or seven story buildings with a view to catching the public eye. It needs no great amount of penetration to see that such a course must, in the long run, prove disastrous both to the hospital and patients. Our hospital wards should be healthier than our dwelling-houses, the air purer, the light better, and the surroundings brighter. Nothing short of this is satisfactory and to reach this standard a hospital and any extensions of it must fulfil the following elementary conditions. (1.) The site must be suitable. (2.) The wards must be separate pavilions of not more than two stories. (3.) There must not be an excessive number of beds on the site. (4.) There must be sufficient air-space. (5.) The wards must be efficiently isolated from out-patient department, laundry, and all administrative buildings. There are many other points, such as the use of suitable materials, the provision of ample cubic space per bed, and the arrangement of wards, &c., &c, which cannot be touched on here. How far do our Metropolitan hospitals fulfil these conditions? As regards site, of course no one seeking an ideal site would select such places as the Borough, or Smithfield, or Whitechapel. Such spots have been chosen partly with a view to the convenience of the population which the charity purposes to serve, and in part their surroundings have been entirely altered by the growth of the neighbourhood. Occasionally the site of a hospital is changed, as in the case of the Great Northern and Moorfields Ophthalmic, but speaking generally, the medical schools and the institutions to which they are attached are likely to remain in their present positions. That is to say, we are to continue to treat our sick in premises placed in crowded areas, in markedly impure atmosphere, and in wards where good light, and efficient aeration can only be obtained with the greatest difficulty. If the risk of dealing with large numbers of patients under such circumstances were once realised, then hospital authorities instead of seeking to extend the existing unsuitable buildings would plan their demolition in order that they might be reconstructed.

The ideal ward is an isolated pavilion surrounded on all sides by air, and having around it a clear space equal to about twice the height of the building. In London, where land is so expensive, such an arrangement is impossible, but in the buildings of St. Thomas's, and the Great Northern Hospitals, we have examples of what can be done in this direction. In the case of the Great Northern, the site, too, was a limited one, yet a thoroughly efficient building has been raised. Yet, in spite of these object lessons, there are at the present time in course of construction at one or more London hospitals, huge block extensions of five, six, or seven stories, buildings, not only objectionable themselves, but calculated to interfere with the light and air space of the existing wards. These cumbrous structures are extremely difficult to ventilate, unless, indeed, the transference of the air of one ward to the ward next above be styled ventilation. The wards cannot expose more than two, or at most three sides to the air, and a sufficient zone of aeration cannot be secured; indeed, buildings of 80 or 100 feet may be seen separated from one another by a mere well. Apart from sanitary considerations the fate of the inmates of these lofty blocks in case of fire is terrible to contemplate.

When we come to consider the question of the "area of site per bed" the condition of things revealed is worse. The term used does not refer to the cubic space allotted to each bed. It is quite possible to construct wards with ample cubic space for each bed, and yet to have the site grossly overcrowded, this being accomplished by putting the wards too close together, or piling one on the other. The area of site per bed is obtained by dividing the area on which the building stands by the number of beds.

Galton estimates that for a hospital of 100-200 beds 540 sq. ft. of site should be the minimum allowance per bed, for a hospital of 300-400 beds 810 sq. ft. per bed, the area of site per bed increasing with the number of beds. Comparing Metropolitan hospitals with this standard we find:—

St. Thomas's	with	573	beds allows	665	sq. ft. per bed.
London	,,	790	,,	275	,,
St. George's	,,	351	,,	166	,,
Westminster	,,	200	,,	125	,,
Charing Cross (approximately)	,,	175	,,	86	,,

("Hosp. and Asyl. of Lond.," Burdett, vol. iv.).

That is to say, measured by Galton's standard they contain three to six times their proper number of patients.

The Local Government Board recommended that for infectious hospitals the maximum number of beds per acre should be 20, and for general hospitals the number has been variously estimated as from 50 (Galton) to 80 (Committee Surgical Soc. of Paris) per acre. The hospital that most nearly approaches this standard is *St. Thomas's* with 65 per acre, then follow *St. George's* 260 per acre, *Westminster* 350 per acre, and *Charing Cross* 500 per acre. If the resident medical officers and administrative staff were included these figures would be nearly doubled. Galton (Hospital Construction) estimated that St. George's Hospital has a density of population equal to 480 per acre, that is, higher than that of the thickest populated slum of London. So little are these facts known or regarded that everywhere we see further extensions in course of erection, each newly-acquired plot of land being burdened with more beds, instead of being utilised as a means of lightening the already overcrowded site. If it is too much to expect them to be converted into open spaces, at least they might be utilised as a means of isolating the out-patient

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department and other offices from the main buildings. This, however, is seldom done, and in the majority of our hospitals the out-patient department is under the main roof, and the air contaminated by thousands of unwholesome persons circulates freely through the building. In fact, it is regarded as a matter of small importance what is placed in the basement, and in various parts of London there may be seen under the same roof as the wards, kitchens, laundries, residential colleges, nurses' homes, shops, and pathological laboratories. Under such conditions the hygienic state of the wards cannot fail to be unsatisfactory, and the well-being of the patients must be seriously endangered.

If our hospitals be then so ill-adapted to their purpose, how is it that the result of their work is generally regarded so highly?

The Report of Messrs. Holmes and Brietowe to the Privy Council on the condition of the London hospitals in 1863 revealed a state of things that can hardly be realised in the present day. Infectious diseases of all sorts were admitted to the general wards, and septic diseases played havoc amongst the surgical cases. One small West End hospital, in 1861, admitted - 3 typhus, 28 typhoid, 15 scarlet, 6 measles, 8 erysipelas, 5 diphtheria, and 66 acute rheumatism.

Comparing the hospitals of to-day with those of thirty years ago we have indeed much reason for congratulation. Many factors have combined to bring about this change. The works of the late Dr. Farr drew attention to the relationship between density of population and the death rate, Florence Nightingale pointed out the evils of overcrowding in hospitals, and Erichsen, Burdett, and many others have followed in her footsteps. The experience of military hospitals, of lying-in institutions, and of fever hospitals, was of such a nature that they would have long ago ceased to exist on the large scale, had it not been for the intervention of a totally new factor, viz., the general adoption of antiseptics. With the acceptance of the theory of the bacterial origin of diseases, and their treatment by Listerian methods, a great change came over hospital life; cleanliness of the wards, of the attendants, of the surgeon, and of the patient, now became essential, and the improvement in general health of the sufferers, and the saving of life, was greater than we can well realise. Many, perhaps most, of those in authority in our hospitals can compare these two periods, and looking back on their early experiences never cease to marvel at the improved results of to-day. They regard septic germs as the natural inhabitants of hospital wards, and their triumph is to keep them at bay by a lavish use of chemical fluids. The Listerian system has done more than anything else to check the progress of hospital reform. Great as has been the saving of life consequent upon its adoption, we may look for a still more marked improvement when by housing our patients in suitable buildings and amongst suitable surroundings we shall have banished the causes of those troubles so common in hospitals. A glance through the yearly reports of our hospitals will suffice to show that in spite of the most rigid system of antisepsis, many lives are still sacrificed to septicæmia or pyæmia, and it is a matter o common knowledge that within the last few years several hospitals have had already a history of septic outbreaks, deaths, commissions of inquiry, and subsequent sanitary and constructive alterations. Everyday the condition of our hospitals is becoming worse by the natural growth of London, and year by year they are being made worse by the addition of more wards or obstructive buildings.

To hospital officials, the building up of colossal institutions, the handling of huge sums of money, and the publication of reports showing the ridiculously large number of patients dealt with, will always have a fascination only too strong. It is surely time that some more intelligent method were introduced into their management. Without exception the hospitals attached to our medical schools are large enough to provide the necessary clinical material for teaching purposes, and more especially so to-day, when all the special hospitals, the lunatic asylums, and the hospitals of the Metropolitan Asylums Board are open to the student. It is certain, too, that the wards of the Poor-law infirmaries must in like manner soon be available. The only one safe and proper course for our larger and older hospitals is, when funds are available, to demolish their present buildings, and to substitute others built on modern hygienic principles, having, in all cases, due regard to the evils of overcrowding. The demands for further beds should be met by the raising of suburban hospitals, such as the Great Northern, or, as in America, by attaching to each school suburban outposts, for the treatment of casualties and emergencies, and for the forwarding of suitable cases to the central institutions. It is true that the expense of administering such hospitals is great, but, on the other hand, they do much to arouse local interest, and in this way would help to augment that stream of charity which, according to our medical papers, is so rapidly drying up.

The Operating Theatres.

LONDON HOSPITAL.

APPENDICITIS FOLLOWED BY IMPACTION OF CALCULUS IN CYSTIC DUCT—REMOVAL OF APPENDIX—CHOLECYSTOTOMY.—Mr. H. P. DEAN operated on a woman, æt. 37, who was admitted with the following history. Six days previously she had been seized with pain in the right iliac region and constipation, there was some tenderness on pressure in that region. The bowels were opened by enemata on the third day, and on the fourth day the patient was much better, and thought of getting up; during these four days, she vomited on several occasions. On the fifth day of her illness, about twenty-four hours before admission to the hospital, she was seized with sudden pain in the abdomen, chiefly on the right side, felt very sick and was much collapsed. On the morning of the sixth day, her doctor found her very collapsed and cold, and although he considered it a case for laparotomy, he was afraid that she was too weak to stand the shock of an operation. By the administration of stimulants, and a hypodermic injection of morphia, her condition improved somewhat, so that when Mr. Dean saw her, he found the collapse much less than it had been earlier in the day. It was considered that her trouble was caused by an inflamed appendix, and that the sudden collapse and pain was due to its perforation. It was decided to operate, and for that purpose the patient was admitted. The woman was anæsthetised with ether and on examination a distinct swelling could be felt on the right side of the abdomen on a level with the umbilicus and some thickening in the right iliac fossa. The usual incision was made over the cæcum and the vermiform appendix was found much thicker than normal and adherent through-

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out its whole length to the cæcum. The cæcum, ascending colon, and adjacent coils, of small intestine were intensely inflamed. The appendix was freed from its adhesion to the cæcum and removed; it was unusually long (6½ inches) and on slitting it up three fæcal concretions were found. The mucous lining was intensely inflamed with hæmorrhagic patches; there was no perforation. On exploring the abdomen the gall-bladder was found markedly distended, about the size of a small soda water bottle; a trochar was thrust into it and a pale almost colourless fluid withdrawn. A drop was put under the microscope and found to contain a few pus cells, The gall bladder was then incised, and two large gall-stones removed, in the cystic duct a third stone could be felt which resisted repeated efforts to dislodge it. The gall-bladder was carefully sponged out and stitched to the margins of the incision in the abdominal wall which had been extended upwards so as more easily to expose the gall-bladder. The remainder of the incision was sutured with silkworm gut. Mr. Dean remarked that the commencement of the case was almost certainly due to inflammation in the vermiform appendix. The difficult feature was to explain the sudden collapse on the fifth day, and he thought this was most probably caused by perforation of the appendix. The condition found at the operation seemed to show that the following was the course of events; the vomiting caused by the appendicitis thoroughly emptied the gall-bladder of bile, and then led to a calculus becoming impacted in the cystic duct; the secretion from the wall of the gall-bladder gradually collected, and the acute pain and collapse were probably due to the gall-bladder becoming over-distended. Mr. Dean pointed out that when a calculus cannot be dislodged from the cystic duct the proper course is to establish a fistula into the gall-bladder; in the majority of cases the calculus becomes loose after a time and finds its way back into the gall-bladder.

It is satisfactory to say that the patient progressed remarkably well, and is now (fourteen days after the operation) quite out of danger and approaching convalescence, but the stone has not appeared.

KING'S COLLEGE HOSPITAL.

Cyst of the Thyroid Body.—Mr. A. Carless operated on a young woman, æt. 23, a domestic servant, who had for some months noticed a swelling in the neck; it caused her little inconvenience, except that at night she had to lie with her head high; she was not anæmic, did not come of a goitrous family, and her general surroundings had been satisfactory. The swelling had the usual characters of a goitre, but was limited to the left side of the isthmus and neighbouring portion of the left lobe; it was either a cyst or an adenomatous tumour. An incision was made along the anterior border of the sterno-mastoid, the platysma and deep fascia divided, the homo-hyoid drawn outwards, and the sterno-hyoid and sterno-thyroid inwards, thereby exposing the surface of the tumour. By a little manipulation the swelling was easily isolated and displaced forwards through the wound, its deep attachments were then divided and ligatured and the cyst removed entire, together with a small portion of the surrounding tissue: there was comparatively little bleeding, and the wound was closed layer by layer without any drainage tube. Mr. Carless pointed out that the term goitre was often somewhat loosely applied to different conditions of the thyroid body; three distinct varieties should be distinguished: the simple or parenchymatous goitre, the solid or partially cystic adenoma, and the true cystic goitre; not infrequently the two latter are associated together. It is important, he said, to recognise this distinction because the operation needed must also vary. In a simple or parenchymatous goitre, which consists of a diffuse enlargement of the whole gland, Kocher's operation of extirpation of one lobe should be undertaken, where, however, a localised solid or cystic tumour is present Socin's plan of enucleation is all that is required; in this the capsule should be incised and the tumour shelled out, a proceeding which is usually unaccompanied by any serious bleeding.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 19, 1896.

THE ELECTION OF DIRECT REPRESENTATIVES.

As the time approaches for the election of Direct Representatives on the General Medical Council, which will take place in November next, the interest in the contest increases. But, so far, we have refrained from saying much upon the subject, partly because it seemed premature to do so in view of the uncertainty as to the number and *personnel* of the candidates who would offer themselves for election. Up to ten days ago, seven members of the profession had intimated their intention to come forward. These, in alphabetical order, are, Dr. Alderson, Mr. George Brown, Drs. Lovell Drage, Dolan, Glover, Rentoul, and Woodcock. Within the past few days, however, another candidate

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has expressed his willingness to stand, namely, Mr. Walter Rivington. Thus, so far, there are eight candidates who will compete for the three vacant seats. We do not propose upon this occasion to discuss the relative merits of the candidates included in the above list, inasmuch as a more convenient time for undertaking this task will be when each candidate has publicly stated his reasons for coming forward, and has intimated the policy to which he will pledge himself in the event of his election. Some of those mentioned have already issued an address and fully explained their position, but this has not been the case with all, and therefore, under these circumstances, it would seem to be profitable, at the present juncture, to take a brief survey of the facts and features relating to the appointment of a Direct Representative on the General Medical Council. In the first place it must be borne in mind that the Council, for the most part, consists of members of the profession who largely owe their seats thereon to their academic status. This after all is an important matter of detail, in as much as, whatever the shortcomings of the Council may be, it cannot be disputed that individually the members representing the various corporations occupy a more or less distinguished position in the world of medicine. Moreover they are qualified for the most part by a large experience of academic life for the posts which they fill. But here comes the beginning of the difficulties of the Direct Representatives. The academic ring composed of the members representing the corporations may be compared to a strong government which is opposed by a numerically weak opposition, represented by those members of the Council who have been elected by the profession. It is hardly to be supposed that the majority will give way to the minority. Majorities as a rule are not so inclined, and the result is that those reforms in which the profession generally are especially interested, have but little chance of being favourably considered by the Council. It is we believe an open secret that both Sir Walter Foster and Mr. Wheelhouse, recognising the hopelessness of their position in this regard, determined for this reason not to seek re-election. To use another simile, they apparently became weary of knocking their heads against a brick wall, and therefore they made up their minds to retire from the contest. In reflecting upon this accepted cause of their resignation it is clear that the general practitioners of England will have a by no means easy problem to solve in choosing two successors to fill the seats vacated by Sir Walter Foster and Mr. Wheelhouse. In short, if the influence, position, capacity, and experience of these two representatives were powerless to promote a feeling on the Council favourable to the reforms which they advocated from time to time in the interests of the general body of the profession, how is it to be supposed that any lesser lights, as direct representatives, would be able to do any better than, or as well as, they did? Herein, it appears to us, is the only true aspect from which the present election should be viewed. The persistent assertion that the Direct Representatives should be altogether, exclusively, and entirely general practitioners, is, in our opinion, nonsense. We hold to the belief, based on the experience of the past, that the Council are not likely to pay much heed to any elected representative who showed himself to be unequal to hold his own with his academic colleagues. The probability is that he would be respectfully tolerated, but quietly ignored, no matter what his efforts might be to promote the reforms which he had undertaken to advance. Thus, assuming this difficulty to exist, it would seem that the only means of circumventing the policy of the Council, is by the election, as direct representatives, of academic members of the profession, pledged to advance the interests of general practioners, and whose personal influence would be calculated to win votes on the Council in the direction of reform. In this expression of opinion we do not wish it to be inferred that the candidates, as general practitioners, who are already before the constituency, are not in every way fully qualified to act as Direct Representatives. All of them, indeed, are well known and well-tried members of the profession, who have for some years, more or less, found time to identify themselves with questions of medical politics. But, from our point of view, their qualifications are in a certain measure discounted, because they *are* general practitioners. However able they might be to conduct their cause at the General Medical Council, the prejudice would be against them on the Council because of their class distinction. This is emphatically proved by the failure of Sir Walter Foster and Mr. Wheelhouse to make any headway in the same direction. Although not general practitioners themselves, they represented the general body of the profession, as against a large majority of the Council, who represented what may be regarded as the private interests of the corporations. Strong, then, on the Council as Sir Walter Foster and Mr. Wheelhouse certainly were, from the position which they occupy in the profession, nevertheless, even their strength was still unequal to promote the good influence in the Council in favour of certain much desired reforms. It seems to us, therefore, that the goal for which the general body of the profession should aim in this contest is not the return of members of their own body, but the election of the strongest members of the profession that they can find holding an academic status who would pledge themselves to do their utmost to advance those necessary reforms in the interests of the general practitioners. Again, in view of the fact that the profession generally is only represented on the Council by five members, common sense would suggest that for any good to be done by their presence the Representatives should be men of the strongest type, holding academic positions similar to those held by members of the Council themselves by whom the progress of reform is obstructed.

THE RESPONSIBILITIES OF MEDICAL EDITORSHIP.

THE late meeting of the British Medical Association at Carlisle would have lacked the most attractive

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element of excitement but for the vigorous effort of Dr. Kingsbury, of Blackpool, to get up a free fight with the Editor of the *British Medical Journal*. As most of our readers are familiar with the circumstances of the case, it is sufficient to state that the Editor was interpellated by a correspondent as to "whether it is in accordance with the honourable traditions of the profession for a practitioner to have his name-plate, with hours of attendance, affixed to the side pillar of the gateway of a large licensed hotel," and to adopt other analogous means to obtain practice. The Editor replied that the practitioner who did this "not only disparaged the honourable traditions of the medical faculty, but contravened the well-understood rule of medical practice," and also said that the proceeding "is wholly incompatible with the honour and dignity of the profession." Dr. Kingsbury, though his name was not mentioned, took these observations to himself and brought his action, in which he recovered £150 damages and costs. He also availed himself of a general meeting of the Association to ventilate what he considered to be his grievance, tried to break in on the discussions at the Ethical Section for the same purpose, and has since put his views in the form of a strongly-worded pamphlet. His vindication amounts simply to the assertion that many other members of the profession—some of them in high places and under official responsibilities—adopt similar methods of working for practice, and that, therefore, his own proceedings should not be described as "wholly incompatible with the honour and dignity of the profesion," and he supports this contention by referring to certain advertisements of institutions in the medical papers and of insurance companies, in which the names, qualifications, and sometimes the addresses of the medical attendants are given. We feel it to be a duty to express our opinion in a general way that the Editor of the *British Medical Journal* acted as any honourable journalist should do, and as the editor of The Medical Press and Circular would do under similar circumstances. To refuse to answer the queries of a correspondent, if put in good faith and supported by facts, would be disingenuous and pusillanimous. Whether the language used by the editor was unnecessarily strong may be a matter of question, but we agree that, if it deserved to be strong, it would be unjust to make it weak. In any case no editor worthy of the name could refuse to give the judgment thus asked of him. We think it right also to say that we see no force whatever in Dr. Kingsbury's *tu quoque* defence, and we were somewhat surprised that the jury awarded such heavy damages, it being more a question of honour than of personal loss. We consider that all advertising dodges, whether by emblazonment on hotel door-posts or on race-course-buildings, or on Insurance prospectuses, are, if pursued beyond a certain very limited degree, "wholly incompatible with the honour and dignity of the profession," and none the less so because they are occasionally resorted to by practitioners whose high standing and monetary position ought to allow of their cultivating self-respect. We do not expect that journalistic condemnation will ever prevent some people from cultivating business by discreditable means, but it is, nevertheless, the duty of the Editor, when called on, to say emphatically what means *are* discreditable.

THE SURGICAL TREATMENT OF ENLARGED PROSTATE.

It is but a few years since that enlarged prostate, with its concomitant urinary troubles, was regarded as a condition to be alleviated, but, in the greater number of cases, not to be cured, by perineal section. Then a bold spirit conceived the idea of "tunnelling" the prostate, but when put to the test; the mortality of this operation soon put it out of court. The next step, this time really one in advance, was the introduction of the supra-pubic operation which enabled the surgeon to peer into the bladder, to detect the presence of any outgrowth, and to remove the same, when practicable. Supra-pubic prostatectomy will probably remain the operation of selection in all intra-vesical pedunculated outgrowths of the prostate, but unfortunately local overgrowth of this organ is quite exceptional, the hypertrophic process usually involving it as a whole. Under these circumstances, even the supra-pubic operation can do nothing, and the surgeon is fain to fall back upon methodical catheterisation or perineal drainage. We remember, not so long ago, reading with a feeling akin to dismay, that a patient had been castrated in order to bring about a hypothetical diminution in the size of the prostate, and the suggestion was very ill-received at the medical societies, where its mere mention elicited a menacing sneer. Nothing daunted, its advocates, feeling pretty sure of their ground, continued to publish their results and, though slowly and with apparent reluctance, their example was tentatively followed by those who erstwhile decried the operation as an unnecessary, useless, and wholly unjustifiable mutilation. The debate on the subject with which the Surgical Section at Carlisle inaugurated its work shows what progress this method of dealing with enlarged prostate has made. Not a voice was raised in condemnation as surgeon after surgeon brought forward cases showing the results obtained by castration, or its alternative, vasectomy, in a certain class of cases. For cases of general prostatic hypertrophy, and they constitute the vast majority, removal or artificially induced atrophy of the testis or testes is now regarded as the only useful method of treatment, when the urinary function has become so disorganised as to render radical measures of some kind indispensable. Certain it is that the operation affords a variable but large measure of relief in a majority of the cases, with little if any risk to life and the only objection is of the sentimental order. By the time, however, that a man has reached a stage of catheter life necessitating active surgical intervention his sufferings are usually so acute and so constant that the sentimental objection fades into insignificance before Nature's imperious demand for relief at any price. Even the sufferers who still attach a sentimental importance to appendages which can, at such an age, be regarded

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as merely ornamental, will usually consent to resection of the vas deferens, a substitutive intervention which, if less mutilating, is productive of the same physiological result. The exact relationship between the testes and the prostate is still very obscured, and physiologists can only offer us plausible suggestions to account for the consecutive retrogression of the enlarged prostate. There is here a wide and potentially fruitful field for research, for the very etiology of the glandular hypertrophy is a mystery. The prostatic overgrowths present a very striking analogy with the fibro-myomata which so frequently disfigure the uterus at a somewhat earlier age. Pathologists are at a loss to explain the origin of these more or less localised hyperplasiæ, and the surgeon is left to cut the Gordian knot with his knife. Removal of the ovaries, in some cases, seems to determine retrogression of these uterine growths, but this effect is not so constant as is that of castration in hypertrophy of the prostate. It is something to be thankful for that a means has been discovered of attenuating one of the most painful and exhausting complications of advanced life. Sufferers from urinary stasis have at any rate "one dreadful refuge left," of which few, in the long run, will fail to avail themselves. The fact that in a certain proportion of cases, those in which the enlargement is more or less unilateral, the obliteration of a single testis is often sufficient to bring about the small amount of change which constitutes ease, robs the operation of a large part of its objectionableness, indeed, it may be laid down as a general rule that the effect of a unilateral operation ought always to be tried before proceeding to resection or ablation on the opposite side.

Notes on Current Topics.

The "Superiority" Trick.

OUR American *confrères* appear to have been apt pupils of our "superiority" practitioners at this side of the water, for we find the *Philadelphia Medical and Surgical Reporter* speaking with righteous ire of the pre-eminence of this form of professional humbug in America. We have heard of "the immortal Twamley," embalmed by Dickens, whose immortality, after acute inquiry, was found to result from his having invented a special sort of smoothing iron. The *Reporter* thus describes the American medical 'Twamley," who has his analogue very much in evidence in "the old country":—

"Dr. Bigwig—He listens to the 'little talks' of other practitioners with an air of calm superiority, benignly patronises the papers that are read, and with an air of condescension, impossible to fitly depict, gives his comments thereon. It is true, the paper may be the judicial presentment of facts gained by experience, and it is also true that the visitor may have seen none at all of the peculiarities described, yet he blandly says: 'I have listened to the remarks of Dr. So and-so with much pleasure, but the latest authorities claim'—something often the direct opposite of what the other man has seen.

"Nine times out of ten, the reader of the paper will bow with submission to the criticism thus uttered, even though it be a mere theory just advanced and by no means proved. In just that way was a paper upon consumption received some years ago by a young New York physician, who, not being bothered with any excess of patients, had thus time to go about instructing his brothers in the late developments of science, and incidentally impressing them that he was one of the best men to call in for consultation when 'more light' was needed. His criticism was that the essayist was behind the times, since lung diseases could be greatly benefited and even cured by the introduction of H_2S into the rectum three times daily, compelling the patient to hold the gas there for at least ten minutes. An arrangement of bottles, rubber tubing, &c., was shown, the gas was generated, and instruction given. One dissenting brother, old in practice, was promptly frowned down for venturing the remark, *sotto voce*, that he thought just as good results could be obtained by feeding the patient on beans and then corking up the vent for the gas to escape.

"The same plan of humbuggery is practised to-day, and the great man is received with as much deference as he was then. What if he has dropped all his first 'great discoveries' and is now advancing other theories? That is but marking his advance in the paths of science. What if his airs of patronage are insufferable to some? That must be professional jealousy, that bugbear to scare the timid man. What if some of the older men have had experiences diametrically opposite to the theories he so smoothly advances? That is conservatism, and my dear friends, we must not be too conservative when the great men deign to come to make hay in the sunshine of their own smiles upon us."

To this criticism the *Canada Lancet* adds its advice as the "doctors to avoid":—

"The one who has acute exacerbations of insanity when exposed to any new fad. The one who is *always* successful with all his difficult operations. The one who always sees hundreds of cases of a rare disease. The one who can always match your case and improve on your treatment. The one who always finds you have omitted something in the examination of your case. The one who is always the first to do the new operation. The one who is in a chronic fear of being anticipated in his important discoveries. The one who in consultation feels it his conscientious duty to explain to the patient why he differs from the attending physician."

The Poor-law Superannuation Bill.

IN our last issue we reported that– in deference to the opposition of Mr. John Burns, M.P.—this Bill had been withdrawn on the evening of Monday the 10th. We made this statement on the authority of members who were present in the House on the occasion, confirmed by the testimony of the *Times* and all other London papers next morning, and by our own previous knowledge of the probabilities of the case. The Bill having been thus apparently stopped for the present session did not reappear on the notice paper, and nothing was heard of it until it transpired on Thursday, the 13th, that Government had—by some inexplicable parliamentary procedure, forced it through its third reading on Wednesday night, and sent it to the Lords, who ran it through all its stages on Thursday and Friday without the knowledge or interference of anyone. The measure has thus become law, and, we regret to say, without extension to Ireland, and nothing remains for the Irish Officers but to introduce a Bill on the same lines early next session, and claim, then, the pledges given by the promoters of the

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English Bill and by the representatives of the Government that they will support and pass it. Our readers are aware that up to the end of the previous week an amendment for the purpose of extending the Bill to Ireland was on the notice paper, and a blocking notice also by Mr. Munnaghan, M.P. These amendments were withdrawn without the knowledge of and directly contrary to the wish of the Irish promoters, and in consequence of a misapprehension by Mr. Horace Plunket, M.P., who had charge of the amendment. We think it best, in the interests of Irish Poor-law Officers, to say nothing at present as to the cause of that most regrettable misapprehension, further than to say that the Irish co-operating associations were no parties to the transaction either in spirit or action.

Ptomaine Poisoning.

The adjourned inquiry into the fatal poisoning case in which eleven persons became seriously ill at Crawley, Sussex, after partaking of a rabbit pie, was held last week, when the evidence was taken of Dr. Stevenson, of Guy's Hospital. He asserted that he had not been able to detect any known poison or toxic substance either in the contents of the girl's stomach or in her viscera. The only explanation, therefore, of the case was that death had occurred from ptomaine poisoning, and a verdict was returned to this effect. In the course of the inquiry it transpired that the rabbits used in the pie were quite fresh. But appearances in such cases would not be absolute proof that virulent pathogenic germs had not already infected the food. Quite possibly, the rabbits' flesh became infected by means of flies shortly before the pie was cooked, and in the process of cooking the temperature [illegible]nt to destroy the micro-organisms. If discussion is thorough cooking of the food, and especially is this the case when it is impossible to say whether infection of the food has or has not taken place It is curious to learn from a lay newspaper that on the facts of this case having been submitted by an enterprising reporter to Sir B. W. Richardson for his opinion, the latter is stated to have said that he did not believe in micro-organisms. In 1876 the Sanitary Institute held its meeting in Leamington, and the question of the relation of germs in such poisoning cases was discussed, but nothing occurred, said Sir B. W. Richardson, then, to throw any light upon the exact character of the micro-organism hypothesis. However, it is just twenty years ago since 1876, and it is evident that Sir B. W. Richardson has done nothing to enlighten himself upon the subject in the interim.

Professor Campbell Black, Glasgow, has been appointed Examiner in Physiology in the University of St. Andrews.

Exemplary Punishment for Using Bad Meat.

The vendors of bad meat in the metropolis are at present having a bad time, thanks to the determined position taken up by the London police magistrates. For some time past heavy money fines have been the order of the day, and a fortnight ago one incorrigible offender was sentenced to three months' hard labour. Imprisonment seems to be the only adequate punishment for this offence, which is committed with reckless disregard of the safety of the community, and which admits of such enormous profits as to make the payment of monetary damages an easy matter. The fortunes made by these unscrupulous traders are accumulated at the expense of the health and the lives of the unhappy consumers of their worthless and injurious wares. Bad meat prosecutions are conducted by local authorities in the face of many difficulties. There is a want of standards, and often there are legal technicalities in the way of conviction. Another obstacle is the rebutting evidence constantly obtained from people more or less remotely connected with hygienic and scientific matters. A week since a sausage maker at Bow was summoned by the Poplar Sanitary Authority for having a quantity of bad meat on his premises. He was convicted and fined £150. In the Police Court we notice it is reported that the prosecuting Medical Officer of Health, Dr. Mayne Talbot, was confronted by one Billing, stated to be a sanitary inspector of the Holborn District, who swore the meat was good. It seems curious that an inspector of an immense district like Holborn should find time to attend trials in other parishes, that is to say, in a private and non-official capacity. His Committee and his Medical Officer should have something to say about the incident.

The Medical Sickness and Insurance Society.

The Annual Meeting of the above Society took place at Carlisle under circumstances that appear to call for some comment. Falling in the midst of a busy week it is not surprising that there was a scanty attendance of members, indeed, when one excepts the chairman and two or three of the executive, the number of those present was less than could be counted on the fingers of one hand. Under such circumstances it was not a little surprising that important alterations and amendments to the rules should be brought forward by the Council. For instance, there was a proposal that any member who ceased to practice his profession should be no longer entitled to belong to the society. We venture to assert emphatically that no such alteration should be carried without a full expression of opinion on the part of members. In any case, it seems an unwise plan to hold the Society's Annual Meeting along with a movable and often remote gathering like that of the British Medical Association. Another undesirable point was that the whole of the officers were re-elected *en bloc*. In the early days of the society, when it was founded in Birmingham, its policy was that of trust in the medical profession, but the late changes in the rules appear to be framed on an exactly opposite basis. We offer these criticisms in a friendly

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spirit, for we believe that no better institution exists throughout the length and breadth of the medical profession. At the same time if its vitality and soundness are to be kept intact, its members had better show more practical interest in the management.

The Hospital Out-patient System.

THERE are decided signs that the abuses of the out-patient departments of hospitals are steadily and certainly driving the hospitals towards reform. A few years ago nothing was heard of the subject or, if anything was, the faint complaints of a few members of the profession were smothered by the chorus of hospital administrators whose interest it is, as they think, to fill up the out-patient departments at any cost, to the greatest number which can be accommodated. Now the reform of out-patient departments is an essential plank in the programme of most of the candidates for Direct Representation of England on the General Medical Council and the Hospital Sunday Council itself, which has kept its eyes closely shut and has averted its vision from the picture of malversation presented to it, is forced to awake to the fact that it has been the patron for all these years of a gross misappropriation of the charitable funds confided to it. Dr. Glover deserves the credit of having insisted upon the consideration of this question, by the General Medical Council but, he has been met, as might have been expected by passive resistance by the Hospital Sunday Executive, and we know enough of Dr. Glover's vertebration to be certain that he will not be daunted by such resistance.

Influenza and Suicide.

A CASE which occurred lately at Dover, where a Scottish gentleman committed suicide, is of importance in one particular. At the inquest it was pointed out that he had not been himself since an attack of influenza *two years before*, and that in all probability this attack was the primary cause of the self-destruction. The importance of this fact, with regard to motives for suicide, should not be disregarded, and we are of opinion that a large number of the unexplained cases of suicide which have occurred lately are, in all probability, to be ascribed to post-influenzal cerebral changes. During the six epidemics which have spread over the country since the winter of 1889-90, a very large proportion of the population has suffered, while many of these must have developed nervous symptoms. To turn to a particular instance, a case in court not long ago depended on the question whether a man had committed suicide or not, but the fact that he had had an attack of influenza two years before was not insisted on, owing to the length of time which had elapsed between the attack and the death—just about the same time, it will be noticed, which elapsed between the attack and the suicide in the first case. Medical jurists will do well to remember that, if the actual effects of influenza, though protean, are fleeting, the after results in many are of long duration, insidious, and often of a nervous character, leading to cerebral instability.

The British Medical Association and its New Departures.

WE are not disposed to favour the policy of reform which is at present being thrust upon the Council of the British Medical Association. Recent events would seem to show that a harmful spirit of unrest has begun to agitate the minds of certain of the members, a condition of affairs which is not likely to end in good for this powerful and unique medical organisation. It would be expedient for the members generally to gratefully remember that their Association now occupies a pinnacle of marvellous success, a success which has largely been due to the efforts of those upon whom more or less virulent attacks have recently been made. Rome was not built in a day, neither was the British Medical Association, and to attack those whose policy so far has been successful in making the Association what it is, is strictly speaking equivalent to undermining the solid foundations upon which it rests. The common experience of life is that it is a much easier matter to "pull down" than to "build up"—to destroy than to create, and obviously, unless the Members of the Association are careful in adjusting their policy in regard to reform, the results may be disastrous. Meanwhile, it seems to be specially uncharitable and unwarrantable, that the Editor of the *Journal* and the Council should be made the objects of attack by those Members of the Association whose Vandalistic tendencies would appear simply to be founded upon personal motives.

The Woman-Examiner Question.

THERE seems to be some possibility that Dublin will not be the only place in the kingdom where a woman medical examiner will be *en evidence*. turers and examiners it has been pointed out that women's schools are cruel to women. The authorities of the former always seem to prefer male teachers. Instead of appointing lecturers of their own sex they give away their appointments to men. This may be natural, but it seems to be lacking in justice to the women.

Stabbed on the Stage.

THE inquiry into the sad death of the actor who was stabbed last week on a London stage, has opened up several points of interest. It appears that the unhappy actor who played the villain only too realistically, was allowed to use his own dagger instead of the one offered by the property-man, because his own weapon "looked so much better" than the stage knife. We have no hesitation whatever in laying down the general rule that nothing but dummy swords and knives should be used upon the boards. This unhappy occurrence indeed, once more emphasises the absolute necessity of some sort of supervision over the personal safety of those engaged in public performances. The evi-

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dence as to the nature of the wound is interesting from a medico-legal point of view. The knife penetrated to a distance of 1§ of an inch between the second and third ribs, close to the right side of the sternum. The narrow front border of the lung was pierced by the blade, which then passed into the pericardium and aorta. The cavity of the heart's sac was full of blood and clots, but there was very little external hæmorrhage. It is worthy of note that, notwithstanding this mortal wound, the deceased not only spoke in answer to a question, but retained sufficient command over himself to allow the curtain to be raised for a short time. In this last action the unfortunate actor showed a resolute and courageous sense of duty, which entitles him, in our opinion, to a permanent place in the annals of English bravery.

Diet in Disease.

[redacted]

mass of the profession is in full cry on a wrong scent. He gives concise directions that salad may be taken, but is careful to add "without oil." The fact appears to be that, in the case of this and of many other maladies, we have no fixed principles as to the matter of diet, and no data on which to arrive at detailed conclusions. Under these circumstances, it is both premature and unscientific to issue a code of directions, under an air of authority that will not for a moment stand the test of critical analysis.

The Mortality from Small-pox during the Past Quarter.

The quarterly return for the past quarter, just issued by the Registrar-General, contains some striking figures under the heading of the mortality from small-pox. Altogether the deaths from the disease amounted to 319, of which number no less than 277 occurred in the city of Gloucester. Thus the death-rate from small-pox alone in this city was equal to an annual rate of 27·0 per 1,000 of the population. But further analysis of the figures shows that the small-pox mortality in Gloucester amounted to 83·7 per cent. of that which was recorded for the whole of England, in other words while 277 deaths from the disease occurred in Gloucester, only 42 were registered in other places. It would be well if the anti-vaccinationist fraternity would ponder upon these facts and cease their garrulous out-pourings upon insanitary defects as the cause of small-pox epidemics. If this theory had any foundation in fact it must mean that all the large towns in England, in which small-pox does not occur, are sanitarily perfect. But not even an anti-vaccinationist would be able to prove that such an Elysian stage in sanitation had been reached.

Another Honour for the Staff of University College Hospital.

In this ever-pushing, hard-struggling world, it is refreshing to find that exceptions occur in which friends are remembered by those in whom the power rests of doing them a good turn. A few weeks ago we recorded the fact that one of the physicians to University College Hospital had received from Her Majesty the appointment of Physician to the Household, in succession to the late Sir Russell Reynolds. Within the past few days the announcement has been made that Mr. Godlee, one of the surgeons to University College Hospital, has just been appointed Surgeon to the Household, in succession to Sir Spencer Wells, resigned. We desire to congratulate heartily both the new occupants of these important posts, who worthily deserve the high honour which has been conferred upon them. It is evident that the Hospital in question, as well as its staff, is kept in good favour at Court through the medium of one of its Consulting Physicians, Sir William Jenner.

British Probity.

On the principle that it is somtimes useful to see ourselves as others see us, the following extract from an article on British Probity, which appears in *The Medical Brief* of St. Louis, will prove of interest to our readers. Our contemporary says: "In this age of Anglomania, it would pay us to adopt some of the sturdier traits of our English kinsmen rather than their fads and foibles. Our British cousins have a deeply rooted love of honesty and fair play. They reverence Nature, truth and fact. Great Britain is the balance wheel of European progress and civilisation because she is a reasoning and conservative nation England has been singularly free from the sensationalism and humbug with which Germany has sought to blight medical progress, and the vice of substitution is comparatively rare in the United Kingdom. The qualities which distinguish the superficially learned and the dishonestly disposed are conspicuous by their absence. Honesty and probity find their just reward here as elsewhere. British business talent is indisputable and England's wealth beyond comparison. Her progress is real because it is exact. The English medical profession is dignified by many names, less notorious than those of the Continental mountebanks of the present era, but known for their clever and successful work in practice. England does not make a great deal of noise, but she makes up in strength what she lacks in vehemence. We can afford, then, to overlook her weak points and emulate her virtues. Straightforward, honest service is most admirable in this day of cheapness, imitation, sensationalism, fakirism, and other contemptible devices for eluding hard work." The profession generally, will thoroughly appreciate these commendatory remarks of our excellent contemporary.

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The Soudan Campaign.

UP to the present time, it may be said that the Soudan Campaign has been "a doctor's war," the epidemic of cholera which has visited the troops having required all the energies and resources of the officers of the Army Medical Department, detailed therewith, to stem its virulent progress. It is refreshing, then, to see that the services of the Department have not, so far, been allowed to be passed by without some public recognition. In the *Times* for last week the correspondent of our contemporary, writing from Kosheh Camp on July 22nd, says as follows: "Surgeon-Captain Spong, who was the only English Medical Officer in this Camp when the epidemic was at its height, and the handful of Syrian and Egyptian surgeons under him, have had very hard and anxious work and have done their work heroically. Surgeon-Lieutenant Colonel Gallwey, the principal Medical Officer of the Egyptian Army, arrived here a few days ago and is taking vigorous measures to stamp out the cholera. He has earned a high reputation for having successfully combated the disease in previous epidemics." The anxiety and reponsibility associated with the arduous task of keeping the disease at bay, must be very great, and such testimony as the foregoing, showing that their efforts are appreciated, will not fail to be a source of encouragement and gratification to the officers concerned.

The Anti-cholera Inoculations in India.

THE Calcutta Municipal Commissioners recently met for the purpose of coming to a decision upon the question of whether their contributions to the Anti-cholera Inoculation Fund should be continued. A resolution was proposed by Surgeon-Lieutenant Colonel Saunders that the subscription be withdrawn. However, an amendment was brought forward to the effect that the whole question should be adjourned in order to enable Dr. Simpson, the Health Officer, to furnish a reply to the aspersions which Dr. Saunders had cast upon the accuracy of the statistics relating to the success of the inoculations. The amendment in due form was subsequently carried, and the matter, therefore, stands adjourned for three and a half months, the inoculations in the meantime to be continued. It would be more satisfactory if a committee were appointed by the Government of India to make full inquiry into the efficacy, or otherwise, of the inoculation system, and collect evidence bearing upon the whole facts of the case. Either Professor Haffkine is right, or he is wrong; and when doubt is thrown upon the value of his work, the best course to be followed, under the circumstances, is to take measures to ascertain the truth.

A New Use for the Phonograph.

IF the Guild of St. Cecilia be still in existence, it will have to look to its laurels, for this philanthropic band of lady and gentlemen performers who laid themselves out to soothe distressful patients by the dulcet strains of music, have now a possible rival in the phonograph. It has been suggested that this instrument should be used for putting in practice the therapeutical effects of music. In brief, when patients complain of insomnia, instead of administering an hypnotic, all that their medical adviser will require to do will be to prescribe a phonograph. With the phonograph placed by the side of the bed on which the sleepless patient lies, the soothing strains of some popular melody will be able to be "turned on," during which it may be expected that sleep will come. Perhaps if this method of treatment came into vogue, it would be worth while for manufacturers to keep in stock some phonographs charged with plaintive somnolent-causing melodies, the harmonies of which were especially adapted for such cases.

Paris and Its Sewage Farms.

WHILE the sewage of London has not caused any great obstacles in regard to its disposal, it is a matter worthy of remembrance that no portion of it is

The Death of Sir John Millais.

THE announcement of the death of Sir John Millais for which the public had for some days been fully prepared, has been received with that measure of general regret throughout the country which was only to have been anticipated. The case of the late President of the Royal Academy curiously resembled, in several particulars, that of the late Emperor Frederick. We publish in another column some of the main features of the history and progress of his illness, and a full description of the treatment which his medical advisers thought best to adopt.

MR. ALEXANDER PECKOVER, Lord-Lieutenant of Cambridgeshire, has given £1,000 to Addenbrooke's Hospital, Cambridge, to defray the expenses of a new operating theatre. This is the third £1,000 he has given to the hospital since his appointment as Lord-Lieutenant.

ROME is fast ceasing to be a marlarial centre. The population of the city is about 467,000, and the number of deaths from this disease has decreased from 650 in 1881, to 125 in 1895.

SURGEON-CAPTAIN A. L. F. BATE, of the Army Medical Staff, now at Wicklow, has been ordered to South Africa, with the 9th Lancers, embarking on the 25th.

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THE MEDICAL HISTORY OF THE CASE OF THE LATE SIR JOHN MILLAIS.

The following has been communicated to us from an authoritative source in response to our invitation :—

"Sir John Millais, as all his friends will remember, had "always had a throat," in other words, had always more or less suffered from chronic pharyngitis and relaxed uvula, which caused him to be constantly "hawking" and clearing his throat. He had also been a great smoker, and, whether at his easel for work, or at Tay-side for sport, he was rarely without a pipe in his mouth.

He first commenced to suffer from hoarseness after an attack of influenza, in 1894, for which he consulted specialists in Edinburgh, and later on, in London.

All these gentlemen appear to have agreed on a diagnosis of intrinsic epithelioma of the larynx in an early stage ; and the tendency of the advice was towards eradication by an operation similar in every respect to that counselled for the Emperor Frederick, with whose case that under consideration offered a very close analogy, both in the clinical features and *mutatis mutandis* in the position of the two patients in regard to public affairs.

Preliminary to the proposed extirpation, however, it was recommended that a fragment of the growth should be removed by the mouth for the purpose of microscopical examination so as to confirm or modify the diagnosis formed as to its nature.

In the latter part of May, 1894, Sir John was seen by Mr. Lennox Browne, who reported to Sir Richard Quain, Sir John's life-long attendant and friend, that while not dissenting from the diagnosis of the laryngologists already consulted, he deprecated at that stage of the disease any operation, either provisional or radical ; first, because any attempt to take a piece of tissue away for the purpose of examination was impracticable, inasmuch as there was nothing tangible to take hold of, the disease as it was then presented to view being of the nature of an infiltration rather than that of a new growth, and, secondly, because such a procedure would be almost certain to precipitate a dangerous operation, or at least activity in a disease the essential feature of which in this case was its almost dormant condition so long as the affected organ was kept at rest. Laryngo-fissure, the radical procedure contemplated, was also protested against, not only on account of local reasons, but because the patient was nearly 66 years of age and of an exceptionally active and nervous temperament. The most, therefore, that could be expected, even if he recovered from the operation, would be prolongation of life under circumstances of peculiar depression and distress, with the immediate termination of a distinguished career, which—as after events showed—was to be signalised by still further honours, and by the accomplishment of several masterpieces of his art, not the least being the life-like presentment of our eminent *confrère*, Sir Richard Quain, as President of the General Medical Council, and the complement of a grand quartette, leaders of our profession, of whom Sir James Paget, Sir Henry Thompson, and Mr. Luther Holden were the other associates. Consideration was also given to the conspicuous absence at this period of any symptom of vital danger, the voice being alone affected, though it was foretold that tracheotomy would be called for whenever embarrassment of breathing made this step necessary.

After events appeared to justify this policy of "masterly inactivity," which was in accordance with the views of Sir Richard Quain, and was later approved by Sir James Paget and Dr. Greville Macdonald.

Ten weeks later the trouble in the larynx was found to have remained quiescent, the general health had improved, and there had been a gain in weight of seven pounds. Sir John left London for Scotland in August, and encouraging reports of his condition were received from time to time.

Early in January, 1895, with the exception that the voice had become weaker, no further untoward symptom had developed, the body-weight had increased by one more pound, and no change in the local disease could be detected on laryngoscopic examination.

On February 13th, a few days before Sir John was actually elected President of the Royal Academy, he wrote that "he had not felt so well for two years" ; but he was somewhat anxious in view of his duties on the Committee of Selection for the forthcoming exhibition as to the effect on his throat of "that dust which rises under our noses when the pictures pass before us."

Exacerbation of the disease with evidences of systemic infection was observed almost concurrently with the assumption of the Presidential duties.

On March 12th all the gain in weight in the previous ten months had been lost. Expectoration had increased to an extent that now necessitated the use of a spittoon, and hæmorrhage—twice repeated in the twenty-four hours—had first occurred on March 7th.

At this date decided discomfort, not to say pain, was first felt, and was especially manifested in the direction of the left ear. There was also slight but perceptible glandular enlargement in the lower part of the anterior triangle.

The laryngeal mirror showed that the local conditions had also changed. Not only had the whole left side of the larynx become thickened, the left cord more immobile and the right cord sluggish, but there were two very well-marked warty excrescences to be seen on the side which was primarily affected.

An examination of the sputum showed that, in addition to very numerous bacteria of putrefaction, squamous epithelial cells in different degrees of degeneration were present in abundance, pointing so far as such examination could, to the existence of an epithelioma in an active state.

Attacks of hæmorrhage became more frequent, but were never profuse ; and although kept in check by astringent sprays, never entirely ceased, as evidenced by an almost persistently blood-stained sputum.

Swallowing was never affected, but two or three

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attacks of a choking rather than of a suffocative character occurred.

About the middle of April the breathing became distressed especially in the act of inspiration, and at this date Mr. Lennox Browne urged that the time for a tracheotomy had arrived. However, the nature of the patient's duties, and his indomitable pluck caused a further delay. Consent to the operation was, indeed, only gained on the evening of May 9th, and was to have been performed on the following morning, but, as is now well known, it had to be very hastily, but successfully, effected, in the middle of the previous night, by Mr. Frederick Treves, assisted by Mr. Hames, summoned in the emergency—the latter gentleman continuing the after-attendance, with occasional consultations with the operator, Sir Richard Quain, and Mr. Lennox Browne.

A feature in the after-treatment was the inhalation of ozone, generated from an electric battery, and diluted with oxygen.

The effect of this procedure was undoubtedly to check the septic absorption of which symptoms had been early manifested. In any case, the intentions of the provisional tracheotomy were more than usually satisfactory, although, of course, there was no "splendid recovery," nor, as medical readers will appreciate, was there any practical check to the progress of the disease.

Some three weeks before the fatal termination, a communication occurred between the wind-pipe and gullet.

From this time the end was only a question of days, and death occurred from the septicæmia usual in the last stages of such cases."

REPORT OF THE ROYAL COMMISSION ON VACCINATION.

THE first English newspaper to notice the report of the Royal Commission on Vaccination was the *Yorkshire Post*, which stole a march on all its contemporaries with a full digest of that most important forthcoming blue book. The three main points of the document may be divided into ; (1) has there been a reduction or otherwise of the small-pox mortality by the introduction of vaccination? (2) are syphilis and other diseases spread by vaccination? (3) should vaccination be compulsory? The first question is answered in the affirmative, after an analysis of a great mass of evidence, that takes up the greater part of the report. As to the second, it is admitted that in certain cases diseases are spread by vaccination. On the third point the recommendations (broadly speaking) are to relax the present compulsory system, and to adopt various means of rendering the proceeding more attractive. During the many years occupied in this laborious investigation, the Commissioners have lost the services, through death, of Mr. Bradlaugh, Sir William Savory and Dr. Bristowe. Dr. Collins and Mr. Picton dissent from the views of the majority on various points, and submit a statement of their own, in which they set forth at length their own views of the history of vaccination. It is impossible here to do more than give a brief outline of the work of this exhaustive and voluminous inquiry. Readers, however, will be enabled to gather some idea of the methods of treatment of the point to which we have adverted by a perusal of the following extracts.

"As to the effect of vaccination on small-pox, this, the Commissioners observe, is obviously a fundamental question, but if it be shown that vaccination has a protective influence against small-pox, or modifies the character of the disease, it is not necessary for the purpose of the inquiry to determine what is the true theory by which the effect is to be accounted for. Does the history of small-pox mortality since vaccination was introduced afford warrant for belief in its protective effect? Prior to the introduction of vaccination the bills of mortality for the metropolis show that from 1629 onwards throughout that century and the whole of the next small-pox was very prevalent. During the latter half of the seventeenth century the yearly deaths fell below 500 on eight occasions only. Records of deaths from small-pox in foreign countries confirm the conclusion as to the great prevalence of the disease in Western Europe during the eighteenth century and earlier. But perhaps the most striking evidence is to be found in the calculations of Daniel Bernouilli, who, in 1760-5, set forth the view that small-pox carried off the thirteenth or fourteenth part of each generation.

Some changes have occurred tending to diminish mortality from small-pox, while others have been simultaneously in progress tending in the contrary direction. We do not mean to indicate an opinion that sanitary improvements have been without any effect on small-pox mortality, but only that when all the changes which have occurred are considered, it cannot be asserted that they afford an adequate explanation of the diminished mortality from small-pox. If, however, improved sanitary conditions were the cause of the mortality from small-pox becoming less, why should they not produce the same effect in the case of measles, scarlet fever, whooping-cough, and, indeed, any disease spread by contagion or infection, and from which recovery was possible? Why should they not lead to these diseases also prevailing less, and to those attacked by them being better able to combat the disease?

The period which immediately followed the introduction of vaccination was characterised in all countries in which the practice prevailed by a marked, though irregular, diminution of small-pox mortality, and this diminution has continued in those countries down to the present time. There has been in the United Kingdom a remarkable change in the age incidence of small-pox. The Commissioners further state that there is strong evidence that, where attacks of small-pox occur, the fatality is far less in the case of the vaccinated than of the unvaccinated, and that this difference is much more marked in the first ten years of life than at a later period. As to the purely pathological aspect of the question, the report finds :—

"That it diminishes the liability to be attacked by the disease . . . that it modifies the character of the disease and renders it less fatal and of a milder or less severe type. That the protection it affords against attacks of the disease is greatest during the years immediately succeeding the operation of vaccination. That after the lapse of the period of the highest protective potency the efficacy of vaccination to protect against attack rapidly diminishes, but that it is still considerable in the next quinquennium, and possibly never altogether ceases. That revaccination restores the protection which lapse of time has diminished, but the evidence shows that this protection again diminishes, and that to insure the highest degree of protection which vaccination can give the operation should be at intervals repeated. We think it may fairly be concluded that where the vaccine matter is inserted in three or four places it is more effectual than when introduced into one or two places only, and that if the vaccination marks are of an area of half an inch they indicate a better state of protection than if their area be at all considerably below this."

Although some of the dangers said to attend vaccination are undoubtedly real and not inconsiderable in gross amount, yet when considered in relation to the extent of the vaccination work done they are insignificant.

As to the question of the means to be adopted to lessen the ill-effects from vaccination, the Commissioners put the use of calf-lymph in the forefront, because this would afford an absolute security against the communication of syphilis. Though they believe the risk of such communication to be small, they cannot but recognise the fact that, however slight the risk, the idea of encountering even such a risk is naturally regarded by the parents with abhorrence. They think, therefore, that parents should not be required to submit their children to vaccination by means of any but calf-lymph unless they so desire it.

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The report next recommends that the age within which vaccination is made obligatory shall be six months, as in Scotland, instead of three months. Certain recommendations are also made in regard to the preparation and preservation of the lymph, and the care of the instruments used in the operation.

Compulsion and Penalties.

The Commissioners do not think that a proposal to substitute for the pecuniary penalty a more stringent form of punishment, such as imprisonment, would have any great chance of acceptance. The question to be determined is, what form of law based on penal provisions would secure the largest number of vaccinated persons. This leads to a consideration of the machinery by which the law is enforced. The enforcement of the law at present is in the hands of Boards of Guardians, who in many instances evade the duty to prosecute. The Commissioners think it would not be feasible to hand the duty over to County Councils. They also are of opinion that it would not be practicable altogether to withdraw the duty of proceeding against defaulters from local authorities and to vest it in the Local Government Board.

We have arrived at the conclusion that it would conduce to increased vaccination if a scheme could be devised which would preclude the attempt (often vain) to compel those who are honestly opposed to the practice to submit their children to vaccination, and at the same time leave the law to operate as at present to prevent children remaining unvaccinated owing to the neglect or indifference of the parent. It must, of course, be a necessary condition of a scheme of this description that it should be such as would prevent an objection to the practice being alleged merely as an excuse to save the trouble connected with the vaccination of the child.

We may give the following as examples of the methods which might be adopted. It might be provided that if a parent attended before the local authority and satisfied them that he entertained such an objection, no proceedings should be taken against him. Or, again, a statutory declaration to that effect before anyone now authorised to take such declaration, or some other specified official or officials, might be made a bar to proceedings.

We think it would tend to promote vaccination if every duly qualified medical man who vaccinated a child successfully were entitled to the fee which is now paid only to the public vaccinator.

The fee should only be allowed in cases where the certificate showed that the child had been vaccinated in accordance with the rules prescribed by the Local Government Board. All children so vaccinated should be liable to inspection, and the fee should not be allowed when the vaccination did not appear to have been performed in accordance with the prescribed rules. It would not, of course, be neccessary to make such an inspection in every case, a limited number of test cases would suffice. The liability to inspection would prevent abuse, and under proper regulation we think the system might be an improvement on any at present existing.

We desire to call attention again to the recommendation which we made in our fifth interim report, that persons committed to prison by reason of the non-payment of penalties imposed under the vaccination laws should no longer be treated as criminals. If, however, the changes in the compulsory provisions of the vaccination laws which we have suggested were adopted, the matter would lose much of its importance.

Scotland.

[From our own correspondent.]

The Edinburgh Medical Journal.—We understand that this long-established journal will change hands at the commencement of next year. The present editor, who has for so long conducted it with such conspicuous ability and success, has announced his intention of resigning office at the close of the year, while the late proprietors and publishers have sold it to another medical publishing house in Edinburgh. The journal will probably be continued under new editorship on very much the same lines as formerly, but will be brought up to date as much as possible. We wish our old and celebrated contemporary every success on its coming new departure, and hope it may live long and as worthily represent the Medical School of Edinburgh in the future as it has done in the past.

Attempted Suicide of a Medical Student in Edinburgh.—Last week a medical student, hailing from Australia, attempted to commit suicide by cutting his throat. He was taken to the Royal Infirmary, where his injuries were found to be of a serious nature. He is said to have been in a despondent state since his failure to pass a recent medical examination.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

DIRECT REPRESENTATION FOR SCOTLAND.

To the Editor of The Medical Press and Circular.

Sir,—May I ask for the privilege of saying that I feel proud and grateful for the high honour the medical practitioners in Scotland have done me in being twice chosen as their representative in the General Medical Council; and that I mean most respectfully to solicit their suffrages again. There will be time enough to state at length my views on medical politics before a vacancy occurs.

Meantime may I be allowed to explain that, I am still, as I have always been, in favour of increased popular representation in the General Medical Council, that I am against any form of legislation which will open a door to a new order of midwifery practitioners, and that I will, if elected, do my best to discourage all trade pandering to clubs and medical aid associations.

I am, Sir, yours, &c.,

William Bruce, M.D.

Dingwall, August 17th, 1896.

THE CASE OF MR. R. B. ANDERSON.

To the Editor of the Medical Press and Circular.

Sir,—In thanking you for your very sympathetic and helpful mention, in your last issue, of the important Conference at the Houses of Parliament, which, on August 5th, received a deputation of the Civil Rights Defence Committee, may I be permitted to notice the remark to the effect that it is curious to see how enthusiastic those who take up this case become? I have heard this remark from one or two of my most valued and staunchest friends, and it amuses me that they do not recognise the interpretation, to me so clear, but which I cannot give personally to them. They transpose cause and effect, and, like the Red Cross Knight in the "Faëry Queen," do not recognise their own qualities when introduced to them *in propria persona* in the household of the Graces (I refer from memory only). They take up this case—so far, not a work apparently likely to bring either profit or advancement in its train—because of their own inherent qualities, justice, generosity, and love of liberty, and when, on closer investigation, they find how real and far-reaching are the principles involved, the same qualities necessarily appeal to that other quality of enthusiasm that is always their companion in every mind in which they are conspicuously present.

I can but say, with a deep sense of gratitude, that from the time of my imprisonment in Trinidad till now I have abundantly proved that such minds still exist, though the difficulties that meet my friends in their efforts in the cause they have taken up may deter as yet the great majority from doing more than wishing them success, and might damp the ardour and wear out the determination of less magnanimous minds.

I have, in varying degree, found such friends of widely different races, of no less different rank, class, and profession, of both sexes, and of every age, including some of great age—an age not usually thought prone to enthusiasm, which cynics call a disease of youth; and, whatever my wrongs, these experiences neutralise and remove the rancour and the bitterness that would otherwise render them intoler-

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able, the sense of injustice and indignity that without such support I should have found it hard to bear in patience.

I am, Sir, yours, &c.,
R. B. ANDERSON.

30 Montague Place, W.C.
August 15th, 1896.

OFFICIAL INFORMATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 29th July, it was stated that an important step had been taken by the Local Government Board with regard to ophthalmia. In order to ascertain the amount of disease existing among the children of the Metropolitan Poor-law Schools, Dr. Sydney Stephenson had been appointed official inspector. The importance of this announcement, which you were enabled to make upon absolutely trustworthy grounds, was proved by the fact that your paragraph was reproduced in the *Times* and in other leading journals all over the country. Ten days later the information appeared in the *British Medical Journal*; sixteen days later, the *Daily Chronicle* suddenly awoke to the fact that Dr. Stephenson had "just" been appointed. The latter journal prides itself upon the early and exclusive information which it is able to convey in official and semi-official matters. However true this may be as a general rule, it is tolerably clear that, in the present instance, the *Chronicle* has arrived a day too late for the fair.

I am Sir, yours, &c.,
M.B., C.M.

London, August 15th, 1896.

Literature.

OCCASIONAL PAPERS ON MEDICAL SUBJECTS. (*a*)

THE present volume is a collection of papers which Dr. Dickinson contributed to medicine during the past forty years. When the papers appeared they served a useful purpose. His article on counter-irritation helped to check the abuse of such remedies and his contribution to our knowledge of ætiology of chorea was a useful and timely paper. "Alkalies in Rheumatism," and his writing "On Presystolic Murmur," were just such practical papers as were required at the time of their publication. But all is changed—the abuses these valuable articles assisted in removing are no more known. To the present generation, landmarks such as these, telling of the progress of medicine, are of little import. We are too near that age for work to have an historical value, and too far from it to give the book a practical value.

Nearly all the reforms Dr. Dickinson advocated in the past have come about, the advanced therapeutics has pushed the older therapy out of our text-books and out of our practice.

Many, like ourselves, may like to possess a collection of the author's papers, all of which show the fruits of a cultivated observer, and will repay reading, some of which in student days we read with pleasure, and they will feel grateful to Dr. Dickinson for producing the present well-printed, well-bound volume.

BIOLOGICAL EXPERIMENTATION. (*b*)

WE confess that books with a purpose are not to our liking. Be the author who he may, the objective set before him narrows his field of vision.

A target as big as a hall-door would shut out Mont Blanc if you were near enough to it; and when you write with an object, you must get near enough to be in range.

Scientific books should know nothing of fads; they should consider truth only, and reveal the truth as far as the power in them lies; with the result they have nothing to do. The author who dreads the result should put away pen and paper and be for ever silent; and we wish Sir B. W. Richardson had been silent on this question.

It were an easy task to write platitudes about the author, to dilate on his many useful contributions to every province of medicine, to tell of his unceasing industry, of his easy and clear style of writing—properly filled out, the platitudes should occupy the regulation amount of space, and all would be well. But we have got to deal with the book before us. We come to the pith of the whole matter in the second question submitted to Sir B. W. Richardson, and Sir B. W. Richardson's answer is very interesting from many points of view. He is asked, "Has painful experiment on animals played any indispensible part in the particular case of the discovery of anæsthesia?" Answer: "In the discovery of anæsthesia, general and local, painful experiment on animals has played no indispensible part whatever."

Sir B. W. Richardson knows that the discovery of the anæsthetic effects of nitrous oxide, ether, and chloric ether was purely accidental, and he further knows that, to obtain the necessary information for their safe use, hundreds of operations on the lower animals have been performed; a fact which fairly might have been mentioned; nor can we understand why he omits mention of Priestley's experiments with mice when he discovered oxygen, which discovery is the very genesis of modern anæsthesia. A. Lavoisier experimented with the factitious air on lower animals in Paris, and Beddoes watched the experiments and satisfied with them, came to England to utilise the discovery in the Hotwells Hospital, Clifton, where he (Beddoes) discovered the anæsthetic properties of nitrous oxide, prior to the date on which his friend Mr. James Watts recommended the young man Humphrey Davy as an assistant in the laboratory of the Hotwells Hospital. Of course Sir B. W. Richardson may take refuge in the wood "indispensible" and it may be an unction to his soul, as was the word "Mesopotamia" to the old woman.

But we think we are safe in Priestley's lead, he thought the mouse "indispensible," Lavoisier repeated and enlarged on the experiments, and Beddoes guided by them, took nitrous oxide, gave it to his wife and friends and to the young man Humphrey Davy. But we go another step further, Richard Pearson writing from Birmingham, to Beddoes tells him that from the teaching of the Hotwells Hospital he has been experimenting on factitious air, and he finds the vapour of sulphuric ether stays the pain of phthisis of which he sees so much.

The whole answer to the second question betrays a superficial knowledge of the history of anæsthesia; thus on page 49 we find "an American chemist, W. Guthrie," few would make out from this that Guthrie was a surgeon in the army, who, having a liking for chemistry, was persuaded to apply himself to practical chemistry which was then so little understood in America. Yet the relevancy of this appears when it is known that being a surgeon he had read Beddoes' papers and knew of ether inhalation and its safety, therefore he was emboldened to try inhalation of the agreeable-smelling chloric ether.

We cannot go *seriatim* through the nine answers; but we think we have demonstrated that Priestley's mouse was "indispensible," and that naturally from that experiment came nitrous-oxide, ether, chloroform, and that for their proper administration a knowledge of their physiological action is necessary, and to secure this essential knowledge the experiments on Lawrie's dogs were "indispensible" and less painful than Dr. Richardson's experiment with antimonuretted hydrogen gas as reported in the *Lancet* of the 10th of May, 1856, and infinitely more valuable.

(*a*) "Occasional Papers on Medical Subjects, 1855-1896." By Y. Bowship Dickinson, M.D., F.R.C.P., Honorary Fellow of Caius College, Cambridge, Consulting Physician to St. George's Hospital and to the Hospital for Sick Children, President of the Royal Medical and Chirurgical Society, Corresponding Member of the Academy of Medicine of New York. London, New York, and Bombay: Longmans, Green & Co. 1896.

(*b*) "Biological Experimentation: its Functions and Limits, including Answers to Nine Questions submitted from the Leigh-Browne Trust." By Sir Benjamin Ward Richardson, M.D., F.R.S. London: George Bell and Sons. 1896.

Medical News.

The British Laryngological, Rhinological, and Otological Association.

THE following gentlemen have been elected office-bearers for the ensuing year:—President: Dr. Wm. Milligan (Manchester). Vice-Presidents: Dr. J. Middlemass Hunt (Liverpool), Mr. F. Marsh (Birmingham), Mr. G. C. Wilkin (London). Council: Dr. George Stoker (*ex-officio*),

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Dr. Dundas Grant, Mr. Mayo Collier, Mr. Wyatt Wingrave, Dr. Hemington Pegler—Metropolitan; Dr. Jas. Davison (Bournemouth, Dr. A. Bronner (Bradford), Extra-Metropolitan. Treasurer: Dr. Wm. McN. Whistler. Hon. Secs.: Mr. R. Lake, Mr. St. George Reid.

Vital Statistics.

The deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 21·4 per 1,000 of their aggregate population, which is estimated as usual at 10,846,971 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 17, Birmingham 29, Blackburn 14, Bolton 23, Bradford 14, Brighton 23, Bristol 19, Burnley 13, Cardiff 18, Croydon 17, Derby 21, Dublin 24, Edinburgh 11, Gateshead 24, Glasgow 16, Halifax 16, Huddersfield 15, Hull 25, Leeds 20, Leicester 18, Liverpool 22, London 21, Manchester 22, Newcastle-on-Tyne 19, Norwich 17, Nottingham 18, Oldham 23, Plymouth 19, Portsmouth 20, Preston 27, Salford 24, Sheffield 24, Sunderland 21, Swansea 10, West Ham 24, Wolverhampton 24. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1·4 in Sheffield, 1·8 in Oldham. 2·0 in Derby, 2·2 in Brighton, and 2 3 in Nottingham; from scarlet fever, 1·4 in West Ham and in Wolverhampton; and from diarrhœa, 4·0 in Croydon, 4·3 in Norwich, 4·4 in Manchester. 4·5 in Leicester, and Sunderland. 4·6 in Derby and in Burnley, 4 7 in Portsmouth, 4·9 in Salford, 5·0 in Preston, 5·4 in West Ham, 5·6 in Sheffield, 6·1 in Bolton, 6·7 in Birmingham, 6·9 in Brighton, 7 2 in Wolverhampton, and 7 8 in Hull. The 73 deaths from diphtheria included 54 in London, and 4 in Birmingham. No death from small-pox was egistered in any of the thirty-three towns.

The Opposition to the Pasteur Institute.

The Home Secretary, having been asked to receive a working men's deputation, who desired to lay before him arguments in opposition to a licence being granted to the Pasteur Institute in Chelsea, has caused the followlng reply to be sent: "With reference to your letter of the 31st ult. asking the Secretary of State to receive a deputation on the subject of the registration of the institute of preventive medicine for the performance of experiments on living animals, under the Act 39 and 40 Vic., cap. 77, I am directed by the Secretary of State to express regret that he cannot at present consent to receive the deputation in question."

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta —, Bombay 33, Madras 33, Paris 19, Brussels 19, Amsterdam 18, Rotterdam 19, The Hague 18, Copenhagen 14, Stockholm 19, Christiania 22, St. Petersburg 28, Moscow 53, Berlin 17, Hamburg 19, Dresden —, Breslau 35, Munich 23, Vienna 20, Prague 25, Buda-Pesth 24, Trieste 31, Rome 19, Turin 18, Venice 19, Cairo 80, Alexandria 47, New York 23, Brooklyn 25, Philadelphia 22.

PASS LISTS.

The Royal College of Surgeons.

The following candidates, having passed the necessary examinations, and having conformed to the bye-laws and regulations, have been admitted Members of the College, viz.:—

Messrs. B. Addenbrooke, of Masons College, Queen's, and General Hospital, Birmingham; J. A. Alston, of University College Hospital; A. Alexander and C. T. Anderson, of Guy's Hospital; W. J. Anderson, of Cambridge University and St. George's Hospital; P. O. Andrew, of Otago University, Dunedin, New Zealand, Durham, and St. Bartholomew's Hospital; C. J. Armson, of Middlesex Hospital; H. F. W. Armstrong, of St. George's Hospital; G. Ashton, of Owens College and Royal Infirmary, Manchester; C. M. Atkinson and P. D. Barker, of University College Hospital; F. J. A. Baldwin, of London Hospital; W. N. Barron, of St. Bartholomew's Hospital; W. B. Bennett, of University College and Royal Infirmary, Liverpool; W. G. Bennett, of St. Thomas's Hospital; T. B. Bokenham, of St. Bartholomew's Hospital; C. Bolton, of University College Hospital; J. B Brash, of University College, London, and Mason's College, Queen's, and General Hospital, Birmingham; A. A. Breur, of Freiburg, Marburg, and Munich Universities; P W. Brigstock, of St. Bartholomew's Hospital; R. T. Brown, of Guy's Hospital; H A. Bruce, of University of Toronto and University College Hospital; T. R. H. Bucknall, of University College Hospital; A. H. Burgess, of Owens College and Royal Infirmary, Manchester; C. G. Burton, of Guy's Hospital; T. Compton and A. M. Crabtree, of St. Bartholomew's Hospital; W. H. Cooper, of University College and Royal Infirmary, Bristol, and Westminster Hospital; W. Craven, of St. Mary's Hospital; J. Cryer, of University College and Royal Infirmary, Liverpool, Owens College, Royal Infirmary and Royal Southern Hospital, Manchester; A. T. Davey and J. J. Day, of Middlesex Hospital; W. T. Dempster, of King's College Hospital; W. T. Dermer, of University of New Zealand; G. R. Elwin, of St. Mary's Hosp.; J. A Dredge, of St. Bart.'s Hosp.; C. H. Fagge and W. W. Farnfield, of Guy's Hospital; E. G. Frederick, of King's College Hospital; P. V. Fry, of Yorkshire College and General Infirmary, Leeds; W. R Gibson, of St. Bartholomew's Hospital; T A. Goard, of Charing-cross Hospital; R. M. Going, of Trinity College and Dublin University and London Hospital; C. B. Goring, of University College Hospital; J. B. G. Rex, of St. Bartholomew's Hospital; A. J. Greene and F. R. Greenwood, of Mason's Coll., Queen's, and General Hospital, Birmingham; R. L. Grosvenor, of Cambridge University and St. Mary's Hospital; H. A. Günther, of University College Hospital; H. G. C. Hardwick and H. C. Haslam, of Cambridge University and St. Thomas's Hospital; S. O. Hatherly, of Firth College and General Hospital, Sheffield; J. T. Hewetson, of Edinburgh University; C. G. Higginson, of Owens College and Royal Infirmary, Manchester; E. Hopkinson, of Oxford University and St. Thomas's Hospital; A. Howell, of St. Mary's Hospital; B. W. Holmes, T. Hood, and S. P. Huggins, of St. Bartholomew's Hospital; H. W. Jackson and A. B. Jones, of University College Hospital; C. J. Jeaffreson, of Durham University and St. George's Hospital; T. John, of Guy's Hospital; J. H. Jones, of Middlesex Hospital; T. Jones, of Owens College and Royal Infirmary, Manchester; D. G. Kennard, of Westminster Hospital; A. D. Ketchen, of Glasgow University and University College Hospital; C. R. Keyser, of St. George's Hospital; J. R. Kingdon, of Cambridge University and St. Bartholomew's Hospital; H. Ll. Lambert, of St. Bartholomew's Hospital; E. T. Lanyon, of King's College and London Hospital; N. Lavers, of Guy's Hospital; C. F. Lillie, of Cambridge University and St. Bartholomew's Hospital; W. J. Lubeck, of University of Madras and University College Hospital; W. Maclachlan McDonald, of St. Bartholomew's Hospital; E. Douglas Madge, of Middlesex and London Hospital; H. G. Mallam, of Oxford University and St. Mary's Hospital; D. A. W. Martin, of Guy's Hospital; E. Mathias, of Cambridge University and Guy's Hospital; F. H. Maturin, of Cambridge University and St. Bartholomew's Hospital; W. R. S. Miller, of St. Bartholomew's Hospital; A. A. Montague, of St. Thomas's Hospital; H. T. Mursell, of Edinburgh University; W. P. Nicol, of Mason's College, Queen's, and General Hospital, Birmingham; J. H. F. Nunn and G. G. Oakley, of St. Bartholomew's Hospital; A. L. Ormerod, of Oxford University and St. Bartholomew's Hospital; A. W. Ormond, of Guy's Hospital; J. G. Owen, of Charing Cross Hospital; P. A. Palmer, of St. Bartholomew's Hospital; A. S. J. Pearse, of Cambridge University and Guy's Hospital; F. J. Pearson, of St. Mary's Hospital; E. G. D. Pineo, of University College Hospital; O. V. Pisani, of King's College Hospital; W. M. Price, of Guy's Hospital; F. R. Proctor-Sims, of Queen's College, Cork, and Guy's Hospital; L. B. Rawling, of Cambridge University and St Bartholomew's Hospital; W. J. O. Ray, of St. Thomas's Hospital; C. S. Read, of University College Hospital; C. Roberts, of Middlesex Hospital; E. S. Roberts and J. Robertson, of Guy's Hospital; C. A. Robinson, of Cambridge University and St. Bartholomew's Hospital; G. E. J. A. Robinson, of the Royal College of Surgeons of Ireland and Sir Patrick Dunn's Hospital, Dublin; T. O. Roe, of University College Hospital; H. Roper, of Cambridge University and St. Thomas's Hospital; H. Rose, of St. Mary's Hospital; R. P. Rowlands, of Guy's Hospital; E. L. M. Rusby, of King's College Hospital; J. D. Russell, W. G. Savage, A. W. Seal, and J. Shardlow, of University College Hospital; T. Salt, of Mason's College, Queen's and General Hospital, Birmingham; A. E. Scott, of Middlesex Hospital; H. C. Selby, of Cambridge University and St. Bartholomew's Hospital; R. Serjeant, of Guy's Hospital; R. O Sibley, of St. Mary's Hospital; A. W. Sikes, of St. Thomas's Hospital; R. Sim, of Middlesex Hospital; W. M. Sing, of Cambridge University and London Hospital; W. J. M. Slowman, of Glasgow University; C. W. Smith, of University College Hospital; G. Smith and S. F. Smith, of St. Bartholomew's Hospital; R. W. Stanistreet, of Charing Cross Hospital; R. de S. Stawell, of Cambridge University and St. Bartholomew's Hospital; C. F. Steele, of University College and Royal Infirmary, Bristol, and University College Hospital; A. Stockton, of King's College Hospital; W. R. Stowe, of St. Barthomew's Hospital; J. M. G. Swainson, of Westminster Hospital; M. K. Tebay, of Middlesex Hospital; A. Tenison, of St. Mary's Hospital; D. W. Thomas, of Guy's Hospital; L. K. Thomas, of Masons' College, Queens and General Hospital, Birmingham; W. B. L. Trotter, of University Colelge Hospital; A. B. Tucker, of St. Bartholomew's Hospital; Carr Aratoon Vertannes, of Westminster Hospital; A. E. Walker, of Charing Cross Hospital; H. A. Walker, of Owen's College and Royal Infirmary, Manchester; J. W. T. Walker, of Edinburgh University; W. R. Walton, of University College and Royal Infirmary, Liverpool; E. D. Warren, of University College Hospital; H. R. Webb-Ware, of Oxford University and London Hospital; J. W. Williams, of Middlesex Hospital; J. T. Wills, of Cambridge University and Middlesex Hospital; W. C. P. Winter, of Guy's Hospital; W. J. Woodman, of St. Mary's Hospital; R. G. Worger, of University College, and Royal Infirmary, Bristol, and Guy's Hospital; R. Worth, of Durham University and St. Mary's Hospital; W. Wrangham, of St. Bartholomew's Hospital; J. W. Yorke-Davies, of Charing Cross Hospital; and J. P. Zum-Busch, of Freiburg, Munich, Kiel, Bonn, and Bern University. Eighty-six gentlemen were referred back to their professional studies.

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Notices to Correspondents, Short Letters, &c.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

☞ READING CASES.—Cloth board cases, gilt-lettered, containing twenty six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

DR. GUISEPPE SOFFIANTINI.

WE have received the following with request for publication from Signor P. F. Righetti, the Italian Vice-Consul in London. The text is as we received it :—

"Very seldom the Italian merit has been so highly appreciated by men of science and their academies.

"In 1893, Prof. Soffiantini, of Milan, has found in this country the honours from the firsts medical celebrities as it result from a report of the 'Medical Press' and of the 'Circular,' of March 15th, 1893.

"In this occasion the same men of science have offered Prof. Soffiantini their hospitality, whom has brought to the Congress a contribution of over fourteen years of observation, and conforted by the observations of over 350 autors of differents nationality.

"For one of his anatomicals works Prof. Soffiantini had had a prize of one thousand francs from the Lombard Royal Institute.

"The following is how the Paris Academy has welcomed Prof. Soffiantini, introduced by the illustrious Professors Mathias, Duvial, and Pinard :—C'est la voie veritablement feconde qui de puis l'illustre Pirogoff nous a donnè tants et beaux resultats. Les anatomistes aussi bien que les accoucheurs doivent à cette publication de la reconaissance. Ye considère l'ouvrage du Prof. Soffiantini comme l'un des œuvres les plus importantes de ce genre, j'admire la précision avec aquelle l'auteur donne d'une part les indications techniques et d'autre partes les resultats de ses recherches au point de vue de l'anatomie descriptive. Ce travail fait honneur à la science Italienne."

MR. W. HAY (Hull).—Note forwarded, and matter will be attended to.

"LE ET LES."

A STORY is going the round of the French journals to the effect that a Chinaman, being pressed for money, sat down and cut off "le et les," by which means making himself a eunuch. He sold "le et les" for nine francs, or perhaps it would be more correct to say that he pawned them, for, of course, they had no intrinsic value, but were accepted in the belief that their original owner would eventually seek to redeem them in order to avoid the stigma of mutilation when he came to retire from this world. It is said that as large a sum as £600 has been paid for the recemption of "le et les." The study of anatomy must be a difficult matter in the Celestial Empire.

DR. A. B. GRIFFITHS, F.R.S.Edin. (Brixton).—Paper on ichthyol received.

ALCOHOLISM.

TO produce a positive antipathy to wine Senor D. Baratier (*El Siglo Medico*) recommends the addition of a small quantity of ammonia. When the drinker persist in taking too much the doctor supplies the wine with the added dose of ammonia. After a few doses the disgust to the mixture becomes intense. So much so that even the sight or smell of wine is unpleasant.

ACCORDING TO THE TEXT-BOOKS.

A BRIGHT young "dresser," whose knowledge of anatomical illustrations seems to have exceeded his acquaintance with the operating table, was asked the other day how he could distinguish between a vein and an artery in an operation. "By the colour," quickly responded the youth. "What is the difference?" asked the surgeon. "The veins are a beautiful blue, and the ——" but the remainder of his interesting statement could not be made out owing to the altered condition of the class.

Vacancies.

Bradford Union Workhouse.—Resident Assistant Medical Officer (unmarried). Salary £100 per annum, with washing, apartments, &c. Applications and testimonials addressed to the Clerk of the Guardians before August 31st.

Children's Hospital, Nottingham.—House Surgeon, non-resident. Salary £100 per annum. Applications to the Secretary on or August 22nd.

Manchester Children's Hospital, Pendlebury, Manchester.—Junior Resident Medical Officer. Salary £80 per annum, with board and lodging. Applications and testimonials to the Chairman of the Medical Board on or before August 31st.

Manchester Clinical Hospital for Women and Children, Park Place, Cheetham Hill Road.—House Surgeon. Salary £80 per annum, with apartments and board. Applications and testimonials to the Secretary not later than August 29th.

Manchester Royal Infirmary.—Resident Surgical Officer (unmarried). Salary £150 per annum, with board and residence. Applications and testimonials to the General Superintendent and Secretary on or before August 22nd.

Owens College Manchester.—A Senior and Junior Demonstrator in Physiology. Salary £150 rising to £200, and £100 rising to £150 respectively. Applications to the Registrar on or before September 22nd.

Royal Free Hospital, Gray's Inn Road, W.C.—House Physician. No salary, but board, &c., are provided. Applications and testimonials to the Secretary by August 31st.

Royal Isle of Wight Infirmary and County Hospital, Ryde.—House Surgeon and Secretary. Salary £60 per annum, with residence, board, and washing. Applications, with recent testimonials, to the Secretary not later than August 21st.

West Riding of Yorkshire Rivers Board.—Appointment of Chief Inspector. Salary £700 per annum, with travelling expenses, but no pension attaches to the office. Applications and testimonials to the Chief Inspector of Rivers not later than August 29th.

Appointments.

BANKS, A., F.R.C.S.Eng., L.R.C.P.Lond., D.P.H., Assistant Surgeon to the Royal Isle of Wight Infirmary and County Hospital.

BLACK, Prof. D. C., M.D.Glasg., Examiner in Physiology in the University of St. Andrew's.

BURDWOOD, J. W., L.F.P S.Glasg., Medical Officer of Health for the Bourne Rural Sanitary District.

CLARK, H. J., L.R.C.P.Lond., M.R.C.S., A Clinical Assistant, Chelsea Hospital for Women, Fulham Road, London.

DOCHARD, A. T., M.B., C.M.Edin., Medical Officer for the Whitefield Sanitary District of the Bury Union.

DUNN, P. H., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Stevenage Sanitary District of the Hertford Union.

EDMUNDS, P., M.B and B.Sc.Lond., Medical Officer under the London County Council to No. 7 District (Fire Brigade, &c.)

FRIEL, A. R., M.D., Dubl., a Clinical Assistant, Chelsea Hospital for Women, Fulham Road, London.

GENGE, G. F. S., L.R.C.P.Lond., M.R.C.S.Eng., House Physician to the Westminster Hospital.

HAYDON, W. R., M.D., C.M.Glasg., Medical Officer of Health by the Tiverton Rural District Council.

LAMPLOUGH, C., M.R.C.S., L.R.C.P., Resident Medical Officer to the City of London Hospital for Diseases of the Chest, Victoria Park, E.

LITTLEWOOD, J. C., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health by the Blackwell Rural District Council.

MANNING, G. E., L.R.C.P.Lond., M.R.C.S., House Physician, Sunderland Infirmary.

PARKER, H. T., M.D.Lond., L.R.C.P., M.R.C.S., Assistant Medical Officer, Eastern Hospital, Homerton.

PENNY, F. S., L.R.C.P.Lond., M.R.C.S., House Surgeon, Sunderland Infirmary.

WEINMAN, C. F., M.B., C.M., a Clinical Assistant Chelsea Hospital for Women, Fulham Road, London.

WOOLLACOT, F. J., M.B., C.M.Oxon,, Assistant Medical Officer, Eastern Hospital, Homerton.

Births.

GEORGE.—Aug. 5th, at 42 Church Street, Grove Road, N.W., the wife of Isaac George L.R.C.P., of a son.

JOLLYE.—August 10th, at 49 Acre Lane, Brixton, S.W., the wife of A. Dixon Jollye, M.R.C.S., &c., of a son.

MACNAB.—Aug. 7th, at the Old Parsonage, Itchen, Hants, the wife of Surgeon-Captain A. J. MacNab, F.R.C.S., Medical Officer, Queen's Own Corps of Guides, of a daughter.

REYNOLDS.—Aug. 6th, at 81 Hornsey Rise, N., the wife of Austin Edward Reynolds, M.R.C.S.Eng., &c., of a son.

THOM.—Aug. 8th, at Parkview, Barlinnie, Glasgow, the wife of J. Maxtone Thom, M.B., C.M., of a daughter.

Marriages.

GOUGH-PHILLIPS.—Aug. 14th, at Emmanuel Church, Compton Gifford, Plymouth, John Harley Gough, M.R.C.S.Eng., L.R.C.P. Lond., of Harwood, Horrabridge, eldest son of the late Henry Gough, of Manchester, to Mary Susan Phillips, only daughter of late John Phillips, of Buckland Abbey, Yelverton.

VERNON—FARRANT.—Aug. 5th, at St. Mary de Crypt, Gloucester, John Justinian Vernon, M.B., of Stockport, to Helena Sophia, Engledue Farrant, second daughter of Staff-Commander Dover Farrant, R.N., Dockmaster, Gloucester.

WATKINS WILLIAM—SKILBECK.—Aug. 6th, at St. Anselm's Church, Pinner, Penrose Lanyon Watkin Williams, M.R.C.S., L.R.C.P., of Dunster, Somerset, second son of the late Hon. Mr. Justice Watkin Williams, and of Lady Watkin Williams, to Ellin Margaret, second daughter of George Thornton Skilbeck, Esq., of Clonarid, Harrow Weald, Middlesex.

Deaths.

CLARK.—July 8th, in Jamaica, James Henry Clark, M.R.C.P., L.R.C.S., &c., only surviving son of the Rev. T. H. Clark, of the London Missionary Society, in his 50th year.

DALDY.—July 10th at Coromandel, New Zealand, Frederick Samuel Daldy, M.R.C.S., L.R.C.P., son of the late Dr. Daldy, of 41 Finsbury Square, London.

WEBB.—Aug. 9th, at 18 Lupus Street, St. George's Square, S.W., John Craske Webb, M.D., M.R.C.S., L.M., L.S.A., aged 63.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, AUGUST 26, 1896. No. 9.

Original Communications.

THE PROGRESS OF CHEMISTRY IN ITS APPLICATION TO PHYSIOLOGY, PATHOLOGY, AND THE PRACTICE OF MEDICINE.

By J. L. W. THUDICHUM, M.D., F.R.C P.Lond.,

XIX.—ON THE REACTIONS OF SOME BILIARY PRINCIPLES, PARTICULARLY BILIRUBIN, WITH IODINE.

1. *The Situation as affected by an Essay by Dr. A. Jolles, of Vienna.*

IN Vol. 57, of "Pflüger's Archive of Physiology," (1894), pp. 1—57, is printed a paper by Dr. Adolph Jolles, of Vienna, which bears the title "*Contributions to the Knowledge of Biliary Matters, and a Quantitative Method for Estimating Bilirubin in Human and Animal Bile*—From the Chemical and Microscopical Laboratory of Dr. Max and Dr. Adolph Jolles." The author founds his entire essay upon the alleged discovery of the late Professor Maly, of Prague, according to which "bilirubin" was to be transformed into "biliverdin" by bromine and a process of oxydation engendered thereby. In doing so, he overlooks completely that his authority had already in October 1875, in the third part of the 72nd volume of the Reports of the Vienna Academy, revoked this statement. For I had already, in 1872, discovered, published, and communicated by letter to Professor Maly, then at Graz, my discovery, to the effect that the action of bromine upon bilirubin did not consist in oxydation, but in substitution. Maly also revoked all his former statements relating to this subject, notably those in *Erdmann's Journal f. Pract. Chemie*," 1868, in the vols. 57, 59, and 70, of the Reports of the Vienna Academy, and in vol. 163 of "Liebig's Annalen," and recognised, though only in a disingenuous foot-note, my discovery and its priority. I had been compelled to proceed polemically against Professor Maly in papers which were published in "Pflüger's Archiv.," "Liebig's Annalen," the *London Chemical News*, in my "Annals of Chemical Medicine," vol. 1, p. 320, and in my German work, "Gundzüge der Anatomischen und Klinischen Chemie," Berlin, 1886, and in a separate pamphlet.

It followed from this that the basis upon which Dr. Jolles supposed to construct his research had already disappeared from the empire of facts for nearly twenty years. Curiously enough, he states that when he studied "bilirubin," as he terms his object, and its supposed oxydation, in a different manner, he obtained results which differed from those of Maly, one might say of necessity, they being revoked errors. But Jolles did not communicate these results, and reserved them for future treats.

The paper of Dr. Jolles begins with the statement, which is unconditionally made, that "bilirubin" was transformed into "biliverdin" by an alcoholic solution of iodine. [The names of the substances are marked by inverted commas to indicate that they are symbols of bodies to which Dr. Jolles attributed these names; but the substances do not by any means correspond to, or are identical with, the substances hitherto called bilirubin and biliverdin.] The assertion concerning the action of the tincture of iodine upon "bilirubin" is, however, only the result of an inference from the long since disproved surmise concerning the action of bromine upon bilirubin, and not the result of any experiment at all; it is made twenty years after the fall of its type; no attempt is made to define the alleged reaction, to isolate or analyse any of its supposed products. I might, therefore, rest satisfied with showing, that as the præmisses relied on by Dr. Jolles do not exist, his analyses or rather quantations, and theses, derived by him from them, must have, of necessity, the same fate. But the entire disquisition, filling 53 pages, in a noted repository of physiological research, is much too complicated and pretentious to be left to the unaided judgment of all readers who are not specially informed. I therefore hold it to be my duty as a man who has carried on researches in biological chemistry for many years, to expound and prove to the readers not only the erroneous conclusions which are derived from the principal or fundamental error, but also the most prominent of the collateral or subordinate erroneous statements, which are presented in the form of original facts but are in reality only false facts.

2. *Spectroscopic Errors.*

On p. 3, Dr. Jolles says that he had proved the identity of his green product obtained by iodine from bile, or from "bilirubin" with "biliverdin," by the spectroscopic method. Against this, it must be remembered that true biliverdin made from true bilirubin, by soda as solvent and air as oxydant, possesses no specific absorption in its spectrum. From this fact alone, it follows, that as the green products of Jolles obtained from bile by iodine, exhibit such absorptions, they cannot be identical with biliverdin.

From the further statements of Jolles concerning the spectra of "bilirubin" and "biliverdin," it follows, as a matter of absolute certainty, that he has never seen either of the substances properly so-called in a pure state. He says that his "bilirubin" in solution (the solvent undefined) showed a narrow band of absorption between D and E; while his "biliverdin" showed a band in the same position, and a second wider one beginning at D and extending towards Red.

No one can doubt that Dr. Jolles had seen the spectra which he represents on a plate; but those just alluded to do certainly not belong to either bilirubin or biliverdin properly so-called; for neither of these well-known and well-defined bodies has in its solution any specific phenomena of absorption.

The spectra which Jolles represents on a plate are products of the reaction of iodine, air, light, and perhaps of chloroform and acid, the one used the other produced in the reaction with the different, as yet, quite unknown primary coloured ingredients of the relative specimens of bile. Of such spectra I had collected quite a series in my attempts to extract bilirubin from fresh ox bile; but I abstained from publishing them for the following reasons:—Both primary

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and secondary pigments of bile are subject to quick transformations in chloroform. The primary pigment (*cholochrome*) is changed in the only agent by which any of it has as yet been extracted, not only quickly but continuously. Light and heat expedite the reaction which takes place between the pigment in the one, and the chloroform on the other, hand; the products are chlorinated.

3. *Bilirubin reacts with Chloroform.*

Bilirubin, $C_9 H_9 NO_2$, reacts also with chloroform, slowly in diffuse, quickly in direct, sunlight. In this case also at least four chlorinated bodies are formed, in which the presence of chlorine has been proved analytically. The Italian Professor Capranica thought he had produced "biliverdin" when he observed that a red solution of bilirubin in chloroform was transformed by sunlight alone into a green solution or precipitate. But the green matter was only the product of the reaction of bilirubin with chloroform. More explicit information on this reaction the readers will find in my essay thereon in Moleschott's "Beiträge zur Naturlehre," 1883.

I had many years ago studied the reaction between iodine and bilirubin, and although I recognised it at once as a substitution, my experiments convinced me that it was under the circumstances unsuitable for stoichiometric treatment. I operated with solutions, in anhydrous chloroform of iodine as well as bilirubin, omitting alcohol in the first instance; but even when the solution was evaporated *in vacuo* and in darkness, *at least two bodies* were formed. For as soon as iodine entered for hydrogen, the latter formed, of course, hydriodic acid, and this acted on its part upon bilirubin by substitution of hydroxyle, exactly as has been proved by experiment to be the case when hydrobromic acid acts upon bilirubin.

4. *Erroneous Formulæ of other Authors adduced by Jolles.*

It is in accordance with some characteristics of modern physiological chemistry that Jolles gives a neat formula of a reaction which does not exist. One molecle of so-called bilirubin was to react with four atoms of iodine and two molecles of water so neatly as just to yield "biliverdin" and hydriodic acid, and nothing else. But not only does the alleged reaction not exist at all, even the formulæ employed in its construction on paper by the well-known process of "cooking" are both erroneous, and long since proved to be so. In addition, the alleged formula for biliverdin is not only merely realleged, but is erroneously quoted, of course, because the writer has not seen the book from which he professes to quote.

Jolles repeats the erroneous statement that Maly and Städeler had "determined," or ascertained the formula of bilirubin to be $C_{32} H_{36} N_4 O_6$. In the first place, Maly has not ascertained any formula for bilirubin at all; he has not even made a complete analysis of it, and in particular has not ascertained the amount of nitrogen in his preparation, either by measure or by weight. He was therefore never in a position to calculate a formula for bilirubin. The formula which Dr. Jolles has used in his mathematical symbol for an impossible reaction, is the one invented and cooked by Städeler alone, as we shall show more in detail lower down.

To support the statement, that Maly had "determined" the formula of biliverdin obtained by transformation of bilirubin as $C_{32} H_{36} N_4 O_8$, Dr. Jolles quoted the paper of this author in *Journ. of Prac. Chem.* 104, (1868) 28, (the same volume which contains my first researches on bilirubin and biliverdin). But in the paper adduced we only find the formula $C_{16} H_{18} N_2 O_4$, and that as the result of the hypothesis of oxydation; and this although cited by Jolles himself, does not fall in with his attempted revival of the oxydation formula, which, as we have seen, has already been abandoned by its author in 1875.

5. *Prædestiny of Dr. Jolles's Operations.*

The single parts of the operative processes of Dr. Jolles undergo the fate of the principal thesis. He believes to have found by estimating *residues* of iodine, which remain as excess after a portion has been absorbed for the supposed oxydation, that 100 parts of "bilirubin" require five parts of oxygen as a matter of simple addition to be transformed into biliverdin. As it is proved that bilirubin does not undergo oxydation but substitution, at least in the first instance, this attempted explanation of the consumption of iodine as well as the alleged quantity of consumed oxygen (from water) must necessarily be erroneous, even in case the operation were carried out on pure unquestionable bilirubin. But they become mere hallucinations, when they are carried out on specimens of bile, of which it is by no means proved that in a normal condition they contain bilirubin.

6. *Ox bile contains no Bilirubin.*

Although Dr. Jolles adduces from the "Handwörterbuch der Chemie," vol. 4, p. 305, the statement that "apparently bilirubin was absent from heifer's bile," he declares this to be an error, without having made any researches on the subject. But the error remains for the present on the side of Jolles. As matters stand at present, bilirubin cannot be produced directly from ox bile; to obtain it from this material it is necessary to let it undergo *putrefaction* in a cool place, after which bilirubin can be extracted from *the deposit* which, as the result of physiolysis, forms in it. Bilirubin, when it is contained in ox bile or human bile in an undissolved state is a product of decomposition of a higher, that is to say, more complicated pigment contained in it. On this higher pigment Dr. Jolles has made his experiments, but without possessing any knowledge of its properties and composition, or even of its existence.

7. *Human Bile.*

The principal pigment in human bile is a matter which by putrefaction, or in the course of gallstone-disease, or in other morbid conditions yields a brown pigment, which gives with earths insoluble compounds and is termed *bilifuscin*. The matter which on decomposition yields bilirubin is, in human bile, subordinate as concerns rank as well as quantity to that which yields bilifuscin. In human bile, therefore, iodine, when it reacted with the pigments, must have yielded two series of reactions side by side, the nature of which as well as that of the reacting matters themselves are quite unknown. How can such manipulations be termed "quantitative determinations"?

8. *Pig's Bile.*

Dr. Jolles applies his fallacious reaction to pig's bile also, under the assumption that it contained "bilirubin." Concerning the pigments which come under consideration in the investigation of pig's bile. I had proved already in 1866, that the *yellow* pigment present in the very rare gallstones of pigs, is by no means bilirubin, but a pigment of a particular kind, *hyoflavin*, which differs from bilirubin (of man and ox) at least as much as hyocholic acid differs from cholic. This hyoflavin also is not identical with the pigment contained in pig's bile, but only derived from it. For this reason the application of iodine as a reagent for bilirubin, fallacious in itself, is still more objectless and fallacious, when applied to pig's bile, than for human or veterine bile.

9. *Some Subordinate Errors Contained in Dr. Jolles's Paper.*

Amongst the errors considered in the foregoing are interspersed a number of errors, which although not touching the main question, are illustrative of the conditions under which they arose. Thus the author is

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under the impression that the final product of the inter-action of bilirubin and bromine was *choletelin*. Whatever the product thus called may be, it has never been obtained by the action of bromine, but only by that of nitrous acid upon bilirubin; in the consideration of the effect of iodine upon bilirubin it does not come in sight even as a mere matter of possible analogy. I have however proved that the action of nitrous acid upon bilirubin consists in an energetic, nay even destructive oxydation, besides a substitution, and that here also a number of products are obtained, the mixture of which has not been as yet disentangled by anybody, and which can therefore not be symbolised by a name implying a single unitary substance.

Dr. Jolles repeats further the error which has long since been shown to be such, that (ox) bile contained "*lecithin*." Ox bile does not contain or yield any lecithin, but a phosphatide with four atoms of nitrogen, the platinochloride salt of which, crystallised in exquisite form and purity has been carefully analysed by me, and found to have the composition expressed by the formula $C_{82}\ H_{164}\ N_4\ PO_{36},\ H\ Cl + 2\ Pt_2\ Cl_4$.

He further repeats (p. 301) the error concerning *urobilin*, which was refuted in 1875, and has since been repeatedly refuted by others; it is this figment which has had even a forged formula given to it, and with this has been paraded in works on so-called physiological chemistry.

Dr. Adolf Jolles has quite lately elaborated the fallacies connected with this name, "urobilin," in a special paper of fourteen pages in the same Archiv., 1895, vol. 61, p. 625 to 637. After having given a choice collection of extracts from literature, from which all opposing elements are prudently omitted, he announces his own discoveries, *e.g.*, the allegation that urine containing a small amount of bile pigment, which is again assumed to be bilirubin, after standing exposed to the air for several days, will no longer show any bilirubin whatever, urobilin having taken its place. This is a proposition, slightly altered, first made by Hoppe Seyler (*Pflüger's Archiv.*, 10, 208), and amply disproved. Then follow the usual spectroscopic fallacies, but never an isolation of a product, or any characterisation by organic analysis. From some discriptions of urine he fancied he had isolated pigments, which possessed "all the characters of the red and brown oxydation products of bilirubin," but the definition of these products—formerly described as green, and called biliverdin, now become red and brown—he leaves to the imagination of the reader. Other descriptions of urine yielded him a substance identical with "choletelin," which he describes as the highest oxydation product of bilirubin, and which is, according to him, nothing less than the yellow pigment of the normal urine. He has evidently studied the literature concerning this particular point just as little as the literature concerning bilirubin, and does not know that this supposed identity of this so-called choletelin with urine pigment has been long since abandoned *by its authors*. B. J. Stockvis had first propounded this identity, but Maly had denied it, while upholding the equally absurd proposition of identity of urobilin and hydrobilirubin. This alleged identity, disproved in 1875, rested only on a similarity of the spectra, and on no other fact whatever; what Maly analysed was the reduction product by sodium, of bilirubin, and by no means urobilin from urine. This hydrobilirubin contained 64·68 per cent. C. and 6·93 per cent. H.; while choletelin contained 55·45 per cent. C. and 5·30 per cent. H.—the nitrogen was not examined. Stockvis then admitted the difference, though with some quibbling windings. These discussions can be seen in that repository of ill-digested and hastily made "preliminary communications" and collection of abstracts, entitled "*Centralblatt f. d. Med. Wissenschaften*," for 1873, No. 14, p. 211; No. 21, p. 321, and on p. 449 for the same year; also in Maly's Report, Vol. 3, 1874, p. 200. A. Heynsius endeavoured to support Stockvis (*Pflüger's Archiv.*, 10, 246), but was opposed by Leo Liebermann (the same Archiv., 11, p. 181-190). Here this absurd discussion had ended. All the absurdities are now warmed up again by Jolles.

10. *Dr. Jolles's Acquaintance with Literature.*

Dr. Jolles refers to a number of authors by name, but I am quite certain that he has not read any one of them in their original publications. As regards one of them, I have already proved this above. He repeatedly alludes to a selection, made by himself, of Städeler's publications on biliary pigments (should be pigments of biliary calculi), and I am moved thereby to recall to the memory of the reader the metamorphoses which the views of this Professor have undergone when they are considered as presented in *all* his publications. The first and best of his analyses of bilirubin from (ox) gallstones were communicated in Frerich's "Handbook of Diseases of the Liver." His formula was then $C_9\ H_9\ NO_2$. At a later period he prepared a lime salt of this bilirubin, and by means of a single quantation of lime in this compound, which was faulty by its method, not controlled by repetition, and executed on far too small a quantity of material, he came to the totally erroneous conclusion, that the formula of bilirubin was $C_{16}\ H_{18}\ N_2\ O_3$. He obtained by his analysis 9·1 per cent. caustic lime, and concluded that he had analysed a *neutral* lime salt of bilirubin, rejected his former analyses of crystallised bilirubin, and gave $2\ (C_{16}\ H_{17}\ N_2\ O_3) + Ca = C_{32}\ H_{34}\ Ca\ N_4\ O_6$ as the expression for the composition of his neutral calcium bilirubate. After I had produced two series of salts of bilirubin, neutral and half-acid ones, all fully proved by the concordance of copious elementary analyses of compounds with a variety of bases, no reasonable person can have any doubt that Städeler had produced the half-acid lime salt, namely, $C_{27}\ H_{29}\ Ca\ N_3\ O_8$, which requires 7·1 per cent. calcium; he had found only 6·5 per cent. calcium without quantating a single one of the other elements, and estimating calcium only once as caustic lime. The neutral salt $C_{18}\ H_{20}\ Ca\ N_2\ O_6$ requires 10 per cent. of calcium, and could, therefore, not be represented by Städeler's compound). Without stopping to consider his statements on biliverdin and bilifuscin, I only observe that he distinguished *biliprasin*, which, according to my researches, is no educt at all, but a product of his process, namely a mixture of four green compounds formed by a reaction of the solvent chloroform with bilirubin under the influence of sunlight. These compounds have been already alluded to above in connection with the name of Professor Capranica, who mistook them for "biliverdin." In consequence of the publication of my researches Städeler abandoned his second formulation of bilirubin, and with this, of course, all the other formulæ of his biliverdin, biliprasin, and bilifuscin, doubled a second time his contracted formula for bilirubin to $C_{32}\ H_{36}\ N_4\ O_6$, and declared it to be a hexabasic acid, a mistake to which he was reduced by the then newly made discovery of the nature of mellitic acid. Without explaining in any way his relinquishing of his first formula, and practically condemning the whole of his work, he now set about to coerce my analytical data into this hypothesis, without making a single test, preparation, or analysis. Not one of the formulæ manufactured on paper by Städeler, and not a single element of any of his bogus formulæ can be derived from my preparations and analyses. The quantities of metals attributed to the compounds in these fictions are all from 1 per cent. to 6 per cent. below the quantities which I have most accurately worked out. I can signalise this proceeding on the part of Städeler only as an act of despair in relation to his own work, but apart from motive it was a most reprehensible act of malevolent perversion, more par-

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ticularly as I had given him full credit for the correctness and validity of his first researches; but he did not give the slightest reason or argument for the abandonment of these as well as the rest of his work, so that as regards any explanation of the three different conceptions we are entirely reduced to our own interpretations.

Dr. Jolles had, therefore, no right to even quote Städeler, without supporting his statements by new analyses and facts; and, thus, the errors of others which he quotes and appropriates help him only to swell the number and increase the intensity of the errors of his own.

11. *New Experiments on the Action of Iodine upon Bilirubin.*

As stated above I had already made a number of experiments with iodine on bilirubin in 1874, and published them. But the importance of the subject caused me to repeat and modify them in 1895 in order to be able to speak with confidence on the subject as now raised.

12. *Bilirubin and Iodine Vapour.*

Bilirubin of the composition expressed by the formula $C_9 H_9 NO_2$ reacts with dry bromine vapour quickly and in a precise manner, forming $C_9 H_7 Br_2 O_2$, dibromo-bilirubin. But with iodine vapour acting at 100° C., it does not react at all. 0·2830 grm. bilirubin were heated during seven hours with iodine vapour suspended in air at 100° C.; the red body became only a little brown on the surface of the fine powder, being the effect of air, heat and light; after the evaporation of all iodine the weight of the apparatus had increased by only 0·0080 grm., say 8 milligrammes; the weight of the bilirubin had risen from 0·2830 to 0·2910.

13. *Action of Iodine upon Bilirubin in Chloroform.*

The experiment with solution of bilirubin and iodine respectively in chloroform only, alcohol being excluded has been referred to above.

Half a gramme of bilirubin, also of the composition expressed by the formula $C_9 H_9 N O_2$, was dissolved in somewhat more than a litre of chloroform; to this solution a solution of sublimed iodine in absolute alcohol was added gradually; the solution protected from the action of light, assumed a dark red, but no green colour. Even after the action of an excess of iodine during twenty-four hours, the solution was red and not green. When the solution was shaken with water, and the latter was filtered through a wetted filter, it remained a colourless solution, in which starch gave no blue colour. But when nitric acid was added to the solution, iodine was set free, and the deep blue colour showed that hydriodic acid was in the solution and yielded the iodine. Now as the principal reaction has been carried on in the absence of water, oxydation by decomposition of water could not have taken place; there remains therefore only *substitution* as the modus of the reaction, and the product of this was *red*. When the solution, before having been saturated with iodine, but shaken with water, was exposed to light, it became green in a few hours, and deposited a turbidity as a green precipitate. This reaction evidently took place between the bilirubin not yet saturated with iodine, and was effected by light. The product could not be analysed because it was too small in amount, and a few tests showed that it consisted of several products, all of a complicated nature; it certainly contained no biliverdin. The bilirubin solution saturated with iodine was red, and remained red after treatment with water. Therefore no biliverdin was produced, while iodine entered into the composition of the bilirubin, producing *iodo-bilirubin*, and this gave out hydriodic acid, which in its turn produced *another compound*.

From this follows practically what the reaction of Jolles had already proved theoretically, namely, that his statements regarding the oxydation of bilirubin are entirely and absolutely erroneous. Hence all the many analyses or determinations so-called, which are collected in three principal tables, setting forth the detailed figures of 69, 64, and 29 results, all being no doubt the products of laborious efforts, are all quite useless and absolutely null and void.

14. *Further Treatment of the Iodised Chloroform Solution.*

I observed the products spectroscopically, and obtained in one day alone thirteen differently-coloured products, with thirteen different spectra, which alone prove that the reaction must be very complicated and many-sided.

15. *Solution of the Products in Caustic Soda.*

In order to isolate if possible the, or any, iodised bilirubin the solution was shaken with caustic soda solution; all coloured matter passed over into the alkaline solution, and this assumed a yellowish brick-red colour; this again showed the complete absence of biliverdin, which would have imparted a green colour; the red solution showed before the spectroscope total absorption from ultra-violet to yellow, on dilution an absorption band in green, feeble blue; on further dilution the band became narrower.

16. *Acidification of the Alkaline Solution with Acid.*

On addition of sulphuric acid two products appeared, one A was precipitated as a *dark violet* matter soluble in alcohol with purple violet colour, and showing a diffuse broad absorption band in place of the green; a more concentrated solution passed no light at all. A second body B remained in solution with the sodium sulphate, and had a violet colour; its spectrum was similar to that of the body A in alcohol, but the maximum of its absorption was moved unsymmetrically towards blue, while the maximum of A was symmetrically in the middle of the band; the blue of the spectrum was clearer than that of the alcohol solution.

When the precipitation or acidification was made with hydrochloric acid the products were again different; the acid violet solution B had a broad band over green and yellow; while the precipitated body A dissolved in chloroform showed a narrow band in green. The chloroform extract of the precipitate by sulphuric acid showed the same narrow band in green. Not a vestige of green matter of any kind was liberated by the acids; if any biliverdin had been present it must have appeared and obscured the violet bodies.

On standing, *i.e.*, by time, or on the application of heat, or the addition of reagents all products change to the bare eye as well as to the eye armed with the spectroscope. After arriving at this result I did not examine the products any further.

17. *Green Matter which is Deposited during the Iodising Process as above described.*

Isolated by the filter it became nearly black on drying; was soluble in alcohol, but lost colour with time; the solution had an enormous general power of absorption of light of all qualities, but when diluted showed a feeble band in green.

18. *Chloroform Solution after Treatment with Caustic Soda.—Rose-coloured Product.*

The solution at first colourless, on standing in light, assumed a *rosy colour*, and showed a well-defined absorption band over yellow and green. Renewed treatment with caustic soda removed the rose-coloured body. Only after many such extractions with alkali did the frequently-renewed appearance of the rose colour cease.

19. *Volatile Acid Product.*

On distillation of a sample of chloroform not yet free from the rose-coloured body, there remained in the flask, and on the temperature rising passed into the state of vapour, and went over into the cooler, a product

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which was at first fluid and yellow; it had a fearfully irritating effect upon the eyes, causing me a painful and severe spasm of the orbicular muscles of the eyes and much lachrymation, so that for a short time I could not see at all, and for some hours only badly.

20. *Conclusion.*

If it is considered that all these products were obtained from half a gramme of bilirubin in somewhat more than a litre of chloroform, it will be seen that practically, as well as theoretically, the smooth reaction of Jolles's formula does not take place. No less than *five products* are formed, the violet bodies A and B, the *green body*, the *rose coloured (later acrid)* matter, and the *acrid matter itself;* and all these substances change ceaselessly in their solutions, on standing, on being heated, like the rose-coloured matter, or when they are being dried. The iodised products, therefore, behave just like the analogous products of bromination. For these reasons I have not followed the reactions any further, although I have relatively large quantities of quite pure bilirubin at my disposal. To this resolution I had already come on the basis of earlier experiments; they have been all confirmed by the present series.

21. *Abstracts and Abstractors.*

An abstract of the paper of Dr. Jolles was printed amongst its cogeners in animal chemistry in the "Journal of the Chemical Society of London." Even the most fallacious data, and a number of enormities of theses, were unwittingly repeated by the abstractor, without a word of warning to the readers of the journal, most of whom would never see, and have no means of judging of the value of, the original. This absence of criticism where it is highly needed is the counterpart of the exercise of the same faculty on subjects which some reporters have no knowledge of, and yet endeavour to deteriorate in the opinion of their readers. The modern abstracts thus become instruments for the propagation of error, as well as the exercise of personal spite (of such manifestation of personal spite the Book of Abstracts, published by Professor Maly, contains numerous examples, perpetrated by the Editor himself), and those who rely at all upon abstracts arrive at last in a situation of being steeped, and in danger of being drowned, in error. The subject of our present article is as good an illustration of the effect of reading and relying upon abstracts in physiological chemistry, as Don Quixote was of the effect of reading the romances of his period, but unlike the latter, it is not comical, on the contrary, gives rise to serious apprehensions for the immediate future of medical chemistry while manipulated by such hands.

The abstracts ultimately wander into so-called handbooks or text-books, until these choice productions consist of strings of abstracts only, and kill the spirit no less than destroy the body of the beautiful science of which they are the Kako demons.

REPORT ON

SYPHILITIC RE-INFECTION.

By H. FITZGIBBON, M.R.C.P., F.R.C.S.I.,

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In 1888 I publicly stated in the conclusion of an Address upon Syphilis which I delivered as President of the Royal College of Surgeons of Ireland, at the Opening Meeting of the Surgical Section of the Royal Academy of Medicine—"That we know that syphilis, like other eruptive fevers, can be cured and wholly eliminated from the system, the proof of this, is the fact that it is now no longer impossible for the disease to be contracted a second time by the same individual."

I made this statement with the fullest conviction that syphilis, if uncomplicated, and judiciously treated, is capable of being as thoroughly eliminated from the system as variola, scarlatina, measles, or any other eruptive zymotic disease, and that like these diseases, although one attack affords a certain immunity from a second, yet a sufficient number of undoubted instances of re-infection of syphilis in the same individual had been reported to afford conclusive evidence that under certain circumstances the disease not only becomes entirely eliminated, but that even the protective effect of the first attack dies out.

The law which Ricord proclaimed in 1831, "la unicite de la syphilis," was accepted almost universally as unimpeachable, on the faith of his then justly pre-eminent reputation as the greatest living authority upon the subject. It may reasonably be doubted whether Ricord ever intended to assert the absolute impossibility of re-infection, for as early as 1845 he expressed the belief that exceptions to the law of the unicity of syphilis might be found, and he hoped that it might be so, as he believed it would be proof that the effect of syphilis was not necessarily life-long, subsequently he met two cases which he regarded as conclusive. In 1863, in an article "de la re-infection syphilitique" published in *Archiv. gen. de Med.*, Diday reported over 20 cases which he believed to be instances of second infection. At this epoch there was a widespread belief among men whose experience best qualified them to express an opinion on the subject, that one attack of true syphilis did not give immunity to the individual from a repetition of the disease. For example, of 33 witnesses who were examined before a Special Committee appointed by the Secretary of State for War in 1867, to make a report upon venereal diseases as affecting the British Navy and Army, 23 were of opinion that one attack afforded no immunity from a second, while only 16 adhered to the doctrine known as Ricord's law. In the edition of "The Pathology and Treatment of Venereal Diseases," published in New York by J. Freeman Bumpstead, in 1883, the author says: "Before we can admit a second attack of syphilis we must have an undisputed history of the first infection, we must have proof beyond doubt of a second chancre, which is followed by well-marked enlargement of the inguinal ganglia, and later on by secondary manifestations of an undoubted syphilitic nature. Without this succession of lesions, we cannot admit the claims of any case of syphilitic re-infection." Bumpstead having thus defined the evidence upon which a case may be admitted to be one of re-infection, adds, "I have seen and treated three well-marked cases of re-infection with syphilis." It was not only upon the faith of such unquestionable evidence as I have quoted that I declared myself convinced in 1888 that syphilis can be wholly eliminated out of the system, and that the possibility of re-infection is a proof that such is the case. I happened to have under my own observation at the time a case which, even if no other case had ever been recorded, and if all the world denied the possibility of a second syphilitic infection it would have alone justified my conclusion on the principle that "seeing is believing." As I never yet published this case, I will give it here in detail.

J. W., æt. 21, an officer in the Post Office Service, with a previous history of exceptionally good health, presented himself to me in March, 1880, having a typical solitary indurated chancre close to the frænum, beneath which a perforating process of ulceration had commenced. I divided the undermined frænum, and applied a saturated solution of nitrate of copper to the sore, which was then dressed with black wash. At this time there was no manifestation of constitutional syphilis except the local induration. The patient was fairly definite as to the time he contracted the disease, being about four weeks previous to my seeing him. One week later multiple adenitis of the inguinal glands appeared and the nuchal glands became per-

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ceptibly enlarged. the submastoid gland lying in the space between the anterior margin of the trapezius and the posterior margin of the sterno-mastoid muscle was well-marked. This particular lymphatic I have observed to be almost constant in cases of recent syphilitic infection; the enlargement of it is not symmetrical, being frequently unilateral, and when bilateral is always more conspicuous on one side than the other. The appearance of this multiple adenitis in the inguinal and nuchal glands is characteristic of recent syphilitic infection and the common prodrome of the first skin eruption, as was the case with this patient, who developed a profuse roseolar syphilitic eruption about a week after the development of the adenitis. He was treated by inunctions and baths, and remained under my care and observation during the whole course of the disease; he had no unusual complication, although he had recurrent manifestations of syphilis in various forms during the first year. He made a good recovery, and in October, 1881, just one year and ten months from the time he contracted the disease, I advised him to discontinue all treatment, as I believed him to be perfectly cured.

His health continued good until October, 1886, when he again presented himself for advice, having contracted a sore underneath the foreskin, it had all the appearance of a large Hunterian chancre lying in the sulcus and involving both a portion of the glands and foreskin. There was some difficulty owing to the presence of slight inflammatory phimosis in exposing it, but when brought into view, it was found indurated, and commencing to break down in the centre, where a gangrenous slough was forming.

The inguinal glands, which had been quite free for four years, were again enlarged and matted together, there was a considerable number of nuchal glands enlarged and the submastoid gland on the right side was fully as large as a bean. At no time during his previous attack were the lymphatics as extensively engaged as they were at this time. I applied strong nitric acid to the sore, and directed him to dress it with black wash on lint.

He was quite candid and fairly definite in his statement as to when he was exposed to contagion, and in this instance he believed it was in the last week in July, or about eleven weeks previous to my seeing him. He felt no discomfort after the application of the nitric acid, but the inflammatory phimosis increased the next day, so that he was unable to draw back the foreskin in order to dress the sore, he postponed coming to me until the second day after the cauterisation when I found it necessary to split up the prepuce. Having done so, I found that the chancre had become phagedænic, and had already destroyed a considerable portion of the glans penis, the inguinal glands softened and broke down rapidly, assumed a burrowing phagedænic character which was only checked by the application of nitric acid and the internal administration of opium and quinine, while mercurial inunctions were resorted to. He developed no skin eruption until the first week in November when a well-marked discrete pustular eruption of an indolent character appeared upon his face, head, body, and thighs, the arms and the legs from the knees down having no spots. This patient made a tedious recovery, he developed periostitis, syphilitic lepra, chronic sore throat, gummæ, and various other obstinate syphilitic affections which extended over a period of four years. He ultimately made a good recovery and is now well, having had no relapse or reappearance of any syphilitic phenomena since 1893.

I have endeavoured to supplement this case by obtaining notes of other unpublished ones, if possible, from members of the profession holding positions which afford exceptionally wide fields of observation. The result of my inquiries has been for the most part negative. Mr. Armand Bernard, Surgeon to the Liverpool Lock Hospital, writes:—"I have had very few cases of re-infection of syphilis, I have no recollection of attending a patient twice after a long interval in whom a re-infection occurred. He, however, cites one case of a patient who had syphilis in 1876, who came to him in May, 1890, after a long interval of perfect health, with "a large indurated sore upon the inner prepuce, glands in right groin slightly enlarged (doubtful). July 1st the sore was healed, suspicious eruption on forehead, excruciating pain in brow. July 12th, eruption on forehead papular, no doubt of its specific character now." It is unnecessary to go further into the details of this case beyond recording the fact that it proved a protracted and severe one with complications, such as ulceration of the hard palate, but ultimately it made a complete recovery. Mr. Frederick Lowndes, Senior Surgeon to the Lock Hospital in Liverpool, and Medical Officer of the Liverpool Police, kindly furnished me with notes of some cases which occurred in his practice which were probably instances of re-infection, but in which the positive evidence was wanting. In his very wide experience he had not seen a case where re-infection had taken place after recovery from complete syphilis. Mr. Edward Hamilton, Senior Surgeon to Steevens Hospital in Dublin, where there is a special syphilitic ward, in reply to my request to let me have notes on any cases of re-infection which had come under his observation, writes:—"I do not think that I have seen any cases in which re-infection of syphilis has been established by proper proofs. I think we at Steevens have an abundant field for observation, we have the care of the Constabulary conducted under military regulation; the men are under our constant supervision during their entire service. We must have very decided evidence of the two attacks before we can admit their occurrence. I do not say it is impossible, judging from the natural history of bacillus and the statements of military surgeons." Sir Thornley Stoker, ex-President R.C.S.I., has kindly furnished me with particulars of two cases, which he regards as instances of second infection of syphilis:—Case 1. H. J., æt. 30, had been treated in 1880 and 1881 by Ricord for secondary syphilis by mercury, and believed he was cured. Consulted Sir Thornley Stoker in 1888 for typical hard chancre, which came on 14 days after connection, it refused to heal until mercury was persistently given. No secondaries followed. Case 2. R. B., æt 40, in 1882 had a primary, solitary hard sore, followed by secondary eruption and iritis, took mercury interjectionally for some years, and was treated at Aix-la-Chapelle for five weeks in 1888. On October 10th, 1895, he had a solitary sore, with some doubtful induration, which had existed for two weeks and had appeared a week after connection. The inguinal glands were enlarged and hard, as the sore was, in Sir Thornley's opinion, evidently an indurated chancre, he put the patient upon a mild course of mercury by the mouth. October 31st, induration marked, mercury increased. November 26th, no improvement, iodide of potassium added to mercurial treatment. December 4th, induration disappearing, the sore was healed by January 24th, 1896, and no mercury has since been taken. R. W. Taylor, of New York, in his very exhaustive work on venereal diseases (which is an enlarged and revised edition of Bumpstead's work to which I have before referred) states that of about 160 published cases of supposed re-infection of syphilis it is safe to say that not thirty of the whole number are really authentic. He refers to the rigid analysis of these cases made by Hudalo, "De l'immunité Syphilitique," Annales de Derm. et de Syph., 1891, as a result of this analysis Hudalo rejected all published cases as uncertain except those reported by Delastre, Gascoyne, Caspary, R. W. Taylor, and Hutchinson. Another comparatively recent case which appears to be a genuine one was published by an observer named

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Budugoff Budugian. A man, æt. 41, got a chancre in November, 1893, which was followed by roseola. This patient had hard chancre in 1868, followed by sore throat and roseola. he continued under treatment until 1887, from which time he continued well until his present trouble. Vratch, No. 13, 1894, *Prov. Med. Jour.*, June 1st, 1894.

Since this analysis was made Mr. Hutchinson has published in the "Archives of Surgery" no less than fifty-four cases of second infection of syphilis which he met with in his own practice, of these thirty-two are based upon evidence which appears to be beyond dispute, but of the whole series there is hardly one in which any reasonable doubt can be entertained. With such a record as this upon the authority of such a careful observer as Mr. Jonathan Hutchinson it appears unneccesary to seek further evidence as to the possibility of syphilitic re-infection.

Bearing upon the question of the possibility of a second syphilitic infection, and of the importance which may be attached to the establishment of the fact, there are points of interest yet unsettled. In the first place, is syphilis to be classed among the exanthemata as an infectious eruptive fever, such as small-pox, scarlatina, or measles? It has so many attributes in common with the recognised zymotic fevers that in my opinion it may be properly included in the same class. It is produced by the transmission of a specific infection from one individual to another. There is a fairly definite period of first incubation between the inoculation with the virus and the local manifestation of its presence by characteristic appearances at the point of inoculation. Then supervene headache, general malaise, pains, characteristic adenopathies, accompanied by an abnormally high temperature ranging from 100° to 101·5° F., generally followed by a characteristic eruption, upon the appearance of which the temperature falls, and the constitutional disturbance abates. To these characters, in common with the recognised exanthemata, may be added the fact that one attack is followed by a period of greater or less duration, in which the same individual is insusceptible of re-infection.

It may almost be assumed that this disease which has so many characters in common with other zymotic fevers has also a distinctive bacillus of its own, but if this is the case it has yet to be demonstrated. Lustgarten believed he had succeeded in doing so, but as his method was unsuccessful in the hands of such expert microscopists as Sabourand and Currier, it must still remain a subject for further research. The syphilitic virus contrasts remarkably in some of its properties with the infectious principle of most other infectious fevers. It is capable of lying, as it were, dormant, in some instances for almost an indefinite length of time after its introduction into the system, sometimes there is a local induration at the seat of inoculation, which is the only indication of the disease; in other cases even this disappears, with or without treatment, and there is no evidence that the person has contracted syphilis until something occurs to produce a constitutional, disturbance by which the dormant syphilitic virus is, as it were, stirred into activity. This property of syphilis is well illustrated by the frequent effect of vaccination upon the children of syphilitic parents who are often born free from any evidence of the disease and remain so until they are vaccinated, shortly after which not only does the seat of the vaccination pustule assume a syphilitic character, but general syphilitic phenomena are developed. I saw a remarkable example of this property of syphilis when I was a student in 1864. A fellow-student of mine got a sharp attack of simple fever, on the fourth day of the fever he developed a macular eruption over his back and trunk, on its appearance the case was pronounced by the late Dr. William Stokes, one of the highest authorities upon fever that has ever lived, to be one of maculated typhus. Upon the ninth day there was a crisis by sweating and the fever left him, but the maculæ remained. Dr. Stokes promptly recognised that the fever had only been an attack of simple synocha, and that the eruption was syphilitic, it then transpired that the young man had a venereal sore a considerable time previously which had disappeared without any but local treatment, and he had not suspected that he had contracted syphilis from it.

A somewhat similar case came under my observation recently:—A gentleman consulted me about a small hard chancre on the body of the penis. it was the fourth week after contagion, and there being slight infiltration of the inguinal and nuchal glands I put him promptly upon a mercurial treatment under which the local induration rapidly disappeared. For four months he developed no syphilitic phenomenon whatever, and I regarded it as an instance in which what has been termed by Mr. Hutchinson as "suppression treatment" was likely to be successful; suddenly he developed a sore throat which was accompanied by high fever temperature, 105°, headache and sick stomach, and a tongue white and thickly coated, more like the tongue in small-pox than anything else, on the second day a macular, subticular mottling was visible all over his body, together with a general redness of the skin, which increased until the redness became so intense as to mask the macular eruption altogether. I had never seen such a complication before, but it was obvious the gentleman had a bad attack of scarlatina, which had stirred into activity the syphilis which previously was quiescent, With the exception of baths, all treatment for syphilis had to be suspended until after the period of desquamation was over, the syphilitic maculæ remaining distinct, and also a re-development of inguinal and nuchal adenitis occurred. The resumption of mercurial inunctions and vapour baths was followed by a rapid disappearance of the eruption, and the patient was soon free from any apparent evidence of syphilis.

I met recently another notable instance of dormant syphilis in the case of a medical man. He had contracted an undefined local sore fifteen years ago which was followed by a sore throat, both the sore and the throat got well without any treatment except the application of iodoform to the one, and an astringent gargle to the other, he developed no secondaries, and married two years after the contagion. His first child was born about two years after his marriage; a few weeks after its birth it got snuffles, and threw out an unmistakable syphilitic eruption for which it was treated with mercury, and made a complete recovery, being now twelve years old, and healthy. His wife has since had two premature confinements and one healthy child. She never developed any symptoms of syphilis, nor has her husband since two years previous to his marriage.

Another point upon which I have no doubt is, that the character of a primary chancre and its subsequent constitutional sequelæ are greatly influenced by the condition and stage in which the infecting sore or lesion is in at the time that the infection is transmitted from it. Syphilitic infection transmitted by the blood, the secretion of a mucous patch, by a chancre in its early stage, or any other syphilitic lesion where the virus is purely syphilitic and unmixed with inflammatory products, such as pus, dirt, or septic matter, as in the case of chancres in an advanced stage where the induration has commenced to break down and become gangrenous, will give rise to a mild uncomplicated type of the disease as compared with that which will result from what may be termed inoculation with impure or septic syphilitic virus. This explains how it is that one individual may contract a mild uncomplicated form of the disease from the same source from which another person in a short time

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afterwards may get a most virulent disease with all the characters of blood-poisoning superadded to syphilis. The case is quite analogous to that of vaccination from a vaccine pustule after the lymph has become semi-purulent and contaminated with inflammatory products, the result of which is to produce sometimes obstinate pustular eruptions, affections of the lymphatics, and other troublesome and persistent sequelæ. Not only does it appear that the type of individual cases depends upon the purity or impurity of the inoculated virus, but it seems more than probable that the epidemic constitution of the disease at different periods has been determined in this manner. For example, the most virulent outbreak of syphilis on record was that of 1495, when during a European war, through the overcrowding of camps, neglect, want of cleanliness, and medical attendance the disease assumed an epidemic constitution of unparalleled severity.

I have been for seventeen years Surgeon to the Government Lock Hospital for Women in Dublin, during which period I have had about 9,000 cases of venereal disease under my observation; about half of these were syphilitic, and many of them re-admitted after long periods of freedom from symptoms, yet having regard to the fact that the hospital is conducted upon the voluntary system, and that the patients seldom remain under treatment until they can be regarded as cured, I have discarded all these cases as open to doubt as to their being, any of them, instances of re-infection.

Conclusions.

1. Syphilis is a specific fever of the same class as the other major exanthemata.

2. That, if uncomplicated by pre-existing constitutional cachexia, or co-existing septic influence, it runs a definite course, by which it exhausts in the system of its recipient the elements upon which its virus can feed. Thus, like variola, vaccinia, &c., the first attack is followed by a period during which the same individual is insusceptible of re-infection.

3. That the effects of syphilitic infection are no more necessarily life-long than the effect of any other zymotic eruptive fever, but that the process by which it is eliminated is more tedious, and is liable to interruptions and complications which are not common to it with the other exanthemata. There is abundance of evidence that by far the majority of persons who contract syphilis recover completely from it, and there is also indisputable proof that after the lapse of a period of over five years, not only has the disease disappeared from the system, but that even the protective influence of it may die out, and the elements which it had exhausted be re-established.

4. Too much importance has been attached to the question of the possibility of second infection with syphilis, as the only reliable proof of complete recovery from the disease. The experience of all those who have much knowledge of the treatment of the disease in the present day, is that with few exceptions complete recovery takes place within three years from the date of infection, and that the subject developes no subsequent evidence of the disease either in his own person or by transmission to his offspring. It may happen as it does in small-pox or vaccinia that the protective influence remains, but this is no evidence that there is any syphilitic taint left. It would be equally rational to assert that a person was still suffering from small-pox, vaccina, scarlatina, or typhus fever, because he was still under the protective effect of an attack of one of these exanthems and insusceptible of re-infection.

5. From reported cases it would appear that when second-infection with syphilis takes place, the disease is more likely to be of an aggravated type than in first attacks. From this I should conclude that the re-infection is more apt to be communicated by contact with the impure or septic source of infection than from pure or less virulent syphilitic virus. In illustration of this I may refer to the case I have myself reported and also to those reported by R. W. Taylor, of New York, two of which he states "ended quite promptly in death." Such a consequence is more suggestive of acute sepsis than re-infection with purely syphilitic virus.

A SIMPLE METHOD OF DISTINGUISHING DIABETIC FROM NON-DIABETIC BLOOD. (a)

By R. T. WILLIAMSON, M.D. Lond., M.R.C.P.,
Medical Registrar, Manchester Royal Infirmary.

THE author described a simple method of distinguishing diabetic from non-diabetic blood. He has found that diabetic blood is much more powerful than non-diabetic blood in removing the blue colour from a solution of of methyl blue. The reaction is so sensitive that the difference can be detected by the examination of a drop of blood obtained by pricking the finger. When *certain proportions* of blood and a warm alkaline solution of methyl blue are mixed together, the blue colour is removed in the case of diabetic blood, but remains when non-diabetic blood is used. The following is the exact method employed :—

Into a narrow test tube are placed 40 cubic millimetres of water (the capillary tube of a Gower's hæmoglobinometer, which is marked for 20 cmm., may be used for measuring the fluid), 20 cubic millimetres of blood are added, and then 1 cubic centimetre of a 1 in 6,000 watery solution of methyl blue, and afterwards 40 cubic millimetres of liquor potassæ. The tube is then placed in a capsule or vessel containing water which is kept boiling. At the end of four minutes the blue colour disappears and the fluid becomes yellow if diabetic blood has been used, but in the case of non-diabetic blood, the blue colour remains.

In over thirty examinations of diabetic blood (from five cases of diabetes mellitus), the methyl blue solution was always decolourised; whilst normal blood and the blood from 100 patients suffering from the most varied diseases, never decolourised methyl blue, when mixed in the above proportions. Hence, by this simple method a drop of blood from a well-marked case of diabetes mellitus may be readily distinguished from non-diabetic blood.

THE EFFECTS OF SECTION OF AFFERENT AND EFFERENT TRACTS OF THE CEREBELLUM. (a)

By J. S. RISIEN RUSSELL, M.D., M.R.C.P.,
Research Scholar to the British Medical Association; Assistant Physician to the Metropolitan Hospital; and Pathologist to the National Hospital for the Paralysed and Epileptic, Queen Square, London.

THE author first described the effects observed when one inferior peduncle of the cerebellum is divided, and pointed out how closely many of the results resembled those met with after ablation of one lateral half of the cerebellum, while others differed markedly from those results. The two most striking differences were that the direction of rotation of the animal after section of the inferior peduncle is the opposite of that seen after ablation of one lateral half of the cerebellum, and the cortex of the opposite cerebral hemisphere is diminished in excitability and not increased as in the case of the cerebellar lesion, this diminished excitability being

(a) Abstract of Paper read at the Annual Meeting of the British Medical Association, Carlisle, July, 1896.

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evident both on direct Faradic excitation of the cerebral cortex, and in the records of general convulsions induced by the intravenous injection of absinthe.

Among the more important of the other effects which result from section of the peduncle are, incurvation of the spinal axis with the concavity to the side of the oscillation, ocular displacements, nystagmus, and motor and sensory defects in the limbs, more especially in those on the side of the lesion.

Control experiments were performed, and the first series consisted in dividing the lateral tracts of the medulla without injury to the pyramid or to the posterior columns and their nuclei; in others the posterior columns and their nuclei were divided transversely on one side; and in a third series of control experiments partial hemisection of the medulla was performed, including all the structures with the exception of the pyramid on that side. The results obtained in the first and third series of control experiments corresponded closely to those which follow division of the inferior peduncle of the cerebellum, while the effects of division of the posterior columns and their nuclei gave altogether different results.

In discussing the possible significance of the phenomena met with after section of one inferior cerebellar peduncle, allusion was made to the supposed efferent tract from the cerebellum to the spinal cord, and while allowing that the existence of such a tract would make it easier to interpret many of the results, he insisted on the fact that nearly all the effects could be accounted for by supposing that they depended on the interruption of afferent rather than of efferent impulses.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Aug. 22nd, 1896.

Tuberculous Peritonitis.

The treatment of chronic peritonitis of tuberculous origin by painting the surface of the abdomen with guaiacol, has been very successful in the hands of Dr. De Mincie who reports four cases of which the first he gives in detail. It was that of a young girl, daughter of a tuberculous mother, who suffered from distension of the abdominal cavity, the ascites being so considerable that the respiration was seriously compromised. The effusion was evidently due to tuberculous peritonitis as there was complete absence of any hepatic, cardiac or renal lesion, and also the patient had night sweats, diarrhœa and febrile remissions; emaciation was well marked.

After practising paracentesis, with only temporary relief, the liquid having returned rapidly, and having tried different diuretic remedies, Dr. De Mincis decided to have recourse to painting the skin with a mixture of guaiacol and tincture of iodine (guaiacol 5j tincture of iodine 5iv) once daily; after the application a sheet of oil skin was placed over the parts, covered in its turn with a layer of cotton wadding. The immediate result was a lowering of the temperature by 3 degrees, and a profuse perspiration followed by diuresis and a certain amount of relief to the abdominal pain. In a few days, the ascites was found to diminish, and at the end of a fortnight, it had totally disappeared, never to return. As to the peritoneal nodosities which could be plainly felt through the abdominal walls, after the absorption of the ascites, they were considerably modified by the after-treatment, which consisted in the application of warm poultices and the administration of iodide of potassium internally.

The three other cases were treated with equally good results, but almond oil was substituted for the tincture of iodine, which seemed to have irritated the skin, precluding its further employment. The mixture in these cases was composed of three parts of guaiacol and two of almond oil.

Chlorosis.

At the Medical Congress held at Nancy last week, M. Spillman spoke on the treatment of chlorosis by the juice of the ovary prepared according to the method of Brown Séquard. He said that the morbid phenomena which frequently precede menstruation might be considered as the result of an intoxication, disappearing when that function becomes properly established. Everyone knew how frequently chlorosis provoked menstrual troubles.

The ovarian gland might be considered (*a*) as a gland possessing an external secretion, that of the ovule; (*b*) as a gland destined to eliminate by the menstrual excretion the excess of organic toxines; (*c*) as a gland provided with an internal secretion, like that of the testicle, having an important *rôle* in the general nutrition.

If chlorosis is a malady of the ovaries, these three functions are modified or abolished, and with the suppression of the menses, this special intoxication—chlorosis—appears. The general unhealthy condition of the patient intervenes in its turn to impede the cure of the ovarian gland.

If, on the other hand, by some means or other it were possible to restore, to the organism, the ovarian product of the internal secretion, the process of intoxication would be arrested and the local ovarian affection cured.

With this object in view, M. Spillman made experiments with three products; ovaries of the sheep in the fresh state, the same dried and powdered, and ovarian juice prepared by the method of the late Prof. Brown Séquard.

Six chlorotic patients were submitted to this treatment, and it was remarked that at the first dose they all complained of great pain in the region of the ovaries with headache and general lassitude.

In three of the patients the results were very favourable, the general condition improved, the pale colour diminished, and the menses which had been suppressed for over three months, returned.

Anæmia.

Glycerophosphate of lime,
Glycerophosphate of iron,
Glycerophosphate of magnesia, } iv grs.

For one powder, three daily at meals.

Arseniate of soda, j gr.;
Kola wine, 3 xij.

Half a wineglass three times a day.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Aug. 21st, 1896.

Parasites in the Bowel.

Among the various intestinal troubles, those of a parasitic nature are the most interesting, owing to the different symptomatology that present themselves during the course of the disease, which is frequently protracted and lete before its real nature is discovered.

The case related by Henschen, Upsala, was a man, æt. 50, engaged in country work, had always been healthy, sprang from a sound stock, and lived a temperate life. In

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1882, he is recorded to have diarrhœa and pain in bowel, but the beginning of present illness seems to date from the summer of 1889, after drinking from a water tank, the water of which was muddy with clay and contained red insects. After this he seems to have been well for three weeks, when diarrhœa and pain set in, but no vomiting. This was soon relieved, but obstinate constipation followed.

During the diarrhœal period the attacks were worst in the mornings, or after fasting. The discharges contained large slimy masses about a foot long, sometimes covered with blood and containing a large number of insects. He was constantly troubled with colic, belching of gas, with a feeling of hunger, pain in the back, and itching about the eyes.

In 1894 he was received into hospital greatly emaciated, although the appearance of strength and vigour still remained. Owing to the history, and pain, the stomach was washed out, and an enema was given, but no insects as described could be found. After a natural motion, it was recorded that hundreds of the insects were found in the fæces. On examination, cylindrical insects having motor appendages but no feet, with a black head, and measuring from 7 to 16 mm. in length, and 1 to 2 mm. in thickness. In concentrated spirit or sublimate solution of 1 in 1,000, they remained active for ten seconds, giving the sublimate solution a dark colour. The treatment consisted of capsules of male fern and pill, as follows :—

Year.	Observer.	Larval Parasite Found.	Morbid Condition.
1729	Dr. Bromell	Pyralis pinguinalis... ...	Vomiting.
1729	Dr. Bromell	Musca pendula	Vomiting.
1750	Dr. Du Bois	Syrphus tenax	Stomach and bowel catarrh.
1752	Dr. Wahlbom	Sarcophaga carnaria	
1778	Dr. Sparrman	Musca meteorica	
1789	Dr. Odhelius	Heliophilus pendulus ..	Gastric catarrh, successfully treated with filix mas floris tanaceti, &c.
1837	Dr. Hartman	Tachinus rufipes grav. ...	Gastric catarrh, successfully treated with filix mas floris tanaceti, &c., cured within a year.
1880	Dr. Malm	Scava scambus	Discharged by the vomit.
1880	Dr. Malm	Dermestes lardarius	Discharged by vomit.
1880	Dr. Spangberg	Several varieties of diptera	Discharged with fæces.
1885	Dr. G. Lind	Syrphus tenax	Discharged in fæces.
1886	Dr. Grenander	Chrysomagia polita	Discharged in fæces.
1886	Dr. S. Lampa	{ Aricia scalaris and Aricia manicata	Discharged in fæces.

In addition to these a few others are recorded, but indefinitely described.

℞ Pulv. kamala, 10 grammes ;
Pulv. kusso, 15 grammes ;
Ext. Filic. mali, 5 grammes.

M. Pil 100

Sig. : Ten to be given every hour till a motion is produced.

This gave the patient great pain, which caused him to lie up for some time. All the symptoms disappeared for three weeks, but recurred. The medicine was repeated at intervals till all the symptoms subsided. At the present time the patient is well, no pain, no diarrhœa no pseudo-membrane, nor larval forms in the stools.

Aurivillius, the entomologist, made a careful examination of the parasite, and concluded that it was the larval state of an insect resembling the common house-fly, although he was inclined to the belief that there were two different parasites in the stools. The table in preceding column records a list of similar cases in the German language.

Special Articles.

PARIS—ITS SANITATION: ADMINISTRATIVE AND PRACTICAL.

PART I.

[BY OUR OWN SPECIAL COMMISSIONER]

THE protection of health exacts no great stock of science, practical measures are the essential, for the living being reacts on all the modifications of its surrounding milieu. Health is only assured, when all the biological functions find the conditions favourable for their development. To know your enemy, and the forces that he possesses, is next to have conquered him. Aware of the causes which produce maladies, hygiene does not demand any special medicament. We have first to ascertain the nature of the morbigenic agents, the conditions of their vitality, and the circumstances which favour their action when in the organism. In possession of these facts, practical hygiene destroys the centres of infection at their source, annihilates the toxical power of disease germs, and renders them inoffensive before they can attack our organs. The hygienist can always supply the means or prescribe the measures to avoid disease. By thus protecting the individual, the masses are safe-guarded at the same time, for all sanitarian progress has been proportionate to the observance of health rules, because wherever carried out, they have diminished mortality, and the transmission of contagious diseases. The salubrity of a locality is the true barricade against endemics and epidemics, and to secure that salubrity, two mechanical auxiliaries are essential—perfect drainage or sewage, and a plentiful supply of water.

Paris falls short of this standard ; she has not been in the vanguard of practical sanitary reforms ; she is however working assiduously to make up for backwardness. Two hundred years ago, the rate of mortality in London was 80 per 1,000. It is now below 22. The French capital, like that of other cities, displayed no serious interest in its sanitary condition in olden times ; it was not till about the twelfth century that a self-defence necessity compelled attention to the ravages caused by filth and the diseases it engendered. The main point aimed at was, to keep the open sewers free ; that is, not to allow the flow of sludge to be obstructed, and so impede locomotion, for

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the sewers were the streets, and at their points of termination they spread out fan-like into mud lagoons. The spectacle recalled a farm-yard of ante-sanitary days; pigs wallowed in the mire, and they had permission to "graze" in the streets; poultry were as much at home as the swine. If the pig trespassed—for mud pools had their rights—the watchman could seize the pig; its head was his perquisite, and the carcass was sent to the kitchen hospital. The streets were rucks of cess-pools, and every passing vehicle churned up stenches. On one occasion the latter entering the abruptly opened windows of a royal residence nearly suffocated Philippe Auguste. The circumstance had for result the issue of a decree ordering for the first time, the paving of the highway, with stone blocks, 4 feet square, and 1 foot thick. It was Charles V, however, in the fourteenth century, who ordered Aubriot, the constructor of the Bastille and the Prevôt of Paris, to vault the open sewers. The Municipal Council of the nineteenth century named the street after him, who was the first to cover sewers over in 1356. Of course, all the sewage ran into the Seine; the main discharge point was where the Institute of France stands to-day. The moat round the city walls formed a splendid cess-pool. It was the *cloaca maxima*. It was only in 1857 that the last open sewer disappeared in Paris, due to the making of the Boulevard de Strasbourg. No wonder Montaigne wrote, that the difficulty for him, when he came to Paris, was to obtain a lodging where he could fly the abominable and stinking smells. Arthur Young, who visited Paris in 1787, observed: It is almost incredible for a person accustomed to live in London how the streets of Paris are filthy. The dirt of all kind was dumped into the streets, and in time the accumulations carted outside the city walls, where they formed immense mounds, or *buttes*. Many of these rose higher than the walls of the fortifications, so that in 1512, when the English were expected to besiege the City of Paris, the *buttes* were ordered to be demolished, as they could form fortresses for the enemy. Under the Roman occupation, the citizens of Lutèce (Paris) had a good water-supply due to aqueducts, but when these were destroyed the inhabitants had to rely upon wells and the Seine river.

As pivot principle in the administration of the sanitary laws—which really have only been seriously organised in 1884, public salubrity in France is confided to the municipal power. It is the Mayor who is the principal officer for local health; his decrees are subject to the veto of the Prefect. The State is more occupied with epidemics, general sanitary measures, unhealthy establishments, and food adulterations. The Mayor secures the salubrity of the streets, and each inhabitant has to keep the space beforce the *facade* of his house clean; he has charge of the *surveillance* of the markets, parents, falsifications in food and drink, and is responsible for the work of the sanitary inspectors. He can order the evacuation of an insalubrious house, decree its demolition, and refuse permission to occupy a new structure, till satisfied it fulfils all modern hygienic requirements. But the Mayor has nothing to do with the sanitary legislation bearing upon the employment of women and children in factories; of persons engaged in unhealthy industries or labouring in insalubrious workshops. He exercises authority over the water supply. But the Local Municipal Council is subject to the Home Office, which has charge of the national health not only at home, but abroad. The Home Office has two sections devoted to sanitation, namely, le Bureau de l'Hygiene Publique, and le Bureau de Protection de l'Enfance, where the ministerial action is limited to the sanitary condition of children. The first is the most important, as it embraces the whole sanitary police system. It is known as le Comité Consultatif d'Hygiène Publique. It is almost the Board of Health of France. It controls all the insalubrities, the sophistication of aliments, the proceedings of quacks, and the trade in deleterious medicaments. It is composed of thirty-eight members, all authorities in their several walks of sanitary science, many being also practical specialists. The sub-committee takes cognisance of the periodical professional reports as to the state of local health, summarises the suggestions, and submits the measures to be adopted for the Home Minister's approval. All the mayors of France—there are 36,000—can thus possess the same instructions to be posted up in each mayoralty within three days of issue. A mayor has no power to decree any measure obliging the inhabitants to execute it in the interest of the general health. That power can only emanate from the Home Office. The cost of the Sanitary Service of the Home Office amounts to 345,700 francs; the Comité Consultatif d'Hygiène receives 46,600 francs, of which 16,6[illegible]e for its laboratory; the balance is allocated to pay the *jetons* or tickets for attendance of the members. The Home Office also expends 267,500 fr. on general disinfection. Then the Minister of Commerce has a grant of 200,000 fr. for the inspection of insalubrious factories, workshops, and the employment of children therein. The Minister of Agriculture is voted 277,800 fr. for the epizootic service, and which includes 80 veterinary surgeons. These grants are included in the general budget. The Prefect of Police of Paris, who is subject to the Home Office, has also his special sanitary estimate amounting to 810,149 francs, and which is defrayed out of the city taxation. All these ministries more or less interchain, but do not suggest the idea of effective unity of organisation. There is a waste of power and of effort.

There remains another advisory body, and the most important, viz.:—L'Académie de Médecine, which is the supreme court of appeal for the adoption of sanitary measures. It is the professional consultative committee for the Government; on its decision the Home Minister acts, when all the mayors in France respond. Independent of the mayors, the Government has created standing Hygienic Commissions in each arrondissement—of which there are 346 in France. These have a reflex action on Paris. The number of members varies from 7 to 15, and are named by the Prefect for four years, the moiety being renewable every second year. The Commission has extensive and summary powers over factories, workshops, almshouses, prisons, the construction of sewers, reservoirs, fountains, markets, &c. Large cities can have their own Hygienic Commission, like Paris. The members include, as a rule, the proportion of four doctors, two chemists, one veterinary surgeon, and some notable experts. The Commission meets once every three months, examines the centralised reports from the local mayors and sanitary inspectors, selecting the most important for transmission to the Hygienic Board, at the Home Office. It must be borne in mind that every *commune* in France has its Officer of Health, who is the local physician. When the average death-rate suddenly runs up, he is bound at once to report the fact to the Prefect, when the epidemic doctor is despatched, who takes the necessary measures to stamp out the zymotic disease. No matter what may be the

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social rank of a patient, once labouring under a zymotic disease, its nature must be reported by the Health Officer for the authorities. The Home Office also acts; so does Paris, for its Charity Commissioners (Assistance Publique) board out members of the City's indigent in the Departments, apart from its army of 30,000 foundlings that are being reared and apprenticed in the provinces.

It was in 1802 that the Council of Salubrity was established in Paris; this was the first official attempt to grapple with infectious diseases. In 1851, the Department of the Seine was added to the Hygienic Council of Paris, and the combination became the type of sanitary administration for the whole country. The Prefecture of Police has its Conseil d'Hygiène Publique, which takes charge of the sanitary condition of Paris; it is at once a dependency of the Prefect of the Seine and of the Home Office. The Council meets every fortnight at the Prefecture of Police, and is presided over by the Prefect of Police himself. The most eminent medical and hygienic authorities are members of the Council; as also the head engineers, the chiefs of sanitary inspection, and the heads of several public offices. The Council takes cognisance of all that affects the salubrity of the city; it publishes the weekly municipal statistics as to births, marriages, and deaths, and enforces the application of all rules to combat outbreaks of diseases. The Council has several sub-divisions or bureaux, each charged with defined duties, such as the salubrity of all industries, premises, and of lodging houses; for this work the city is divided into 14 sections, to each of which a doctor and an architect are attached. The central and district markets have their corps of sanitary inspectors. The cleansing of the capital and its water supply are more or less under three administrations, viz.:—the Municipal Council, elected by the citizens; the Prefect of Police, and the Prefect of the Seine—all relatively independent in their walks, while being subordinate to the Home Office, that is to say, to the Government.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

EXCISION OF SUPERIOR MAXILLA.—Mr. A. CARLESS operated on a man, æt. 28, who for the last two months had noticed a painful swelling forming on the left side of the face. On presenting himself at hospital it was found that a growth existed which obviously bulged the cheek forward beneath the outer portion of the orbit, a distinct outline nodule of the growth being felt beneath the centre of the lower eyelid; a finger in the mouth could detect the lower portion of the tumour projecting downwards beneath the gum and the cheek, and by rhinoscopic examination the surface of the mass was seen projecting slightly into the nasal cavity. The patient looked anæmic and had lost weight considerably. There were no enlarged glands to be felt on either side of the neck. There was a history of syphilis eight years previously but prior to admission the patient had been given iodide of potassium for a week without avail. The growth had distinctly increased in size during the three days he had been under observation at the hospital. The usual Fergusson incision was employed, dividing the upper lip in the middle line, skirting the ala nasi to a point a little below the inner canthus and then extending outwards along the infra-orbital border towards the root of the zygoma; the flap thus marked out was dissected back, although some difficulty was experienced in keeping clear of the growth at the upper part; the centre incisor was drawn, and the alveolus and hard palate divided with a saw; the frontal process of the superior maxilla was also sawn across. Then the extent of the growth outwards necessitated almost entire removal of the malar bone, which was effected by dividing the zygoma about its centre whilst the outer osseous border of the orbit was sawn through so as to lay open the spheno-maxillary fissure; cutting pliers were now applied so as to complete the detachment of the bone, but the usual prising movement whereby the pterygoid processes are fractured could not be employed owing to the whole mass breaking down, this being the effect of its infiltration with the growth; the mass was therefore removed piecemeal after division of the soft palate and of the remaining pterygoid and orbital attachments. A considerable portion of the tumour was, however, left behind; as much of this as possible was taken away with scissors and forceps, but, unfortunately, the base of the skull was so widely implicated that it was hopeless to attempt complete extirpation of the growth. There was but little bleeding from the deeper part of the operation, for although the internal maxillary was divided, it was at once secured by pressure forceps, and tied. The raw surface was then swabbed over with a solution of chloride of zinc (40 grs. to ʒ) and the cavity stuffed with gauze dusted over with iodoform. The facial flap was then replaced and stitched in position with silkworm gut. Mr. Carless remarked on the exceedingly unsatisfactory final results of this operation; the immediate effect was usually gratifying; the patient suffered comparatively little from shock, the facial incision healed up rapidly and considerable relief from pain was experienced; but after a varying period, usually shorter rather than longer, the disease almost inevitably recurred and the patient rapidly succumbed. In this particular instance the disease had already advanced so far that no attempt at its complete removal consistent with the safety of the patient could be considered or attempted. He also commented on the slight character of the bleeding; it has, he said, recently been recommended by some surgeons to tie the external carotid as a preliminary measure; this, Mr. Carless considered quite unnecessary if efficient assistance were to hand; the anæsthetic employed in this case was chloroform administered by means of a Junker's apparatus, the patient being kept satisfactorily and easily under its influence. The gauze plugs were to be kept in position for 48 hours and then removed, the cavity being subsequently kept clean by constant irrigation.

STEPHEN SMITH'S AMPUTATION THROUGH THE KNEE-JOINT.—The same surgeon operated on a lad, æt. 7, who for some years had suffered from disease of the tibia and fibula, this was associated with numerous sinuses and large raw surfaces which had been allowed to get intensely septic, having been poulticed and latterly been treated with "grasshopper" ointment. There were extensive carious surfaces to both bones, and the soft parts were so utterly filthy that it was hopeless to attempt any conservative measures. The usual amputation by lateral flaps was undertaken, there being just room for the incisions above the diseased tissue; the semilunar cartilages were left, as also the patella. On replacing the soft parts over the lower end of the femur, a nice hooded covering was secured, and the original horizontal incision became a vertical one, extending up the back of the stump in the middle

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line. On examination of the limb both bones were found irregularly eroded and carious, but with no necrosis, a condition probably due to inherited syphilis. Mr. Carless commented on the fact that, had the patient been seen earlier, and had the wound been less septic and the soft tissues less infiltrated, an amputation could probably have been avoided; under the existing circumstances, it would have been hopeless to attempt to deal directly with the bones; if he had attempted to expose and scrape them a septic osteo-myelitis would almost certainly have followed; as it was, he was afraid that possibly he had not gone high enough to get quite clear of the septic infection, but it seemed important to save as much of the limb as possible, whilst the amputation through the knee-joint had this advantage, that if the wound became subsequently infected, the medullary cavity of the femur was not opened up.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 26, 1896.

HOSPITAL EXTENSION.

An article which appeared in our last issue under the above heading drew attention to an important aspect of the ever-increasing demands of our medical charities. Its writer, Dr. Symes, of Bristol, has had special training in hygienic matters, and has produced a formidable array of facts and figures in support of his arguments. With his remark that it will be generally admitted, on the whole, that a small hospital is more desirable than a very large one, we cordially agree. The whole trend of modern informed opinion upon the subject of hospital construction bears out his contention. But, on the other hand, the selection of site has been in most cases determined by the needs of the various districts included in the enormous and densely-crowded metropolitan area. In every neighbourhood there must be a fairly constant proportion of accidents, which will require prompt treatment near the spot, and which will vary directly with the industrial nature of the resident population. A large number of accidents, however, are brought in from a distance, and a similar statement is true of an immense number of cases of sickness. Hence another chief determining fact of selection of the site of a general hospital is proximity to a main line station. It is such considerations that fix the choice in the first instance, while the retention of the original foundation is readily explained by such further factors as the extremely high value of ground and other economical issues. At any rate, there can be no question whatever that in nearly all the great London hospitals the tendency has been to crowd more and more beds upon a given site, to pile ward upon ward, and to add wing after wing, until vast buildings have been created that set modern sanitary laws more or less completely at defiance. Dr. Symes asks how far do our metropolitan hospitals fulfil the elementary conditions of wholesomeness, which he recites in the following moderate propositions: "(1) The site must be suitable. (2) The wards must be separate pavilions of not more than two stories. (3) There must not be an excessive number of beds on the site. (4) There must be sufficient air-space. (5) The wards must be efficiently isolated from out-patient department, laundry, and all administrative buildings. (6) Numerous other points, too numerous to mention, such as the provision of ample cubic space per bed, arrangement of wards, and so on." An analysis of these various points brings out some startling facts. As everyone will at once recognise, it is quite possible to construct wards with ample cubic space for each bed, and yet to have the site grossly overcrowded, either from having the wards too close together, or from piling them one on top of another, after the fashion of the modern builder of huge conglomerate flats and tenements in large towns. The question thus raised of the area per bed, a consideration of first importance, was answered by Galton as follows:—In a hospital of 100-200 beds, 540 square feet of site should be the minimum allowance per bed, for one of 300-400 beds 810 square feet, and so on in proportion. Turning to the Metropolitan hospitals we find that

St. Thomas's with	573	beds, allows	665	sq. ft.	per bed
London, ,,	790	,,	275	,,	,,
St. George's,	351	,,	166	,,	,,
Westminster,	200	,,	125	,,	,,
Charing Cross,	175	,,	86	,,	,,

In other words, if we measure their institutions by the standard of Galton, we find they contain from three to six times their proper number of patients. The Local Government Board recommends that for infectious hospitals, the maximum beds per acre should be 20;

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while for general hospitals, Galton has fixed the estimate at 50 St. Thomas's has 65 beds per acre; St. George's, 260; Westminster, 350; and Charing Cross, 500. If the resident administrative staff were included, these figures would be nearly doubled. Indeed, Galton has estimated that the density of population in St. George's Hospital is no less than 480 per acre, that is, higher than that of the most densely populated slum in London. The other points raised in the article quoted are borne out by no less cogent and striking illustrations. The truth of the assertions as to the general structural unfitness of hospitals will be recognised by our medical readers if they will travel back in memory to the institutions where they were privileged to acquire their clinical instruction, whether in London or in the provinces. There can be no doubt whatever that the evil so clearly demonstrated by Dr. Symes calls for careful inquiry and stringent reform. In a general way most folk will be inclined to endorse his conclusion that: "The only one safe and proper course for our large and older hospitals is, when funds are available, to demolish their present buildings and to substitute others built on modern hygienic principles, having, in all cases, due regard to the evils of overcrowding. The demands for further beds should be met by the raising of suburban hospitals, such as the Great Northern, or, as in America, by attaching to each school suburban outposts for the treatment of casualties and emergencies and for the forwarding of suitable cases to the central institutions. It is true that the expense of administering such hospitals is great, but, on the other hand, they do much to arouse local interest, and in this way would help to augment the stream of charity, which, according to our medical papers, is so rapidly drying up."

FIFTIETH LUNACY BLUE BOOK.

THE English Commissioners have now issued their Fiftieth Annual Report, which is framed on the usual lines, and is as formerly a statement of statistical results rather than deductions from these results. One important innovation is promised for future blue books. The Commissioners promise hereafter to print a separate report upon the question whether there is or is not a disproportionate increase in newly occurring cases of insanity so as to account for the continuous increase in the numbers and ratio to the population of officially known lunatics. In this respect, although late in the day, they are following in the footsteps of the Scotch Commissioners, who investigated this matter very thoroughly, and issued a most valuable report more than a year ago. The Scotch Commissioners found, as they had always held, that the results obtained in their inquiry proved that there is no real increase in the lunacy of the country. It may be interesting to notice what conclusions the English Commissioners may hereafter arrive at. The number of officially known lunatics and idiots in England and Wales on January 1st, 1896, was 96,446, being an increase of 2,365 over the corresponding number on January 1st, 1895. This is an increase of 2·5 per cent., an increase of 8 in every 10,000 persons, raising the total lunacy of the country to a little over 30 per 10,000. This proportion has advanced from 18·67 per 10,000 in 1859, and very soon at the present rate insanity will have doubled in less than 40 years. It is absurd to suppose that this represents the real increase of lunacy, because many factors are left out of account in arriving at this summary conclusion. It has been stated time and again that the Government grant, the improved conditions of asylum treatment, and the more complete parochial administration account for a more ready detection of lunacy, and a more ready disposition to send such cases to asylums. In other words, the register of officially known lunatics 40 years ago was not a real register of lunacy whatever. The statistics of to-day, which are much more accurate and complete, cannot fairly be compared with the statistics of 40 years ago. But there is a further explanation which is not so well recognised, and it is this, that there is less tolerance of mental peculiarities and symptoms of insanity to-day than 40 years ago. The struggle for life is keener, the sense of personal responsibility for the upkeep of the lazy and indifferent is not so great, with the consequence that brothers will send their sisters or other relatives to an asylum without any compunction, and do little to assist in defraying their maintenance there. It has frequently been remarked in reports of asylums by their medical superintendents that the number of frail, feeble, and senile cases which exhibit no acute insanity, but merely mental enfeeblement, are increasing in asylums, and tending to prejudice recovery rates. It used to be reckoned the privilege and pride of sons and daughters to take care of their parents in their old age, to provide for them at home, and nurse them in their declining years. There is much less of this to-day than there was 40 years ago. It is rather remarkable that the increase of lunacy is almost entirely confined to what are called pauper lunatics, as the ratio of private patients was 2·38 per 10,000 in 1859, and it is 2·69 in the present year. It must not be supposed that the term pauper means that the lunatic was a pauper before being attacked with insanity. In a great many cases well-doing, self-respecting people, occupying positions far removed from pauperism, have to seek relief from the rates when insanity supervenes, for it is a costly expense when it has to be deducted from the weekly revenue of a working man. As a matter of fact, no sound deductions can be drawn from statistics of private *versus* pauper patients. We must have data as to the money value of each adult individual of the population before we need attempt to compile sound statistics of the number per 10,000 in a given class. It is well known to those who have to deal with so-called pauper lunacy that a great many respectable people, competent to earn a good living when well, come into asylums as pauper lunatics, their wage-earning relatives are mulcted in a sum, large or small according to their means, towards defraying the expenses of the patients' maintenance in the asylum. In many cases the friends pay all the expenses, because the cost in pauper

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asylums is much lower than in private asylums. It is, therefore, exceedingly hard that such patients should be called pauper lunatics. The term is a most unfortunate one indeed. As long as we cannot determine the distribution of the wealth of the country and be certain that the class from which the private patient is drawn is increasing in the same relative proportion as the general population, we have no right to assume that the statistics of lunacy among private patients represents a slower increase of insanity among the rich than among the poor. It is well known that accommodation for private patients as private patients is very limited except for those paying a high rate of board, and therefore it is impossible really to gauge the true rate of increase of the better classes of the population. The recovery rate for all institutions except idiot establishments was 31·18 of the admissions, and it is a melancholy observation to make that the patients in 1895 were fewer by 394 than they would have been if the recovery rate had been equal to that of the preceding year. The death rate, however, gave a dubious advantage, for it counterbalanced the deficiency in the recovery rate, being higher than that of the preceding year. Despite some excellent work which is being done in the study of mental pathology, clinical investigation of insanity and the treatment of the disease, the record of recoveries here stated gives no evidence that any headway has been made in the treatment of insanity. Until the recovery rate increases to that with a normal death rate and discharges from other causes, they balance the admission rate, there will be no real arrest in the progress of lunacy, no stay in the perennial necessity for more room, and no reduction in the heavy burden imposed on ratepayers by the lunacy tax. Commenting on the question of whether the scientific study of insanity has made any progress commensurate with the increased knowledge in other departments of neurology, the *Times* refers to a report presented some years ago to the London County Council by a committee appointed to inquire into the subject, in which it was maintained that the study of insanity as a disease could only be fruitfully conducted on lines similar to those of hospital arrangements, which have led to so many discoveries in relation to disease of other kinds, and that the leading ideas of the asylum system, while amply providing for the safety of the insane, failed to lend themselves to the advance of knowledge in relation to insanity. The Council decided not to adopt the report of the committee, and refused to place a certain number of recently insane under conditions in which, according to the article in the *Times*, they would be looked upon as sick persons, and only secondarily as lunatics to be restrained and kept from harm. The *Times* article seems, however, to infer that the Council took a remarkable step in the right direction in having appointed a specially skilled pathologist to the asylums of the county. These statements would lead readers to infer that there is no such thing as hospital treatment of the insane in this country, and that the appointment of a pathologist is a new departure calculated to promote in the near future successful results in the treatment of insanity. Such a statement is not fair to those enthusiastic indefatigable workers in asylums who have done so much of late years for the pathology of insanity, and for the hospital treatment of the insane. At Morningside, Whittingham, and several Scotch asylums, hospital treatment is being carried out as thoroughly as it can be, considering that the subject of treatment is a lunatic. Pathology at Wakefield, Morningside, and other asylums has made rapid progress, and such progress as will be hard to beat even by the appointment of a pathologist by the London County Council. There is no question about this, that though the results as seen in the blue books are not yet apparent, numerous able, competent and careful observers are working along different paths of research in asylums for the insane; and there can be little doubt, as the published results of the last few years amply testify, that improved progress will soon be manifest, and the medical treatment of the insane achieve results far in advance of what has been done during the last 40 years.

UNION DRUG CONTRACTS FOR IRELAND.

Some months since we called attention to the fact that the supply of medicines for the sick poor of Ireland was likely to be diverted from the hands of legitimate pharmacists to those of traders who had no connection with pharmacy, but had friends in the Boards of Guardians. We quoted the instance of a Board which had given the contract for drugs to a loca whiskey-shopman, and another which had subsidised a friendly female grocer in the same way, and the Council of the Pharmaceutical Society was thus moved to address to the Local Government Board a protest against such a scandalous abuse. That department made no reply until it had given time to the whiskey vendor and feminine grocer to gather up resolutions from their friends among the local Guardians and from others approving of the arrangement, and then its only reply was to forward copies of these documents to the Council of the Pharmaceutical Society without any expression of opinion whatever, thereby indicating that the Local Government Board, as a public department, sees no particular objection to a grocer or publican supplying medicines for the sick poor. We expected nothing more from the Local Government Board, whose guiding principle is to escape responsibility or trouble at any sacrifice of principle or of the interests of the sick poor and the ratepayers, but we regret to observe that the snub administered by it to the Pharmaceutical Society has been accepted with a serenity which shows that that conclave is endowed with a very slight development of backbone. The conclusion arrived at by it upon reading the communication of the Local Government Board was that the Pharmaceutical Society "has no redress," a decision with which we entirely disagree. The Pharmacists of Ireland, we admit, have no redress in prospect from the Local Government Board, and the Council of the Society must have had very little experience of the proceedings of that body if it thought it had, but it has at its disposal that appeal to-

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public opinion and to Parliament which, if energetically and discreetly worked, never fails to receive a favourable answer. We feel the utmost confidence that so gross a transaction as the nominal supply of union drugs by the proprietor of a local whiskey shop, and the payment by the ratepayers, through his hands, of a heavy middleman's commission to a drug firm which is not in any way responsible to Guardians for the quality or price of the article supplied, would not stand a moment's discussion before the public or Parliament, and, that, if the Parmaceutical Society did its duty and made a good remonstrance about the matter, the abuse would cease at once. We feel compelled to say that if the Council of the Pharmaceutical Society has not the time, money, or energy to protect the Pharmacists of Ireland from arrangements so monstrous as this, it has no reason for existence, and the licentiates should organise an association to take out of incompetent hands the protection of Irish pharmacy

Notes on Current Topics.

The Army Medical Service.

THE list of successful candidates for Commissions in the Medical Staff of Her Majesty's Army at the recent examination in London contains thirteen names, and this enables us to deal with some figures in connection therewith. In the first place, the vacancies to fill which the examination was held, amounted to twenty-five. For these vacancies, it was stated in the House of Commons that the total number of candidates who had sent in their applications, was thirty. We now find that of these latter, only thirteen have been given commissions, by which we are led to conclude that no less than 56·6 per cent. of the competing candidates were unable to pass a qualifying examination. Thus, the War Office is left with twelve vacancies in the Army Medical Department still unfilled. These facts testify so plainly to the unpopularity of the Service, and the extent to which it is severely left alone by the well-qualified class of young medical men that further comment upon the facts is needless. Meanwhile it is of interest to read the remarks of some of the inspired service journals upon this question. For example, the *Admiralty and Horse Guards Gazette* of last week said ; "There is a popular impression that the greatest obstacle to the supply of really efficient doctors for the A.M.S. comes from the professors and heads of hospital schools and of the universities. What it is these gentlemen really want for their pupils, in addition to rank and titles, no one can well make out, unless they want still higher pay. If so, this should not be an insuperable difficulty, because there must be a market value for medical as for military talent, which latter is very small indeed. Thirty-six shillings and ninepence a week for a second lieutenant causes a supply far in excess of the demand. If a pound a day is the medical minimum, a pound a day will have to be paid, nor can there be any objection to starting them all on their medico-military career as field officers. It wouldn't hurt anybody, not even their patients, unless the spurs caught in the bed clothes." Such is the flippant manner with which this serious question is discussed by those who should know better. But medical men in this matter can afford to wait, even if the War Office still persist in attempting to throw dust in the eyes of the public as to the grievances of the Army Medical Department.

The Report of the Vaccination Commission.

ALTHOUGH it has been stated that the abstracts which have appeared in the newspapers of the Report of the Royal Commission on Vaccination are inaccurate, this may be safely regarded as only an excuse for the editors of those journals who have failed to obtain a copy of the Report, for the abstract which was published in the *Yorkshire Post* ten days ago was strictly accurate, as can be proved by comparing the text of the Report with that which appeared. The *Times* also has been successful in obtaining correct information in all cases in which it has published abstracts from the Report. In short, to a good many persons, outside the Commission, the important document is already quite well known, even to the minority Report of Dr. Collins and Mr. Picton, whose action in regard thereto has had largely to do with the delay which has arisen in preparing the report for publication. The above-named Commissioners conclude their remarks as follows :—"On the whole, we are of opinion that a resolute and universal enforcement of vaccination is neither possible, nor expedient, nor just. It is not possible, because there exists a sufficient amount of conscientious opinion opposed to it to give recalcitrants the credit of martyrdom, and because in great centres, such as Leicester, it is questionable whether even the police could carry out compulsion without the aid of the Army. It is not expedient, because it concentrates attention on a safeguard proved to be insufficient in itself, and leads to the neglect of sanitation and isolation, which our evidence shows to be more effective. It is unjust because, to meet a danger, often remote, by a defence at best uncertain, it overrides parental responsibility and disregards parental feeling." This minority Report, contributed by Dr. Collins and Mr. Picton, is a bulky contribution occupying no less than 61 pages, while the majority report with the appendix extends to 157 pages. Thus the antivaccinationists cannot have much ground for complaint respecting their representatives not having done their best to make the most of their cause, when more than a third of the "blue book" will be taken up with statements directed against vaccination.

THE Army veterinary surgeons have reason to be grateful for more generous treatment than has been meted out to the medical staff, for the Royal warrant just issued practically concedes all that has been demanded on their behalf. The veterinary surgeons are conceded definite rates of retired pay, extent of service and the rank at which the officer retires being the considerations governing the amount.

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The Uvula in the Insane.

The idea of examining the uvula in the insane occurred recently to Dr. Dana, of New York, and his investigations have been productive of some curious facts. From an examination of 108 insane patients, he has been able to show that in no less than 53 or almost 50 per cent. deformities of the uvula were present. The commonest peculiarity was a twist to one side, about equally to the right or to the left, but a little oftener to the left side. The total number of patients with a twisted uvula was 32, or not quite 31 per cent. The proportion was much greater in the degenerative forms of insanity, the number being 19 among 35 cases, or over half, as against 13 in 69 cases of acquired insanity. Thus just in proportion as the physical stigmata of degeneracy were more marked the proportion of deformed uvula increased. Hypertrophy and elongation of the uvula were not abnormally frequent, and they were not commoner in the degenerative than in the non-degenerative types. Bifid-uvula was not found in any case. So far as sex was concerned, the proportion of twisted uvula in the men was 32 per cent., and in the women 29 per cent. Dr. Dana expresses an opinion to the effect that from the results of his inquiry, the existence of a uvula twisted to one side and not innervated, forms an anatomical and physiological stigma of degeneration. The twist or bend implies an unequal development of nerve-supply of the two sides, and the degenerate uvula is, as might be inferred, one that has an unequal and defective nerve-supply. In more than half of degenerates the *azygos uvulæ* does not act. We are not aware of any similar investigations that have been undertaken in this country.

The Return of Dr. Nansen.

The newspapers of the past week have been full of the stirring incidents in connection with the safe arrival from the Arctic regions of Dr. Nansen. The safety also of his ship, the *Fram*, which he left in order to undertake a journey over the ice in search of a shorter journey back, has also been announced. The full details respecting the expedition, of the difficulties encountered and surmounted, and of the scientific results obtained, have, of course, still to be made known to the public. Meanwhile, however, it is satisfactory to note that the intrepid explorer and his crew have successfully returned from their self-imposed banishment without mishap. Apparently, Arctic explorers deem it their duty to be prepared for divers eventualities. As a curious instance in point, it may be mentioned that Dr. Nansen, before starting upon his expedition, was legally separated from his wife, in order to permit her to marry again, in case of his disappearance or death, and so save her the trouble of proving his decease. It will be now necessary for him to re-marry her. It will be of interest to learn from the medical man accompanying the expedition of the details concerning the health of the members thereof during the voyage of the *Fram* in such northern latitudes.

Venereal Diseases in the Indian Army.

We reproduce the following from our contemporary the *Globe*: "A suggestion comes from India with reference to the spread of certain diseases in the Indian Army, which is, we think, worthy of consideration by the present Government. It is that a small Commission, on the lines of the Simla Leprosy Commission, should be sent out from this country to investigate and report. This Commission should, it is suggested, be entirely independent of all official influences, so that its report might be free from the accusation of partiality. We confess that we have not much hope that our fanatics at home would be convinced even by the most unimpeachable report; but, at any rate, it might serve to give the sensible people in the House of Commons good ground for refusing to be guided any longer by these insane enthusiasts." The ample documentary evidence which now exists showing the prevalence of venereal disease in the Indian army seems to have no influence in prompting the authorities to move in the matter. The idea, therefore, of sending a small Commission out from this country to make inquiries is an excellent one. Sooner or later the evil will have to be dealt with, and measures adopted for curtailing its effects.

The Critics of the Army Medical Department.

An absurd report has been promulgated to the effect that the grievances of the officers of the Army Medical Department are due merely to the discontent arising from the manner in which their wives are treated by the wives of the combatant officers. Under the regimental system, it is held, the medical officers' wives were regarded as the social equals of the wives of other officers, but now, it is alleged, regimental spouses do not consider the doctors' wives their equal in social position. Hence, all the discontent and friction which has arisen. It is scarcely needful to call attention to such silly remarks as these; they do not, of course, call for any serious comment. But the curious thing is that they seem to have gained wide publicity, and quite possibly they have been received with some credence. But the credulity of the public must be in a sadly parlous state if any ordinary persons of common sense have allowed themselves to be influenced by such statements.

The Medical Profession in Russia.

In view of the International Medical Congress to be held in Moscow next year, it is of some interest to glance at a few points of detail in connection with the medical profession in Russia. In the first place, attention has been drawn, in a Russian journal, to the fact that the number of suicides among Russian medical practitioners exceed that in any other class of people in the country. Statistics show that the greatest number occurs between the ages of twenty-five and thirty-five. The cause of this is attributed to the irregular life of the younger practitioner; at times hard labour, night and day, for a miserable pittance which induces apathy, melancholy, *tædium vitæ*, hopelessness. Then, so far as incomes are concerned, it is rather rare

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for a Russian practitioner to make as much as £200 a year, the average being about one-third less. For a population of almost one hundred and twenty millions there are hardly 16,000 practitioners. Another matter worthy of mention in this connection is the long period of education required of the student. Eight years of preliminary education must be passed through before a student is admitted to the study of medicine, and then five years of hard, conscientious labour lie in front of him before he can obtain his qualification to practice. Under all these circumstances, it is evident that the attractions held out to the young men of Russia to join the medical profession can scarcely be regarded as of a high order.

The Infant Life Protection Bill.

THE Infant Life Protection Bill reported, with amendments, by the Select Committee, to the House of Lords, shortly before the close of the Session, is a great improvement upon the Act at present in force, or supposed to be in force, for the protection of infant life. The principal amendments are those raising the age of protection from twelve months to five years, and of abolishing the system of registered houses. If the Bill becomes law, persons will be allowed to take one child under the age of five years, for hire or reward, without let or hindrance; but in the case where more than one child is kept for that purpose apart from its mother the responsible person will be required to give notice to the local authority that the children are in her keeping. The local authorities, apart from the County of London, the City of London, and the Boroughs in England and Wales, will be, in other places, the District Councils. These bodies, whose duties for the most part have to do with rural matters, will probably at first experience no little difficulty in comprehending the due importance of such an Act. It is to be hoped, however, if the Bill passes into law, that they will fully awake to the responsibility of their position, and act accordingly.

St. Bartholomew's Hospital.

WE are glad to see that the authorities of St. Bartholomew's Hospital have made an important change in the remuneration which they give to the resident staff. Hitherto the house surgeons and house physicians have been paid a nominal sum and have been put to the expense of board, but this will be altered in future, beginning October 1st, when the junior house surgeons and junior house physicians who are non-resident will receive £25 each, and the senior house surgeons and senior house physicians who are resident will be paid at the rate of £80 a year, this being considered the equivalent of board in the residential college attached to the hospital. The resident midwifery assistant, the extern midwifery assistant, and the ophthalmic house surgeon will also be paid the salary of £80 a year. The senior and junior resident anæsthetists are to be paid £120 and £100 a year respectively. These substantial increases of salary will be a large additional charge upon the hospital funds, but we hear that the changes have given rise to the greatest satisfaction amongst the large body of students in the Medical School.

Carrier Pigeons in Medical Practice.

EVEN the attractive, beautiful bird, the domestic pigeon, has been utilised in the cause of medical practice. We learn that there is a medical practitioner in Scotland whose area of practice is so wide, that he has resorted to the method of using carrier pigeons for the purpose of assisting him in his daily labours. When, for example, he is called upon to visit patients far distant from his home, he takes with him a number of his stock of carrier birds. On reaching an urgent case, and having prescribed, he forwards the prescription by means of a pigeon. As soon as the bird reaches his house, a domestic carefully extracts the message from under its wing and hands it to the doctor's dispenser, who makes up the prescription and dispatches the medicine to the patient. Another convenient arrangement, as we learn, resorted to by this enterprising practitioner, is to leave one of his pigeons at the house of a far-distant patient whose case may demand his early attention. When in such an instance the doctor's presence is urgently demanded, a pigeon is dispatched with a message, and the doctor is soon on his way to the patient's house. Clearly, by this arrangement, fruitless visits are avoided, time saved, and trouble reduced to a minimum.

The Heywood Sanitary Authority versus the Government Inspector.

ACCORDING to the *Manchester Courier*, a most unprecedented deadlock has arisen in the borough under the following circumstances. Some little while back the question of the sanitary condition of St. John's School, Heywood, was raised in the House of Commons, and Sir John Gorst promised to inquire into the matter. A Government Inspector was sent down, and, acting upon his report, Sir John announced in Parliament, some three weeks since, that the school was in a perfectly sanitary condition. As, however, both the Medical Officer of Health and the Nuisance Inspector of Heywood have reported otherwise, the Corporation have decided to publish their reports, and to take action against the school authorities. The following is a summary of the local reports. Mr. Buckley, the Inspector, states that he visited the school by instructions from the Town Clerk. He found the urinal dirty, unflushed, and emitting an "unmistakable" smell. The closets were insanitary, and a "stench arose from the stalls." He sums up his report by saying, "that the situation and condition both of the urinal and of the closets are not only insanitary, but indecent." Dr. Wisken says "the school building is enclosed more or less on all sides. On the north it adjoins some property which is insanitary. Some of the downspouts enter directly into the drains, which is inadvisable. The yard or playground is too small, the urinals are not in a clean condition and smell strongly. The girls' closets are insufficiently ventilated, although they are under the same roof as the school building.

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The boys' closets are closely built in by school walls and surrounding buildings. The water supply to the school for the last quarter was 19,000 gallons. The number of children attending (infants included) was 433. The supply, in my opinion, is quite inadequate." This looks like a direct conflict of evidence between the borough sanitary officers and a Government Department. In any case, it is unfortunate that there should be a difference of opinion on what, after all, are matters of fact. It is evident that the whole affair must be sifted to the bottom in the full light of a public inquiry, Sooner or later the question of the full local sanitary control of schools must be fought out and settled once for all. It may be added that Sir John Gorst has lately been calling out for the transference of the Poor-law schools to the Education Department. If this inspection be a sample of how things are to be managed the nation will be content to let things be. By the way, who was the Inspector sent down by the Education Department and what experience has he had in sanitary matters? It seems hardly conceivable that there should be room for two opinions on such matters of fact as foul smells and the fitness of drains and urinals.

Sanitary Inspectors.

A Midland correspondent has lately published a letter which is worthy of some notice, as it points to a curious, if not widespread, conception of the why and wherefore of the sanitary inspector. In answer to a rhetorical question as to the whereabouts of the inspectors, he says, they are "at their posts, but with their hands tied." He then goes on to state his belief that if the majority were allowed to do duty to their own consciences there would be quite a revolution in sanitation. Upon reading this outspoken opinion, and with the knowledge that the sanitary inspectors are the servants of the Medical Officers of Health one would suppose that the latter had "tied their hands." Not a bit of it, however, for the gentleman from the Midlands suggests that it is the vestrymen who act mainly as the oppressors of the zealous sanitary inspectors. He further says that some of these useful public servants are obliged to keep silence because they are not qualified. By all means let us have men who have passed the examination test of the Sanitary Institute or other responsible body, but let them, whether qualified or not qualified, keep in their proper sphere. Recent building scandals in a London parish are not calculated to reassure the public as to the advisability of allowing too free a hand to sanitary inspectors.

Hairwash Applied Internally.

A curious misadventure was sifted a week or two since in the police court of a London suburb. An engineer, æt. 54, was charged with attempted suicide, on the information of the police that he had taken poison. The accused, when brought into the dock, proceeded to explain to the bench his position in the matter, which appeared to have been one of simple misapprehension as to whether a particular hair lotion was meant to be used externally or internally. Latterly, he said, his hair had turned white, and in order to remedy what appeared to him a defect he purchased a bottle of hair restorer. On reaching home, he was in some doubt as to how the remedy should be used, but ended by swallowing some of the stuff, whereby his stomach was very much upset. This sorrowful tale convinced the magistrate, who at once dismissed the charge, but advised the engineer in future to confine the application of such restoratives to the spots which he wished his remedies to affect. Speaking generally, it is a wonder that accidents of the kind are not more common, seeing that an enormous number of quack nostrums for the hair are on the market, and that many of them contain strong acetic acid, strong ammonia, cantharides, lead, corrosive sublimate, and other more or less powerfully poisonous substances. The question of these hair restorers, indeed, is one that might well be taken up both by local authorities and by the Apothecaries' Society. The conviction of Madame Ruppert some time since for selling a poison, to wit, corrosive sublimate, in a hair lotion, without a license, shows that the offence is open to police control.

The Medical Press Association in France.

There is in France an association of medical journalists, which is apparently in a flourishing condition. On the 10th of July last, there was held the thirty-third dinner of the association, under the presidency of Professor Cornil. Nineteen representatives of the French medical press were present. It is curious in view of the large number of medical men in this country, who devote regularly much of their spare time to medical journalism, that no common bond of union should exist between them. The medical press, or the "fourth estate" in the medical profession is undeniably a body of large dimensions, and so far as numbers are concerned, it would not be a difficult matter to organise an association in England, of medical journalists, similar to that which has proved so successful in France.

Sir Francis Cruise.

The medical profession in Ireland has received a new distinction by the conferring (by the Lord Lieutenant, Lord Cadogan) of the honour of knighthood upon Dr. Cruise. Sir Francis Cruise's connection with the profesion dates from the year 1858, when he graduated as M.B. of the University of Dublin. He is a scion of an ancient family resident near Athboy, in the Co. Meath, since the fifteenth century, and his schoolboy education was taken at Clongowes Wood College. His hospital has always been the Mater Misericordiæ, to which he was appointed in 1861, and of which he is still Consulting Physician. He was elected as President of the Royal College of Physicians in 1884, and duly served that office, and his contributions to the literature of the profession included papers "On the Endoscope in the Diagnosis and Treatment of Disease"; a joint report with the late Dr. Hayden, "On the Cholera Epidemic of 1866, with a special

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study of the mode of propagation of that malady"; "Essays on the Mineral Waters of Contrexéville and Royat les-Bains"; "On Hypnotism as practised at Nancy and Paris"; "On Quantitative Analyses," besides numerous reviews, addresses, &c. Sir Francis Cruise has given evidence that he possesses other aspirations and attainments beyond those within the domain of medicine. He is the author of a learned work on Thomas-a-Kempis, and is well known as a skilled musician and violoncellist. The Government has indicated its confidence in his ability by appointing him from time to time to various responsible official positions, several of which he now occupies. He enjoys the respect and esteem of his *confrères* in Ireland, and the honour conferred on him is received by them with much satisfaction.

Irish Workhouse Reform.

THE agitation started by Dr. Moorehead, of Cootehill, and by the Special Commissioner of the *British Medical Journal*, and supported by the Irish Medical Association, resulted, it will be remembered, in a series of meetings in London several months ago, at which a number of English philanthropists attended, the object being to organise a movement in Ireland for the reform of the Irish workhouse infirmary system. Since then the movement has made slow but steady progress, and has resulted in an arrangement to hold in the first week in October a meeting in Dublin, Lord Meath is to take the chair; and the purpose of the meeting is approved by the Archbishops of Armagh and Dublin, both of the Church of Ireland and the Roman Catholic Church, and by the Moderator of the General Assembly. The preliminary circular which has been issued by Lord Monteagle, states that the agitation has already produced useful fruit, but that very much still remains to be done before the Irish workhouse infirmaries can be said to be in even a passable state of efficiency. And the movement seeks to strengthen the hands of the boards of guardians, to endow them with greater powers than they possess, to stimulate the Local Government Board, to act cordially with them in the direction of reform, and to educate public opinion on the subject.

A Minister of Public Health.

THE suggestion has several times been made that a Department of Public Health should be formed with a minister to preside over its destinies, and now that Mr. Chaplin has ordered a full inquiry to be made into the question of the staff and organisation of the Local Government Board, it would seem that the present opportunity is a good one for re-opening the matter. The duties of the Local Government Board are of a very arduous and varied character, and they might well be confined to the administration of the Poor-law Service. On the other hand, much good would be likely to follow were all the matters in connection with sanitation and the preservation of the Public Health to be referred to a department whose sole duties were to deal with these subjects, and with the questions arising therefrom.

London University Reorganisation.

THE Bill for the appointment of a Commission to settle everything about the future of the London University has succumbed, as might be expected, to the exigencies of Parliamentary haste. The moment a serious opposition by Lord Cranbourne and Mr. Talbot was declared the chances of passing the Bill this session disappeared. If it be true that the object of this opposition is to introduce religious considerations into the organisation of the university, we can have no sympathy with such a purpose. All we desire is that the standard of the examinations of any such institution shall be reasonable and that no special privilege whatever shall be accorded to the candidates sent up from any school or college wherever situated, but that we shall have absolute free trade in education, and attainments necessary to obtain the degrees of the University.

THE British Dental Association will meet next year in Dublin, and Mr. Theodore Stack will be the President. It is to be hoped that some member will communicate to the meeting a paper on the working of the apprenticeship system and its effect upon dental education in Ireland, and will elicit the actual facts as to the fee which the dental apprentice is required to pay and to whom.

THE Cirencester Board of Guardians have determined to prosecute defaulters under the Vaccination Act, and the same decision has been arrived at by the Guardians in Bury St. Edmunds.

"THERE are some men," says a wise person, "who act according to their lights, but there are more who act according to their livers."

MEMORANDUM ON THE IMPROVEMENT OF IRISH WORKHOUSES.

FOR some time the condition of the sick, and the aged and infirm, in our Irish workhouses has been brought under the notice of the public through the press. But it has been felt that further steps are needed to enlist sympathy of persons interested in the question, and that this can be best effected by the formation of an Association. When all allowance has been made for the great improvements already carried out in the better managed workhouses, the broad fact remains that in most Unions there are still grave evils to be remedied. Some of these abuses it is in the power of the Guardians themselves to rectify. Others are inherent in the existing system and cannot be removed except by legislation or by the administrative action of the Local Government Board. The principal defects may be summarised as follows:—

STRUCTURE.—When the workhouses were built they were intended for the discipline of the incurably lazy able-bodied pauper, and were therefore intentionally made comfortless. No special provision was made for the helpless classes, the sick, the aged, and the infants, who now form the large majority of the inmates. These are too often housed in dreary wards, not sufficiently lighted, warmed, or ventilated, and destitute of all appliances for comfort, recreation, or even decency.

NURSING.—The nursing of the sick is very inefficient in most cases. Many infirmaries are still without trained nurses, the assistants being usually ignorant paupers, often of the worst character. Great improvements have been effected in those Roman Catholic districts where the nuns have been placed in charge of the sick, but too

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the St. Pierre Hospital in the presence of the Antwerp Medical Commission. The subject of the experiments was the demonstration of a new and practical mode of disinfection and sterilisation. The means employed consist of a gas obtained by the partial combustion of methylated spirits, which, while being perfectly innocent in its effect upon human beings, non-toxic and free from all corrosive action, is said to possess the property of destroying every trace of bacteria or microbes in the atmosphere of any enclosure. The experiments so far have been thoroughly successful. If such a system of disinfection can be proved efficacious it will be a blessing to steamship companies plying between Europe and the United States, for in time of contagion of any kind the United States Government demands fumigation by sulphur, which is a most disagreeable and unprofitable process. The question will be studied with a view to adapting it to the disinfection of ships, passengers, luggage and cargo.

The Mortality in Belfast.

The *Freeman's Journal* says as follows:—"The unsatisfactory sanitary state of Belfast is at present occupying the attention of a special committee of the Belfast Corporation. It has a sadly disillusioning effect to learn on the authority of the Superintendent Medical Officer of Health that the Belfast death-rate from zymotic diseases still keeps high, much higher, indeed, than that of any other city or town in Ireland, Lurgan excepted. Dr. Whittaker urges with obvious point that as these diseases are largely caused by bad sanitation, it is not creditable to the city that such a state of affairs should be allowed to continue. Yet is not its government the model which the rest of benighted Ireland should follow in local affairs? The jerry-builder, it is alleged, is responsible for the condition of things, and a local newspaper explains that the jerry-builder has bossed the Corporation while spreading his networks of death-traps all around. Bad as Dublin is, the dear, dirty old city does not seem to be so bad when compared with the Athens of the North."

The Opening of a New Spa in Scotland.

On Thursday, the 10th of September, the "St. Ronan's Welland Mineral Water Company, Limited," will open the pump-room at this Well. The Well of St. Ronan has been immortalised by Sir Walter Scott, and, in times gone by, used to be visited by many in search of health. Latterly, the water of the Well lost favour, largely owing to ordinary spring-water having obtained access to the outflow. The Well, or rather wells, afford two distinct kinds of mineral water, the one saline, the other a sulphur water. The sulphur water is akin to that of Harrogate. The surroundings of the new spa are of a pleasant description, and the pump-room itself is well sheltered and built on a porous soil. It is not at all improbable that it will prove advantageous for those who are unable to stand the exposed and bracing climate of Harrogate, to spend some time in the sheltered valley of the Tweed, while undergoing a very similar course of waters.

The Apothecaries' Hall, Ireland.

At the annual meeting of the Governor and Council of the Apothecaries' Hall of Ireland the following members were duly balloted and elected to hold office for the ensuing year ending July 31st, 1897:—Governor: Sir Robert Jackson, C.B., F.R.C.S.I. Deputy Governor: G. Raverty, L.R.C.S.I. Directors: H. A. Auchinleck, L.R.C.P. and S.E., F.R.C.S.I., W. V. Furlong, L.R.C.S.I., L.R.C.P.E., John Evans, L.R.C.S.I., Robert Montgomery, M.R.C.S., Robert J. Montgomery, M.A., M.B.T.C.D., F.R.C.S.I., Charles F. Moore, M.D., F.R.C.S.I., L. Lucas, L.R.C.S.I., R. G. O'Flaherty, L.R.C.S.I., Sir G. Owens, M.D., J.P., A. Stritch, L.F.P.S.Glasg., G. Shaw, L.R.C.S.I., C. R. C. Tichborne, L.R.C.S.I., F.C.S., S. M. Thompson, L.R.C.S.I., L.K.Q.C.P. Representative on General Medical Council: Chas. R. C. Tichborne, L.R.C.S.I., D.P.H.R.C.S.I. Consulting Chemist: Chas. R. C. Tichborne, F.T.C., F.C.S., &c. Secretary: Robert Montgomery, M.R.C.S. The court adjourned till the first Friday in September.

Scarlatina in Dublin.

A phenomenal increase in the prevalence of scarlatina, which has been for several weeks very prevalent in Dublin, is marked by the return of the Registrar General for the week ending August 15th. It states that the number of cases of that disease admitted to hospitals within that week was 60, as against 34 in the previous week, and as against 36 discharged; 225 patients suffering from it remained in hospital at the date named, being 22 over the number of the previous week.

International Medical Congress at Moscow, 1897.

At a recent meeting of the Executive Committee of the International Medical Congress held in Moscow the following were elected as members of the National Committee for Ireland:—President—Sir William Stokes, Surgeon-in-Ordinary to H.M. the Queen in Ireland. Secretary and Treasurer—William Thomson, F.R.C.S.I., President Royal College of Surgeons. Sir John Banks, K.C.B., Physician-in-Ordinary to H.M. the Queen in Ireland; T. W. Grimshaw, M.D., President Royal College of Physicians, Ireland; James Little, M.D., President Royal Academy of Medicine; Sir Charles Cameron, Professor of Hygiene, Royal College of Surgeons; James Cuming, M.D., Professor of Medicine, Queen's College, Belfast; J. Charles, M.D., Professor of Anatomy, Queen's College, Cork; D. J. Cunningham, M.D., D.C.L., Professor of Anatomy, Trinity College, Dublin; Surgeon-Major-General Preston, M.B., A.M.S., P.M.O. in Ireland; R. J. Kinkead, M.D., Professor of Obstetrics, Queen's College, Galway; Sir C. Nixon, M.D., Professor of Medicine, Catholic University, Ireland; Sir P. C. Smyly, M.D., Surgeon-in-Ordinary to H.M. the Queen in Ireland; H. Swanzy, F.R.C.S.I., Surgeon to the National Eye and Ear Infirmary.

Vital Statistics.

The deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 19·9 per 1,000 of their aggregate population, which is estimated as usual at 10,860,971 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 18, Birmingham 24, Blackburn 18, Bolton 21, Bradford 13, Brighton 21, Bristol 16, Burnley 16, Cardiff 18, Croydon 15, Derby 15, Dublin 21, Edinburgh 16, Gateshead 20, Glasgow 17, Halifax 15, Huddersfield 13, Hull 19, Leeds 21, Leicester 19, Liverpool 20, London 19, Manchester 23, Newcastle-on-Tyne 17, Norwich 18, Nottingham 17, Oldham 17, Plymouth 15, Portsmouth 26, Preston 22, Salford 21, Sheffield 21, Sunderland 20, Swansea 14, West Ham 21, Wolverhampton 27. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1·1 in Nottingham, 1·2 in Hull, 1·5 in Derby, 1·7 in Brighton, 2·5 in Oldham, and 2·6 in Portsmouth and in Gateshead; from scarlet fever, 1·1 in Oldham; from whooping-cough, 1·0 in Cardiff and in Salford, 1·2 in West Ham, and 2·1 in Huddersfield; from fever, 1·1 in Sheffield; and from diarrhœa, 4·2 in Salford, 4·3 in Manchester, 4·5 in Sunderland 4·6 in Birmingham, 4·8 in Gateshead, 5·0 in Hull, 5·2 in Bolton, 6·1 in Brighton and in Portsmouth, 6·2 in Norwich, 6·4 in Preston, and 6·6 in Wolverhampton. The 84 deaths from diphtheria included 59 in London, 7 in Birmingham, 6 in West Ham, and 3 in Liverpool. No death from small-pox was registered in any of the thirty-three towns.

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 23, Bombay 31, Madras 35, Paris 19, Brussels 18, Amsterdam 15, Rotterdam 18, The Hague 23, Copenhagen 16, Stockholm 20, Christiania 32, St. Petersburg 31, Moscow 51, Berlin 23, Hamburg 18, Dresden 18, Breslau 32, Munich 21, Vienna 18, Prague 25, Buda-Pesth 27, Trieste 27, Rome 21, Turin 20, Venice 17, Cairo —, Alexandria —, New York —, Brooklyn 21, Philadelphia —.

Indian Medical Service.

The following is a list of the Candidates for Her Majesty's Indian Medical Service who were successful at the Competitive Examination held in London on the 7th August, 1896, and following days:—

	Marks		Marks
A. A. F. McArdle	3005	G. A. F. Sealy	2546
J. M. Wooley	2988	J. H. Hugo	2526
C. A. Lane	2903	R. Bryson	2418
W. H. Kenrick	2740	E. F. E. Baines	2391
T. B. Kelly	2595	R. H. Price	2383
C. H. S. Lincoln	2560	C. H. Watson	2366

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Notices to Correspondents, Short Letters, &c.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

STATISTICS OF ANÆSTHETICS.

THE first Congress of the Scandinavian Society of Surgeons held in Gottenburg, in 1893, prescribed as one of its objects the collection of statistics of anæsthesia by its members. Their researches have furnished the following results:—There are reported from March 1, 1894, to March 1, 1895, from Sweden, Norway, Denmark, and Finland, 15,052 anæsthesias. Of these, 11,284 were with chloroform; 1,279 with ether; 2,122 with mixtures of chloroform and ether; 362 with ethyl bromide; and 5 with chloroform and ethyl bromide.

DR. A. G. BATEMAN (London).—Note received, for which many thanks.

"MERRY" CARLISLE.

No one knows why Carlisle is called "Merry" by the guide books, but they all do it, so it must be so. Possibly the term owes its origin to the mirth and derision displayed by the Carlisle small boy when he sees a silk hat. Normally, only three inhabitants, possibly hardy survivors of powerful border clans, brave the populace and wear it. When the Carlisle small boy got into the streets a short time ago, however, an unaccustomed sight met his view. The night and early morning trains had brought up hundreds of doctors from every quarter of the world to attend the Annual Congress of the British Medical Association. Each medical body was enshrouded in a frock coat, each medical head was covered by a silk hat. The new critic is not kinder to the average man than the Carlisle urchin, and the latter followed the early single spies of the medical army through many streets to express his disapproval of the unusual costume. Later on, his attention became distracted by fresh arrivals, and still later battalions reduced him first to a voiceless condition, and later, to cowed submission, expressing itself in the peddling of inferior matches at superior prices. It was at the Drill Hall that the crowd of match-sellers was greatest, for there the cluster of medical men attending the annual museum was thickest.—*Commerce.*

DR. B. T. D. (Birmingham).—The time of year is very inconvenient, for so many of those interested in the subject are out of town, as we know from personal experience.

DR. A. F.—Paper received, and is marked for early insertion.

WANTED—ANOTHER DOCTOR.

"IF I was paw and maw," said Willie, "I'd hire another doctor. The baby we got last time wasn't finished. It hadn't a tooth or a hair."—*Exchange.*

☞ NEMO.—The information you seek will be found in our forthcoming Students' Number.

Vacancies.

Belgrave Hospital for Children.—House Surgeon. Board, lodging, light and fuel, provided. Applications, with testimonials, to the Secretary, before September 5th.

Bradford Union Workhouse.—Resident Assistant Medical Officer (unmarried). Salary £100 per annum, with washing, apartments, &c. Applications and testimonials addressed to the Clerk of the Guardians before August 31st.

City of London Hospital for Diseases of the Chest.—House Physician. Salary £30 per annum, with board and residence. Applications with testimonials, to the Secretary, not later than September 9th.

Manchester Children's Hospital, Pendlebury, Manchester.—Junior Resident Medical Officer. Salary £80 per annum, with board and lodging. Applications and testimonials to the Chairman of the Medical Board on or before August 31st.

Manchester Clinical Hospital for Women and Children, Park Place, Cheetham Hill Road.—House Surgeon. Salary £80 per annum, with apartments and board. Applications and testimonials to the Secretary not later than August 29th.

Metropolitan Hospital, Kingsland, N.E.—House Physician, House Surgeon, Assistant House Physician, and Assistant House Surgeon. Salary for House Physician and House Surgeon, £40 per annum each; Assistant House Physician and Assistant House Surgeon, £20 per annum, each. Applications, with testimonials, to the Secretary, by September 5th.

The Victoria Hospital for Sick Children, Chelsea, S.W.—House Physician. Salary £50 per annum, with board and lodging in the Hospital. Applications, with testimonials, &c., to the Secretary, by September 12th.

Tower Hamlets Dispensary, Stepney, E.—Resident Medical Officer. Salary £120 per annum, furnished rooms, coals, gas, and attendance. Applications, with testimonials, to Dr. Donkin, 108 Harley Street, London, W., by September 3rd.

Appointments.

ADAMSON, J., M.D.Glasg., L.R.C.S.Edin., Medical Officer to the Holton-le-Hole Sanitary District of the Houghton-le-Spring Union.

ATKINSON, J. A., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for the Rural Sanitary District of the Knaresborough Union.

COLEMAN, M. O., M.D.Aberd., M.R.C.S., D.P.H.Eng., Medical Officer of Health by the Surbiton Urban District Council.

CROSSKEY, W. F., M.D., C.M.Glasg., Honorary Consulting Surgeon to the Lewes Dispensary and Infirmary and Victoria Hospital.

DAVIES, H., M.R.C.S., Medical Officer by the Pontypridd Urban District Council.

DOW, W. A., M.D., B.S.Durh., L.R.C.P.Lond., M.R.C.S., D.P.H., Honorary Surgeon to the Lewes Dispensary and Victoria Hospital.

EVANS, E. P., L.R.C.P.Edin., M.R.C.S., Medical Officer of Health for the Mountain Ash Urban Sanitary District.

FAWSSETT, F., M.B., B.S.Lond., L.R.C.P., M.R.C.S., Honorary Surgeon to the Lewes Dispensary, Infirmary and Victoria Hospital.

GARLAND, E., M.R.C.S., L.R.C.P., Edin., L.S.A., Medical Officer of Health for the Borough of Yeovil.

GIDDY, C. F., M.B., C.M.Edin, Assistant House Surgeon to the Scarborough Hospital and Dispensary

LAKE, W. W., M.R.C.S., D.P.H.Camb., Medical Officer of Health to the Guilford Rural Distyict Council.

LEE, J., M.B., C.M.Edin., Junior House Surgeon to the District Hospital, West Bromwich.

MARTIN, T. M., M.B., C.M.Edin., L.R.C.P., L.R.C.S.Edin., L.F.P.S. Glasg., Assistant Medical Officer, Lochwinnoch.

PRIDIE, J. F., M.R., C.M. Edin., Medical Officer for the Chingford Sanitary District of the Epping Union.

SMITH, W. R., M.D., B.S Lond., F.R.C.S.Eng., House Surgeon to the Nottingham General Hospital.

STOBO, J., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer of Health by the Sunderland Urban Council.

THOMAS, W. E., M.D., C.M.Edin., Medical Officer to the Pentre and Ystrad Rhondda Division of the Pontypridd Union.

WATTS, B., M.D.Brux., M.R.C.S.Eng., L.R.C.P.Lond., Resident Medical Officer at the Sheffield General Infirmary.

WELLS, T. P. G., L.R.C.P., L.R.C.S Edin., L.F.P.S.Glasg., Medical Officer for the First Sanitary District and for the Workhouse of St. Albans Union.

Births.

CARY.—Aug. 17th, at "St. Austell," Moorland Road, Weston-super-Mare, the wife of Arthur J. Cary, L.K.Q.C.P.I., &c., of a son.

EVANS.—Aug. 13th, at Thurlow Road, Hampstead, N.W., the wife of W. Norman Evans, M.R.C.S., L.R.C.P.Lond., of a daughter.

FISON.—Aug. 18th, at Criffell Avenue, Streatham Hill, the wife of T. Fison, M.B.Cantab., of a daughter.

HOLDEN.—Aug. 18th, at Sudbury, Suffolk, the wife of J. Sinclair Holden, of a daughter.

Marriages.

CARDEW—ELGEE.—Aug. 20th, at St. James's Church, Dover, George Schuyler Cardew, Surgeon-Captain A.M.S., son of the late [illegible] Cardew, Inspector-General of Hospitals, Bengal Army, of Bath, to Ethel Marion, second daughter of the late Major-General Charles Elgee, 23rd Royal Welsh Fusiliers.

CENTER—MILNE.—Aug 18th, at St. James's Church, Aberdeen, Surgeon-Colonel W. F Center, I.M.S., to J. Lillie Milne, daughter of the late Charles Milne, of Longside.

INGRAM—JACKSON.—Aug. 15th, at St. Aloysin's Folkestone, by the Rev. Father Dennan, Reginald Edward Tierney Ingram, eldest son of Colonel Ingram, of Woolwich, to Ella Ogilvy Erskine, only child of Major-General Jackson, of Kirkbuddo, Forfar, N.B., and Folkestone.

MILLER REID.—Aug. 13th, at Corstorphine Parish Church, Arthur William Miller, M.B., C.M., Limehouse, E., to Isa Stuart Reid, youngest daughter of the late James Reid Corsebank, Sanquhar.

RAWLINS—AUERBACH.—Aug. 15th, at St. Augustine's, Queen's Gate, South Kensington, W., W. Peter Rawlins, M.D., of Gordon House, Highgate Road, to Johanna Maria, eldest daughter of Rudolph Auerbach, of West Hampstead.

Deaths.

CARTER.—June 14th, 1896, at Waotee, Lichfield, New Zealand, William Henry Carter, M.R.C.S., eldest son of the late William Carter, of Billericay, Essex, aged 62.

HOWES.—Aug. 14th, at Peckam Rye, Gerald Sidney Owen Howes, L.R.C.P., M.R.C.S., aged 30.

SAUNDERS.—Aug. 18th, at Murree, India, Surgeon-Major Herbert Saunders, Army Medical Staff, aged 47.

WILLIAMS.—Aug. 17th, at University College Hospital, Lewis Williams, M.D.Lond., M.B., B.S, eldest son of Lewis Evans Williams, of New Barnet, aged 28.

NOTICE—Announcements of Births, Marriages, and Deaths in families of Subscribers to this Journal are inserted free, and reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

THE RATIONALE OF THE ACCEPTED TREATMENT OF GOUT. (a)

By ARCHIBALD E. GARROD, M.A., M.D., F.R.C.P.,

Assistant Physician to the Hospital for Sick Children, Great Ormond Street; Medical Registrar and Demonstrator of Morbid Anatomy at St. Bartholomew's Hospital.

HAIG, who has devoted the labour of years to the experimental study of the part played by uric acid in the production of disease, takes as his starting point the relation between the urea and uric acid excretion, which he believes to be, under normal conditions, a practically constant relation of 33 to 1.

When, as is often the case, the uric acid excretion falls below this ratio, he believes that such fall is due to the retention of uric acid in the organism and its storage in the spleen or elsewhere, while he attributes a corresponding rise in the proportion of uric acid to urea to the washing out from its lurking places of the uric acid thus stored away.

The strongest argument in support of this view is afforded by the fact observed by Haig and others, that when a drug is given which leads to a relatively increased excretion of uric acid, the increase falls off after a time and the normal ratio is once more restored. A series of events which is, of course, readily explained if we suppose that the store of retained urate has become exhausted.

Upon the existence of such a constant ratio between uric acid and urea formation, and upon the explanation which he offers of the observed deviations from this ratio, the validity of the greater part of Haig's views obviously depends; but it must be noted that the existence of such a constant relationship is by no means acknowledged by all, nor is it easy to see how such a ratio can be maintained if, as Horbaczewski believes, the uric acid excreted in the urine is derived chiefly or wholly from leucocytes. Lastly, it is necessary to notice a conflict of opinion upon another point. Whereas Ebstein and Haig, together with some other observers, regard the presence of urate in solution in the blood as noxious, others, among whom is Sir William Roberts, attribute its power of producing gouty lesions solely to the tendency to the deposition of crystals of sodium biurate in the tissues. Although amid such a conflict of opinions and results it seems hopeless to look for any sure foundation for a rational system of treatment of gout, three results to be aimed at clearly present themselves:—(1) Whether the accumulation be due to excessive production or to deficient elimination of uric acid, it is equally desirable to limit, as far as possible, the formation of uric acid in the body; (2) it is desirable to promote the excretion of the accumulated urate in the urine; and (3) it is desirable, if possible, to remove the deposits of sodium biurate in the solid tissues. If, however, we hold with Ebstein that the deposition is secondary to an ulcerative process produced by the urate dissolved in the blood, this last indication will have comparatively little importance except for the removal of deformities.

The methods by which it is attempted to obtain such results are as follows:—(1) By controlling the diet of the patients; (2) by enjoining exercise; (3) by the administration of drugs; and (4) by the use of natural mineral waters, both internally and externally. Let us briefly consider these several methods of treatment in turn.

(1) *Diet.*—The course of diet usually prescribed for the gouty was not based upon the more modern views of the pathology of the disease, but was arrived at empirically before these were thought of. It is certainly almost universally accepted that the ends of treatment are most nearly obtained by the limitation of the nitrogenous elements in the food—by cutting off meat to a greater or less extent.

We may, I think, take it as an established fact that the total daily excretion of uric acid is greater on an animal than on a vegetable diet. The investigations of Hermann, Marès, and Horbaczewski, all show this. When, however, we pass to the explanation of this fact, we find the same conflict of opinions as in other parts of the subject.

The ordinary view has been that the more proteid introduced, the greater will be the amount of urea and uric acid that is formed from it. Haig has estimated the amount of uric acid contained in various articles of diet, and while he assigns to cold roast leg of lamb ·050 per cent. of uric acid, the amount in meat extract reached ·883 per cent. His experimental results tend moreover to show that administration of uric acid by the mouth tends to increase the amount excreted in the urine, and he ascribes this increase chiefly to such introduction.

He sums up his views on this point as follows:—

"With regard to diet, we can give the main point in very few words, for we have seen that as flesh diet increases the introduction of uric acid, it increases the formation of uric acid, and its salts diminish the excretion and elimination of uric acid. A milk and vegetable diet, on the other hand, introduces less uric acid (because urea is not necessarily high), and its salts promote the free elimination of all uric acid that is introduced into, or formed in, the body."

Horbaczewski states that the increase in the uric acid coincides with the leucocytosis which occurs after food, and refers it to the nuclein yielded by the destruction of the leucocytes. Experimenting with healthy men, he found that after a meat meal the leucocytosis and uric acid excretion were both decidedly greater than after one consisting of vegetable food. Haig, on the other hand, associates the increase after a meal with the occurrence of the alkaline tide.

Pfeiffer states that in the urine of gouty patients much more "free" uric acid is present than in that of healthy individuals, and from his observations of the effects of treatment upon the tendency to excrete this "free" uric acid, he comes to the conclusion that the limitation of nitrogenous diet is quite unnecessary. He holds, indeed, that such restriction may be absolutely detrimental. I may mention that the validity of Pfeiffer's conclusions, from the results obtained by his

(a) Abstract of a paper read before the West London Medico-Chirurgical Society.

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uric acid filter, has been challenged by Sir William Roberts in this country, and by Ebstein in Germany.

If we accept the prevalent view, that it is desirable to limit the nitrogenous food of gouty patients, we must, of course, remember that in this, as in all other respects, each individual case requires to be treated upon its merits, and it would obviously be unwise to prescribe an identical diet for a stout gouty man of sedentary occupation and habits, and for another who spends a large portion of every day in pursuits which bring the muscles into active use.

With regard to the carbo-hydrate elements in the diet, I am unable to find any adequate ground for the widespread belief that sugar *qua* sugar is bad for gouty patients—a view which. I take it, had its origin in the injurious influeuce exerted by certain sweet wines and articles of food. Obviously, if sugar itself is injurious, all starchy substances must be the same, seeing that starch is converted into dextrose by the digestive secretions. Pfeiffer, indeed, on similar grounds to those which lead him to recommend meat diet, recommends the exclusion of carbo-hydrate as far as possible. Yet since there is no reason to ascribe to a carbo-hydrate diet any property of increasing uric acid formation, it can only prove injurious in this respect, if at all, in an indirect manner, by disturbing the digestion.

Again, there is no evidence that alcohol *qua* alcohol increases uric acid formation or hinders its excretion, and yet it is one of the best established facts about gout that certain alcoholic beverages are very harmful to those who have the gouty tendency.

The comparative rárity, now-a-days, of cases in which the tophaceous deposits are large enough to produce extreme deformities, is referred, and apparently with good reason, to the changes in habits during the last few generations in the matter of alcoholic drinks, and especially to the greatly diminished consumption of port. Yet we do not know what are the actual constituents to which port, champagne, and the heavier ales owe their injurious action, or how far these are due to the presence of the products of incomplete fermentation.

Dr. Haig believes that the above alcoholic beverages owe their effects to their acidity, for he finds that the administration of acids always reduces the excretion of uric acid as compared with urea, and, as has been said, he ascribes such disturbances of the proportion of the uric acid and urea excretion to retention of uric acid in the system. From his point of view the administration of a glass of champagne is equivalent in this respect to that of a dose of acid. It is obvious that this explanation is capable of accounting for the scanty gout-producing properties of alcohol itself, as evidenced by the rarity of the disease among populations among whom spirit drinking is prevalent, to the exclusion of the consumption of beer and wines. On the other hand, alcohol, by producing chronic renal disease, will, if Levison's views are correct, itself favour to some extent the development of gout, just as does chronic poisoning by lead.

Physical Exercise.—Concerning the effect of exercise upon uric acid excretion, such observations as have been made by Levison, Haig, and others, point to a decided increase under its influence.

At first sight such observations seem to explain satisfactorily the fact which has long been recognised, and which may be regarded as established, that a sedentary life favours, while an active life tends to ward off, the recurrence of attacks of gout. But we must not forget that an increased excretion, unless it can be shown to be accompanied by an increased production of uric acid, is not necessarily beneficial to a gouty subject, and, *a priori*, there is a great probability that the increased excretion due to exercise is really the outward sign of an increased production due to a more active tissue metabolism. Levison, indeed, holds that excessive muscular exertion thus favours the development of an attack, and quotes Scudamore in support of this statement.

Drugs.—Among drugs the alkalies may be conveniently considered first.

Different observers, whose results are brought together by Von Noorden, in his valuable work on "Die Pathologie des Stoffwechsels," to which I am indebted for much valuable aid in the preparation of this paper, ascribe to alkalies different effects upon the excretion of uric acid. Thus Clar found a decided increase after their administration; Salkowski noted an equally decided diminution, and Hermann could not find that any influence was exerted by the taking of large quantities of the salts of vegetable acids.

Haig assigns to alkalies a most important influence in favouring the excretion of uric acid, in contra-distinction to the effects of acids above referred to. He believes that alkalies carry out the urate from organs, such as the spleen and liver, in which it has been stored away, and that its consequent presence in the blood is apt to be manifested by raised pulse tension, uric acid headache, and other phenomena due to this same cause.

This action of alkalies he connects with their solvent power upon uric acid, and summarises his results by stating generally that "all substances which increase the solubility of uric acid increase its excretion and clear it out of the body, while conversely all substances which diminish its solubility diminish its excretion and tend to produce its retention in the body and accumulation in various organs and tissues." He states, moreover, that, "speaking generally, and apart from the action of other solvents, it may be said that the excretion of uric acid from day to day, and hour to hour, is inversely as the acidity of the urine."

It has usually been held that drugs which form soluble compounds with uric acid are eminently suitable for administration to gouty patients, but to the chemist such reasoning appears to rest upon an erroneous basis, for he knows that, in the laboratory, acids tend rather to combine with the bases with which they form the least soluble compounds, and that it is vain to endeavour to get an acid into solution by presenting to it a base with which it forms a compound more soluble than that which actually exists.

Some prefer to administer sodium compounds, others those of potassium or lithium. Sir William Roberts, in the course of his investigations of the factors which influence the solubility of precipitation of sodium biurate from solutions of water in blood serum and synovial fluid, found that no condition so greatly favoured such precipitation as the addition of sodium salts, and he points out that the distribution of uratic deposits bears a striking relation to the percentage of sodium salts contained in the several organs and tissues. On these grounds he recommends a restriction of the intake of sodium chloride by gouty patients. He further states that alkalescence, as such, has no influence whatever upon the solubility of sodium biurate, and speaks very doubtfully of the efficacy of alkalies in general in the treatment of gout.

On the other hand there are many medical men who have long employed alkalies in the treatment of gouty conditions, and who are firmly convinced of their utility, apart from any actual reasons by which their efficacy can be explained.

Haig obtained the remarkable result that lithia actually diminishes the excretion of uric acid. This apparent exception to the rule which he lays down he explains by quoting Rose's work on Chemical Analysis, in which book it is stated that lithia taken by the mouth forms a nearly insoluble triple phosphate with phosphate of soda, or with the triple phosphates of ammonia and soda. Haig supposes that not only is lithia thus prevented from getting at the uric acid at all, but also favours the retention of uric acid by withdrawing from the blood some of the sodium phosphate

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which it contains—a substance which, in the presence of an alkali, he has found to increase the uric acid excretion.

With the alkalies must be classed the organic base piperazine, and still more recently introduced lysidine, both of which have been extensively employed in gouty cases, on account of their remarkable power of dissolving uric acid. As to their efficacy very conflicting opinions are expressed, and it is obviously a matter of extreme difficulty to form an estimate of the power of a drug to ward off the recurrence of gouty attacks, which even in untreated cases are irregular in their appearance. Some hold them to be of great value, while others, such as Sir William Roberts and Levison, have formed a very poor opinion of the utility of piperazine. In a recent paper Grawitz states that he obtained much benefit from the administration of lysidine in some cases of tophaceous gout, but Klemperer and von Zeisig observed no noticeable influence of this drug in three typical cases. A similar conflict of statements prevails as to the influence of these drugs upon uric acid excretion, which several competent observers have declared to be *nil*. Even Haig, who lays so much stress upon the relation between the action of a drug in this respect, and its power of dissolving uric acid, states that although piperazine increases the excretion of uric acid, its action is not very potent, and is far less conspicuous than that of the salicylates. Biesenthal, on the other hand, states that even in the presence of an excess of uric acid, not the biurate, but the neutral urate of piperazine, is formed, which salt is excreted intact by the kidneys, and seems to have a much greater diffusibility through animal membranes than sodium biurate has.

I trust that some future speakers will bring forward some clinical evidence of the efficacy or inutility of piperazine in the treatment of gouty attacks, or in warding off their recurrence.

Colchicum.—There is a tendency at the present day to minimise the good effects of this drug, which our fathers regarded as practically a specific in true gout, and to emphasise the ills which may result from its depressant action. I must take my stand with those who hold that colchicum has a remarkable curative power upon acute attacks of gout, and that not only is this effect obtained by means of much smaller doses than are usually given, but also that when given in such smaller dose (ℳ v.-xv.) it is but little apt to produce any ill-effects, provided that its use is avoided in cases in which the heart's action is exceptionally feeble.

It must be confessed, I think, that no adequate scientific explanation of the action of colchicum has yet been found. Haig's belief that this drug gives relief in true gout by increasing the alkalinity of the blood—that, in fact, it acts as an alkali—seems to me hardly to afford an explanation of its efficacy, even when taken in conjunction with its depressant action, to which he attributes its effect upon joint lesions which are rather the sequelæ of gouty arthritis than true gouty phenomena.

Sodium Salicylate.—To this drug Haig attributes a remarkable efficacy in all conditions resulting from an accumulation of uric acid in the system, and among these in true acute gouty arthritis. He finds that the salicylates cause an increase of the uric acid excretion, forming with this substance the compound known as salicyluric acid—a compound more soluble, not only in neutral, but also in slightly acid liquids. He advises their administration apart from any alkali, and in amounts such as are given in acute rheumatism. This author attributes the adverse statements which have been made partly to the administration of insufficient doses—such as 10 grains three times a day—and partly to errors of diagnosis, the joint lesions following upon acute gout being confused with the true gouty arthritis.

I am far from being convinced of the great efficacy of sodium salicylate in true gout, and I could quote high authorities in support of this attitude. It will be of great interest to hear the opinion of any here present who have administered sodium salicylate in adequate doses in unquestionable cases of acute gouty arthritis, and I trust that some such experiences will be brought forward this evening.

Levison, who is one of the most recent writers upon the subject, says that sodium salicylate, "owing to its success in acute rheumatism, has also been tried in gout, but has by no means proved of like service in this disease." Sir Dyce Duckworth, too, ranks the salicylate much below colchicum in the treatment of acute attacks, but acknowledges them to have succeeded in his hands in some cases in which colchicum has failed to give relief.

It is obviously very important to make sure that the increased excretion under the influence of salicylate, is really due to a removal of stored up uric acid, and not to an excessive production of that substance; and in this connection the results of a recent investigation by Bohland, only published last month (in the *Centralblatt für innere Medicin*, 1896, No. 3), are of much interest. Bohland found that the administration of sodium salicylate is capable, as Haig states, of producing a conspicuous increase in the amount of uric acid excreted in the urine, but that this increased excretion corresponded with an increase of the leucocytes of the blood. He adds: "We may then draw the conclusion from our experiments that moderate doses of sodium salicylate cause an obvious increase of leucocytes in the blood, and if Horbaczewski's theory is correct, a considerable leukolysis, and in consequence an increase of the uric acid excreted." Bohland concludes from these considerations that the employment of sodium salicylate in the treatment of gout is not to be recommended, since the increased formation of uric acid, which he believes the drug to cause, is only likely to lead to a further deposition of urate in the tissues.

We must bear in mind, however, that the validity of Bohland's conclusions is dependent upon the truth of Horbaczewski's theory already referred to, and however probable this theory may appear, we must always remember that the origin of the uric acid from the destruction of leucocytes is still a theory, and not, as yet, an established fact.

Guaiacum.—I have no facts to bring forward throwing light upon the efficacy of guaiacum, which I believe to be very great, especially in articular cases of the more chronic and lingering type, as well as in what used to be called "irregular gout." Its employment must be looked upon as purely empirical.

Mineral Waters and Baths.—Many of the mineral waters which prove most serviceable to gouty patients contain very scanty mineral ingredients, and their effects would seem to be largely due to the copious drinking of water than to any special ingredients. Take, for example, two of our own principal mineral waters which have long had a merited renown for the treatment of gouty patients. I refer to those of Bath and Buxton. Both places possess thermal waters with little mineral impregnation, and Continental resorts of the same class might be quoted.

We know but little of the effect of mere taking of water, hot or cold, upon the excretion of uric acid, and such results as there are, are as usual conflicting. Genth found, in 1850, that copious drinking of water diminished and finally abolished the excretion of uric acid; whereas Schondorff, after a prolonged investigation, came to the conclusion that the taking of water had no influence at all: and Kusmanoff, whose results, like the previous ones I quote from Von Noorden's work already referred to, came to a similar conclusion. We find, then, in such investigations bearing upon this point as have hitherto been made do not afford any scientific basis for the beneficial effects of water drink-

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ing upon gouty subjects, or lend any countenance to the wide-spread idea that such treatment acts by washing uric acid out of the system. Nevertheless, I imagine that we shall none of us on this account cease to advise our gouty patients to follow a plan of treatment which long experience has shown to be beneficial to them.

Alkaline waters, such as those of Vichy or Ems,—a class of which we have no representative in our own country—have doubtless effects similar to those of ordinary medicinal treatment, by alkalies; but some of the waters which enjoy a high reputation for the treatment of gouty subjects, such as those of Wiesbaden and Homburg, contain large amounts of sodium chloride, the very salt which Sir William Roberts considers especially to be avoided. In support of his views on this point Sir William Roberts quotes the statements often made by medical men practising at such saline spas, that in some instances the earliest effect of the treatment is to provoke an attack of articular gout.

I do not know of any observations bearing upon the effects of simple mineral baths upon uric acid excretion, but the douche massage system associated with the name of Aix-les-Bains, where it was originated, may be supposed to act in a similar way to ordinary bodily exercise, increasing the excretion, and probably also increasing the formation, of uric acid.

Dr. Forestier, of Aix, has made some observations upon this point. He quotes the results of the douche massage treatment in three cases of gout. In each instance the excretion of uric acid was increased, as also was that of phosphates and of urea. He found that a course of about twenty such baths sufficed to restore the excretory functions to their normal state, and to produce all the improvement which such treatment is able to produce.

CASE OF CEREBRAL RHEUMATISM—"DISINTOXICATION" OF THE BLOOD —CURE.

By DR. H. BARRE,
Paris.

[FROM OUR FRENCH CORRESPONDENT.]

IN a recent number of THE MEDICAL PRESS AND CIRCULAR were reported three cases—one of infectious pneumonia and two of uræmia—in which the patients, being *in extremis*, rapid cures were effected by Dr. Barré by the process he has termed "disintoxication of the blood." He now publishes a fourth case of cure obtained by the same means in cerebral rheumatism with rapidly rising temperature in spite of repeated cold baths and salicylate of soda.

The patient, a girl, æt. 20, tailoress, was suffering from acute articular rheumatism of the upper and lower extremities of eight days' duration, which had run a normal course. The treatment had consisted of three grams of salicylate during the day with envelopment of the joints. Under this the pain diminished. Temperature varied between 37·2° and 37·8° Cent. No albumen in the urine.

June 9th.—She passed a somewhat restless night with occasional wandering, the face was congested; eyes restless. She complained of frontal headache and thirst. The articular pain had ceased, temp. 40° Cent., pulse 116.

Fearing encephalic symptoms Dr. Barré ordered at once a tepid bath, gradually cooling to 20° Cent. during twenty minutes, and to be repeated every three hours. Salicylate of soda, 5 grams in three doses, during the day.

At midday the patient had already taken two baths She felt better after the baths, but the improvement did not last long. The forehead felt burning hot. Axillary temperature, 40·8° Cent., pulse 130. She had not passed water since the previous evening, but she may have passed some in the baths.

Baths were then ordered at the temperature of the room for five minutes every two hours.

At seven o'clock the aggravation of the symptoms continued; she was delirious, she struggled, and could not without difficulty be put into the bath. Occasional convulsive movement of the limbs and muscles of the face occurred.

It was impossible to take the temperature but it seemed, to the touch, augmented.

At 9 o'clock the clonic convulsions were succeeded by tonic, with trismus and contraction of the dorso-lumbar muscles.

At 11 o'clock the convulsions ceased and the patient fell slowly into a comatose condition. Axillary temperature 42° Cent. Pulse 145, very feeble.

In face of the inefficacy of the cold baths and the progress of the fatal cerebral phenomena, Dr. Barré did not hesitate to have recourse to "disintoxication of the blood."

At 1 o'clock in the morning, with the usual precautions, Dr. Barré first introduced into the right median cephalic vein the needle to serve to pass into the tube the artificial serum. Whilst this was beginning to be injected, he introduced into the vein of the other arm the other needle through which blood was to be drawn off. Hardly had 200 grms. of blood been abstracted, replaced gradually and equally by the artificial serum, than improvement showed itself. The respiration became less stertorous and less frequent, and the pulse increased in strength. When 500 grms. had been injected the patient opened her eyes; respiration ceased to be drowsy, although rapid. Pulse 134, less intermittent. Temperature 40·5° Cent. Skin less hot, some moisture. The operation was continued to 750 grms.; the patient regained consciousness, but was very prostrate.

The needles were withdrawn, and at that moment the temperature had fallen to 39·6°. No pain in the joints nor head. Two hours later she passed 400 grms. of clear urine. At half-past four she seemed out of danger.

June 10th.—She slept three hours calmly and continuously during the night; on waking, her bowels acted and she passed urine freely. The face was calm; the skin cool and active, respiration normal, and the pulse, somewhat strong, 85. The axillary temperature 37·8° Cent.

The cold baths were now resumed with salicylate of soda and the patient passed a quiet night. The improvement continued under the same treatment for some days. Dr. Barré points out that the essential peculiarity in this process consists in the *simultaneous* drawing of blood and introduction of artificial serum; and introduction of serum in quantity not greater than the blood withdrawn.

Thus, thanks to this method, the circulatory system receives no sudden shock, the blood being insensibly replaced by an equal volume of serum. It follows that in cases of imminent danger the system can be "disintoxicated" as much as possible without injury to the patient. It is, of course, evident that after the operation that there will exist fewer globules than before; but as Dr. Barré recommends the method only in presence of imminent danger to life or certitude of a fatal issue, it cannot be doubted it is better the patient should have a long convalescence through anæmia than die with full complement of blood globules.

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RESPIRATORY EXERCISES
IN THE
TREATMENT OF DISEASE. (a)

By HARRY CAMPBELL, M.D., F.R.C.P.Lond.,
Physician North-West London Hospital.

The therapeutic value of respiratory exercises has not received the attention it deserves. By their means we are able to develop the lungs, quicken the circulation of blood and lymph, and profoundly modify the functions of the abdominal and pelvic viscera. Many advantages follow from well-developed lungs: the respiratory changes are carried on actively, and this conduces to bodily vigour; the tendency to pulmonary diseases is much less in large, well-developed lungs than when these organs are puny and ill-developed. Hence respiratory exercises diminish the liability to phthisis, bronchitis, and pneumonia. A further great advantage results from the possession of large, well-developed lungs, in that the larger these organs the less is the work put upon the right heart; for pulmonary resistance varies inversely as pulmonary capacity. Now, in all diseases of the heart it is of the greatest importance to reduce pulmonary resistance to the minimum. Especially is this the case in failing left ventricle, and in mitral disease, in both of which the duration of life depends chiefly upon the time the right heart can hold out; and this, of course, is largely determined by the amount of pulmonary resistance.

The aid which the respiratory movements afford to the circulation of blood and lymph is of the greatest value in the treatment of heart disease. Not only, for instance, do they favour the flow of blood into the right heart, and through the lungs, but they further help the flow of lymph from the peritoneum into the pleura, and from the pleura and pericardium into their respective lymphatics. An actively moving diaphragm is very effective in preventing, or removing, ascitic accumulations.

The rhythmic movements of the diaphragm also serve a good purpose in rhythmically compressing, and dislocating, the abdomino-pelvic viscera. There can be no doubt that the functions of these organs are profoundly affected in this manner. These activities are, in fact, so closely bound up with this rhythmic influence, that the latter must be regarded as physiological. Hence we may expect to exert a beneficial effect on the functions of the abdominal and pelvic viscera, by means of long-continued, deep, diaphragmatic breaths. It is not surprising that dyspepsia should be benefited in this way.

Respiratory exercises are also very helpful in functional disorders of the nervous system, the good in these cases being largely due to their effect upon the circulation of blood and lymph within the cranium, as well as upon the functions of the abdominal and pelvic viscera.

A further advantage of these exercises lies in the increased mobility of the bony chest which can be brought about by their means. The main difficulty in hypertrophous emphysema is the inability to adequately expire; and this, Dr. Campbell contends, depends upon fixity of the bony chest. *Expiratory* exercises should be resorted to in these cases; and if they are begun sufficiently early in the disease, its advance may be stayed, and life materially prolonged.

There are three distinct types of breathing; diaphragmatic, lower costal, and total costal. More than twice as much breath can be taken in by a total costal as by a pure diaphragmatic inspiration, a fact not generally recognised.

The pleuræ enable the lungs to expand more or less equally in all their parts, no matter what mode of breathing be adopted. Such equal expansion is, however, prevented by pleuritic adhesions. When these are extensive the apical portions cannot expand during ordinary quiet breathing, which is a combination of lower costal and diaphragmatic. In such cases total respirations should be frequently practised.

(a) Abstract of a paper read at the Meeting of the British Medical Association, at Carlisle, July, 1896.

THE SUPERFICIAL MAPPING
OF THE
FISSURE OF ROLANDO,
WITH DESCRIPTION OF A SIMPLE FORM OF ROLANDOMETER.

By G. JAMESON JOHNSTON, M.A., M.B.,
Assistant Surgeon, Richmond Hospital; Demonstrator of Anatomy, T.C.D.

The difficulties to be met with in mapping out the fissure of Rolando on the surface of the scalp are well spoken to by the number of methods suggested, and still more by the ingenuity and complexity of the various instruments devised for that purpose. These difficulties are consequent on the variations which normally occur in the shape and size of the head, and also on the variations in the fissure itself, both as regards the angle it makes with the median line and the course it pursues across the surface of the hemisphere. Differences are noticed not only in individuals but even when the fissures of the opposite sides of the same individual are compared.

The surface anatomy of this fissure is one of the most important points in the practical surgery of the brain, as most of those lesions which can be diagnosed with any accuracy by peripheral effects and localised in a particular part of the cortex, are situated in the vicinity of the fissure of Rolando. Considering this it becomes a matter of primary importance to the surgeon to discover that method which is at the same time simple and fairly accurate, I say fairly accurate advisedly, as I believe that the minute details worked out by some are of much greater significance to the scientific anatomist than the operating surgeon.

The variations above alluded to render mathematical accuracy impossible, nor is this degree of accuracy at all necessary, as the extravasations, pus collections, tumours, and other lesions are not themselves mathematically limited, and the areas of the cortical centres vary considerably within limits; in addition, now that there is not the same risk as formerly in opening the cranial cavity, a good field is considered of more importance than limited interference with the brain capsules.

One or other of three methods may be adopted in locating the fissure of Rolando by the surgeon before operating in this region, he may employ the services of an expert cutaneo-encephalic topographist, he may use one of the various Rolandometers, or may map out the fissure with the aid of lines measured from certain landmarks. The services of a specialist may not, however, be available. The objections to most of the current Rolandometers, to my mind, are that the complex ones are too complex, and the simpler not simple enough; this looks like the same objection to both, but what I mean is that the mechanism of the more elaborate instruments necessitates a certain amount of preliminary training in their use, and their complexity introduces more sources of error, the amount of time spent in their application, and their cost, are further objections. A cerebral operation nowadays is complicated enough as far as its preliminary arrangements are concerned without having first to take the cephalic index, and then compare this with certain tables showing the relative variations of this and the Rolandic angle. Some of the simple ones

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are useful enough, but even they have too many figures and bands. An anterior landmark made use of in some of the instruments is the vague indefinite surface between the superciliary ridges, known as the glabella. This is a surface, not a point, it varies much, and cannot always be distinctly localised, and if this is possible, from what part of it is the measurement to be taken? It is of no service in cutaneo-encephalic topography. A much better locus is the middle of the naso-frontal groove or nasion; this is easily recognised, and bears a practically constant relation to the anterior pole of the hemisphere.

The methods of determining the fissure by drawing lines measured from bony points are legion, the majority are too elaborate for anything except purely anatomical purposes. To take, for example, that from the latest edition of Quain's "Anatomy" (appendix on superficial and surgical anatomy), the upper end of the Rolandic fissure is taken as half an inch behind the middle point of a line joining the nasion to the external occipital protuberance (inion); this is a good point and, as Quain says, "sufficiently accurate." I make use of it later on. The lower Rolandic point is found by first defining Reid's base line to get the horizontal plane, then drawing a line horizontally back from the fronto-malar junction (felt as a depression) for 35 m.m., from the posterior end of this a line is drawn vertically up for 12 m.m.; the upper end of this is called the Sylvian point; a line is now drawn from the fronto-malar junction through the Sylvian point to the lower part of the parietal eminence (Sylvian line), a point on this line 25 m.m. behind the Sylvian point is the lower Rolandic point. Apart from the trouble entailed in making these measurements and drawing the lines, the multiplication of absolute measurements over varying anatomical relations increases the risk of inaccuracy.

The method I have adopted is a combination of parts of three; the upper point is found as above; if the external occipital protuberance cannot be felt, as happens in some cases, a point on the mid-line 18 c.m. back from the nasion will give the upper end for small adult skulls, or 18·5 for large. Poirier gives these measurements as the averages of 50 heads. The average angle which the fissure makes with the median line has been shown by Professor Cunningham to be 71·5°. The average length of the fissure is 3⅜ in.

I have had these measurements combined in an instrument consisting of a longitudinal slip of copper of sufficient flexibility to be readily moulded to the vault of the head, 33 c.m. long and 1·5 c.m. wide, with a lateral limb 10 c.m. long coming off at an angle of 71·5° 18·5 c.m. from the anterior end. If the skull is considered large the anterior end of the longitudinal slip is placed at the bottom of the naso-frontal groove, if small adult, ½ a c.m. is turned up, and the turned up end placed in the naso-frontal groove; the longitudinal slip is then carried back in the middle line to the inion, the lateral piece being kept on the side to be operated on; the width of the copper slip allows for the width of the superior longitudinal sinus; a line is then drawn along the anterior margin of the lateral slip, and thus gives the fissure. If thought necessary to confirm a preliminary measurement could be taken fixing a point half-an-inch behind the middle of nasion-inion line.

The only case in which this instrument has been used in the living was one Sir Thornley Stoker was suddenly called upon to trephine for urgent symptoms, the head was shaved and the instrument placed in position after due aseptic precautions, a line drawn on the scalp, and the operation proceeded with; in exposing the brain a large tumour was discovered preventing any further interference; the patient died the same day, and before making the post-mortem examination I inserted a pin through the middle of the inch trephine opening into the substance of the tumour. After removing the brain, I inserted another pin into the middle of the fissure of Rolando on the opposite side, and when compared the pins were proved to be perfectly symmetrically placed. I have Sir Thornley Stoker's kind permission to say he was completely satisfied with the instrument.

It would be unreasonable to claim anything for this method on the result of one successful case, but during the winter of 1893 I tried it on at least a dozen cadavera, making in each three ¾-inch trephine openings, one at the upper end, one at the lower, and one at the middle of the fissure of Rolando. In the majority of these the fissure was exposed without displacement in all three openings, in all the upper end and middle were within the limits of the opening, but in two or three the lower end of this fissure was just visible underneath the margin of the opening.

I have also, by Professor Cunningham's kind permission, used this method on his famous casts, showing the relations of the convolutions and their coverings, and found practically the same results.

NOTE.—Since the above was written, the second volume of Treves' "System of Surgery" has been issued; it contains a figure of a cyrtometer, devised by Victor Horsley, very similar to that described in this paper. The directions there given for determining the fissure of Rolando are much simpler than that usually described, but the older angle of 67° is used, and the glabella taken as an anterior landmark.

THE CONTINUED INCREASE OF CANCER,

WITH REMARKS AS TO ITS CAUSATION. (a)

By W. ROGER WILLIAMS, F.R.C.S.Eng.,
Formerly Surgical Registrar, Middlesex Hospital, London. &c.

MR. ROGER WILLIAMS said that whereas in 1840 cancer caused 2,786 deaths, the proportion being 1 in 5,646 of the total population, 1 in 129 of the total mortality, or 177 per million living; in 1894 it caused 21,422 deaths, the proportion being 1 in 1,403 of the total population, 1 in 23 of the total mortality, or 713 per million living.

Thus the proportionate cancer mortality now was more than four times greater than it used to be half a century ago; in this respect its position was unique, for no other disease could show anything like such an immense increase. A table exhibited, showed the full extent of the mischief from year to year and its steadily progressive nature.

The state of affairs thus revealed was of grave import. Cancer seemed to be increasing in all civilised countries. It was certain that if unchecked cancer would ere long become one of the commonest diseases of modern communities. The subject required thorough investigation on a larger scale than could be undertaken by any individual. It was a matter of national concern.

Mr. Williams then referred to the remarkable decline in the death-rate from phthisis, that had coincided with this great increase in the cancer mortality; for while the latter had more than quadrupled during the last fifty years, the former had diminished by more than one-half.

It seemed to him exceedingly probable, from considerations derived from the study of the family history of cancer patients, that a large proportion of those thus saved from tubercle eventually perished of cancer and insanity; and he thought the increase in the latter diseases had largely been brought about in this way.

As to the determining causes of these remarkable occurrences, Mr. Williams said that in the present imperfect state of our knowledge categorical explana-

(a) Abstract of Paper read at the Annual Meeting of the British Medical Association, Carlisle, July, 1896.

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tions could hardly be expected; nevertheless, he need not be deterred on this account from formulating such explanatory conceptions as, after careful study of the subject, seemed likely to be useful.

He expressed his conviction as to the improbability of such conditions being directly ascribable to any single causative factor.

It was generally agreed that organisms were rendered more prone to deviate from the normal routine of growth and development, by sudden and violent changes in the environment, than by any other group of circumstances. The natural history of cancer showed that it was a disease belonging to this category. The transition from the agricultural to the industrial mode of life which the last half century had witnessed, undoubtedly constituted one of the most profound and far-reaching environmental changes that the human race had ever experienced. Mr. Williams believed that the increase of cancer had sprung out of impulses thus determined.

Industrialism prejudicially influenced the health of those involved in its influence by inducing certain degenerative changes, which rendered those affected incapable of properly resisting tuberculous and other morbid excitations. It would probably be found that these changes ultimately depended upon defective cellular metabolism; and this Mr. Williams believed to be the common root whence spring such diverse morbid manifestations as tubercle, cancer, and insanity.

In prosperous times the evil effects of industrial conditions of life were, to a certain extent, mitigated by sanitation, good feeding, &c. Thus, many of those who had acquired morbid predisposition, nevertheless escaped destruction. It was from these persons and their descendants that the ranks of the great cancer army were constantly being recruited. Hence there was some truth in the curious paradox that a high cancer mortality was an indication of good sanitation.

Probably no single factor was more potent in determining the outbreak of cancer in the predisposed than high feeding. The gluttonous consumption of meat, that was such a characteristic feature of the age, was likely to be especially harmful in this respect. Statistics showed that the consumption of meat, after having increased for many years by leaps and bounds, had now reached the amazing total of 126 lbs., per head per year. This was more than double the average for the rest of Europe.

When excessive quantities of such highly stimulating forms of nutriment were ingested by persons whose cellular metabolism was defective, Mr. Williams thought it likely that there might thus be excited, in those parts of the body where vital processes were still most active, such excessive and disorderly cellular proliferation, as would eventuate in cancer.

No doubt other factors co-operated, and among these he thought that deficient exercise in the open air played a part.

Preston, July, 1896.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, August 29th.

Hydronephrosis.

This morbid condition is frequently induced by a variety of causes, but one of the simplest of these is that recorded in the "Luisen" Hospital report. The subject was a child, æt. 6 months, which had previously suffered for 14 days from spasmodic laryngeal attacks. On examination, the bladder was found to reach almost to the ensiform cartilage, and 105 ounces of urine, which was acid, clear, free from albumen and of a sp. gr. 1010, were drawn off with the catheter. The temperature rose, and the child died after four days. The post-mortem revealed a normal urethra, bladder greatly dilated, and a little above, and to the right of the opening of the internal orifice of the urethra was a knob-like opening with muscular margins communicating with a pouch about the size of a walnut. The mucous membrane of this sac was similar to that of the bladder. In following it higher, the right ureter was found to be greatly dilated, and the kidney hydronephrotic. The left kidney and ureter were normal. Joachim considered this a case of congenital hydronephrosis, which was probably induced by hæmatogenic infection, resembling the case which he exhibited last year after performing nephrectomy, the cause of which was found to be a narrow valvular opening into the bladder.

Nephritic Sarcoma.

The same author records a case of bilateral infiltrated nephritic sarcoma in a child, æt. 2½ years, who had been complaining during the last six months. On examination both kidneys were found to be distinctly enlarged, the left reaching to the spine, but no fluctuation, while in the region of the parotid gland a large tumour about the size of a walnut was found. It was then presumed that the case was one of multilocular cysts with the possibility of a sarcoma in the left kidney and compensatory hypertrophy in the right. With this diagnosis an exploration was made in the left side by a lumbar incision, when it was discovered that the kidney was five times its usual size. An aspirator was inserted, but with negative results. An incision was then made into the tissue which seemed to be a simple hypertrophy, but a part of the organ was removed for microscopic purposes, and the incision carefully closed, which rapidly healed, but the child died three months later. The microscopic examination revealed an infiltrated round-cell sarcoma. At the post-mortem both kidneys were found to be 18 ctm. long and 10 ctm. broad. The tissue of a greyish-red colour, without the apparent kidney structure. The other organs were all healthy. The microscopic examination of both organs revealed the same interstitial tissue with round-cell infiltration. The opinion formed from the facts of examination was that it was a diffuse infiltrated round-cell sarcoma in combination with a glomerule-nephritis. The microscopic examination of the tumour in the parotid gland revealed a similar round-cell infiltration with interstitial tissue.

In the discussion that followed, Tscherning related a similar case in an adult, where both kidneys, parotid gland, testes, glands of the throat, liver and spleen, had the round-cell infiltration.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, Aug. 29th, 1896.

Sanoform.

Another substitute for iodoform has been introduced under the name of sanoform by Gallinek and Courant as a powerful antiseptic. Its elementary composition is a biiodate of the salicylic methyl ether, having no smell nor taste, unaffected by light, easily soluble in ether and vaseline, and can, therefore, be used in gauze as iodoform, collodium, or ointments. According to observation, it

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is a powerful desiccator, and prevents the decomposition of discharges. Local irritation or toxic effects have not yet been observed.

CREOSOTUM VALERIANICUM.

This is an acceptable combination of valerian and creosote introduced by E. Grawitz. It is recommended for its absence of taste and smell, the presence of which are so commonly complained of by the patient. It has little or no effect on the digestion, while at the same time it is a cheap article in medicine, and can be given in capsules of 2-10 of a gramme each, commencing with one capsule a day, and gradually increasing till six or nine be given.

TRICHOCEPHALUS DISPAR.

Moosebrugger reports three cases of children, aged respectively, 1, 3, and 3½ years, who were affected with tricocephalus dispar, and suffered severely from hæmorrhage of the bowel, diarrhœa, and great prostration. One of the children died from intercurrent croup. At the post-mortem there was evidence of a severe catarrh of the large intestines with two small ulcers in the descending colon and a recent cicatrix in the transverse colon. In the colon 889 specimens of the entozoon were found. In the other two cases large quantities of the ova were found in the fæces, in one of which 8,878 were estimated in one cubic centimètre. From the favourable results obtained he concludes that the presence of this parasite is not so fatal as commonly understood.

WHOOPING-COUGH.

Prof. Kurloff has devoted his time for several years to the discovery of the microbe or active principle in the production of pertussis, and has finally concluded that the infecting principle resides in an amœba, or a small granular protoplasmic mass with inherent motion and the power of throwing out amœboid projections. After this amœboid body has obtained a definite size clear refracting nuclei can be observed in its interior which gradually increase and finally congregate as spores in a concentric sheath. When this envelope bursts the spores are set free and are easily transported to a suitable medium where they germinate and repeat the same amœboid cycle.

ONYCHOGRAPHY.

Max Herz is still hopeful of making this instrument a useful adjunct to the clinician by observing the curves of the small vessels under the nails. The apparatus, as described in a former note, is attached to the finger-nail as a sphygmograph which records the pulsation of the small vessels around the nail, which sometimes is greater than the sphygmographic cure. In nervous individuals the fluctuation of the curve is rapid. With warmth the curve is wide, while cold reduces it. The reduction is very notable under mental strain. In the case of rigors the small vessels appear to be very narrow but they rapidly recover immediately after the rigor. They appear to be dilated by icterus which is now termed Draeche's symptom of the disease. In mitral disease the pulsation of the nail ceases while it is greater in aortic insufficiency. This form of diagnosis often points out an insufficiency of the tricuspid valve, when no other symptom is present to arouse suspicion. In arterial sclerosis the vessels appear to be dilated at the commencement of the disease, but become hard later.

ACCIDENT ASSURANCE COMPANIES.

The "Wiener Aerztekammer" has formulated a petition to the Minister of the Interior on the anomaly of the present law respecting accidents and insurance companies. It complains of the present system of unnecessary labour to the profession of making formal examinations that properly belong to the officers of the insurance company. It further requests that the medical inquiry should be wholly confined to the professional part of the subject which cannot be undertaken by the officers of the society such as a connection between morbid conditions and accidents, or accidents and death. The Chamber acknowledges the necessity of medical evidence but not the adjudging of costs.

TREATMENT OF ACTINOMYCOSIS.

Jürinka related the course and treatment at the Prague meeting of actinomycosis in man. The iodide of potassium appears to be the only drug that can be relied on for obtaining successful results although its action cannot be clearly explained. Three cases were selected from Wölfler's wards as examples, two of these having actinomycosis of the jaw the other being perityphiitic actinomycosis. The treatment usually extends over two or months with doses of the iodide ranging from two to four grammes per day. The local treatment consisted in splitting the mycotic mass, but no effort was made to scrape or clean out the morbid growth. According to the experiments of Jürinka the action of the iodide of potassium is not a direct destructive agent on the growth but rather inhibits the vitality in the morbid process.

A HOLIDAY TOUR IN THE PYRENEES.

THE HOT SPRINGS OF CAUTERETS.

[FROM OUR OWN CORRESPONDENT].

UNDER the energetic action of the Syndicate which have leased these ancient and celebrated springs, Cauterets is assuming a far greater importance as a health and pleasure resort than for many years past. The variety and efficacy of its waters entitle it to a high rank amongst the Continental Thermes, and the access from England will be easy, when the new electric railroad is completed, running from the railway station at Pierisfitte to and beyond Cauterets to the popular springs and baths of La Raillère.

Besides this new railroad, the syndicate has made many marked improvements, in the Bathing Establishments, the Grand Casino, Opera House, Music Pavilions, Esplanade, winding promenades, &c. So that the "distractions et divertisements populaire" are now multidudinous, and add largely to the enjoyment of life at Cauterets. The acute old essayist, Montaigne, writing from these Pyrenean Springs aptly remarked that the curative benefits of medicinal waters were greatly enhanced by their social pleasures, beauty of situation, and salubrious atmosphere. He enumerates four special requisites, in addition to the spring's themselves, which an ideal health resort ought to possess, namely, genial company, good food, commodious lodgings, and natural beauties. All these Cauterets enjoys in a very marked degree. Its seven principal hotels are amongst the best on the Continent. From personal experience, I can recommend the cosy, old established and comfortable Hotel de Paris, in the centre of the town; and in the more modern quarter, the extensive and elegant Grand Hôtel d'Angleterre, with one wing facing the Esplanade, Casinos and Pavilions, another wing looking towards the Peguéré mountain with its pine forests and waterfalls, and offering as it does to its guests the choice of excellent table d'hôtes, Restaur-

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ants, English and American Cafés, this genuinely "Grand Hôtel" is a most luxurious home. It reminds a traveller vividly of the renowned Saratoga hostelries on the other side of the Atlantic.

The theatrical and operatic entertainments, both at the Grand Casino and at the Casino Clubs, and the open-air concerts on the Esplanade, are all of a high order. The Committee on Fêtes likewise provide amusements of a local character, showing the Pyrenean costumes and characters most effectually.

For loveliness of position Cauterets can justly claim pre-eminence. It lies on a plateau 3,000 feet above sea-level, in a mountain ravine, midway between the old-famed valley of Lavedau and the glittering cascades of Latour, Cérissey, and Pont d'Espagne. Above the town rise the three heights of Peguère, Péyrante, and Pëyreneie; rather more distant the higher peaks of Viscos, Caballros, and Monné (the last 9,000 feet in altitude), and yet further away, above the lovely Lac de Gaube, is the highest summit of the French Pyrenees, the great Viguemale mountain, with its glaciers and eternal snows.

There are twenty-four mineral springs at Cauterets supplying altogether over 2,700,000 gallons at temperatures varying from 75° to 140° F., but I will refer to these subsequently.

Special Articles.

PARIS—ITS SANITATION: ADMINISTRATIVE AND PRACTICAL.

Part II.

[BY OUR OWN SPECIAL COMMISSIONER]

Sewage and Sewers.

The sewer system of Paris is defective, and all attempts to remedy it cannot radically repair the initial errors. But the drawbacks can be diminished at the cost of heavy outlay, and the construction of powerful machinery. Paris has not a sufficient natural incline to run off its volume of daily detritus, and the sewers themselves, accepting their claimed absolute impermeability, suffer from being made the medium for gas mains, water pipes, and pneumatic tubes for the transmission of telegraphic post cards. The sewers were commenced before a supply of water was available to carry off the excreta of households; hence, fæcal matters fall into the branch drains, and have to remain there fault of water to flush away the filth. Then no provision has been made for adequately carrying away the total outfall of the city sewage; part of it has been utilised for irrigating purposes, but the major quantity is discharged into the river Seine. Five centuries ago Parisians occupying a street subscribed to hire a cart in common to carry off the household filth that was thrown into the streets, and which had accumulated into little hills. It was removed and emptied elsewhere, close to a market-place preferred, or into the river if nearer. It was to avoid the insupportable odours emanating from these deposits, that the mother of François I. selected in 1518, a site "in the country" on which to build a mansion, and that became later known as the Tuileries. This led to decrees in the end, which compelled citizens to pay taxes for the cleansing of the streets. One custom was difficult to suppress, the throwing of every kind of filth out of windows into the street; it was a practice peculiar to the tenants of mansions as well as of occupants of humble dwellings. Only before a vessel was emptied from a window, the warning "look out"! was to be uttered for the benefit of foot-passengers. It only ceased definitely in 1780. The plan—and to-day in vogue,—of the dustman's cart with a bell going through the streets to collect kitchen detritus only, is three and a half centuries old. These precautions did not avert a succession of terrible plagues. In the Sixteenth Century, the Faculty of Medicine was convoked to examine the causes of the epidemics; it was divided; some members were of opinion, the dirty streets were responsible, but other members laid the blame to the conjunction of Mars and Jupiter, and to comets with their tails turned towards the East. But not the less, all fæcal matters were run into the Seine at night, and in the morning the water carriers filled their buckets, for clients to utilise contents. Much the same thing exists still, for the surburban population of 600,000, who have only Seine water for all domestic purposes. The mud of Paris, was not only offensive for miles round, but it burned the stuffs that it gripped. There was an attempt made in the Sixteenth Century to lessen the capital's insalubrity by ordering that every house was to have a *fosse* or covered cesspool, into which fæcal matters were to be run. In time these tanks were cemented, and after a lapse of years it became compulsory to have a shaft conducting the deleterious gases above the chimney pots. This abominable system exists in all its glory still, and is one of the main causes of the impurity of the atmosphere of Paris. The English water-closet system became known at the close of the Eighteenth Century, it was a portable arrangement, a combination of a night-chair and a slop reservoir. Families when removing brought the apparatus away with them. But it was the germ of the system which now aims to convey all excreta into the public sewer by water flushings.

There are 88,843 houses in Paris, to accommodate nearly 2,400,000 inhabitants. The kitchen refuse is emptied into a common box in the court-yard at nine o'clock in the evening, and the *concierge*, or house-porter, transports every morning regularly that box to the street for the passing dustmen to empty into their carts. This part of the cleansing programme is executed by contractors for two million of francs yearly. The refuse is mostly emptied into barges, and conveyed to Corbeil and Pontoise for small farmers and kitchen gardeners down the river. The railways have special trains also, to transport the stuff, which sells at one franc the ton, to farmers who require it. But the waggons must start three hours after being filled from the carts. Except from outlying districts of the city, this stuff does not include street sweepings. The latter are swept into the kennels, that have mouths at fixed distances communicating with the main sewers; the kennel is swept, and an abundant quantity of water turned on to flush both kennel and sewer. About three o'clock in the morning scavengers of both sexes commence to make the *toilette* of Paris, but the leading thoroughfares are kept constantly swept in the daytime, and especially so after rain, when the streets are ever most clean—in this matter London would do well to model after Paris. All scullery and rain water is piped directly down into the sewers; the penalty is very severe, for whoever will empty slops or liquids connected with industries into sewers by the kennel openings. Naturally the sewers exact profuse flushings, or their solid matters

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will accumulate, putrefy, and the deleterious gases will escape by their kennel overtures, and poison the city's atmosphere. That is just what exists now as it has always been. The dustmen remove daily about 1,200 to 1,500 cubic mètres of refuse daily, or 900 000 tons a year. The sewage is counted upon to remove 3.000 cubic mètres of excreta and street sweepings daily. But only a certain portion of fæcal matters is run into the sewers. Thus the 88,843 houses in Paris represent 139,527 *chutes* or falls for fæcal matters, 64,175 of these discharge into *fosses* or reservoirs built under the house; 16,353 are removable *fosses* in wooden barrels, or in metal; that is, empty receptacles to replace those filled: 34,653 are filtering cylinders called *tinettes*. These consist of a perforated cylinder inside a metal case, which allows the liquid fæcal matter to drain into the sewer, the solid excreta being transported to "manure factories." All the hospitals, hospices, &c., are more or less in direct communication with the sewers, though employing the other processes of cesspool emptying. There are only 10,934 *chutes communicating directly with the sewers*; and 637 houses have some of the remaining ten different systems of separating the solid and liquid fæces. In a word, only one pipe in eleven of the total 139,527 night-soil discharges, connect directly with the sewers! Yet, the Municipal Council is bound by law to have the sewage system of Paris completed by July, 1899, and thus save the Seine from being daily polluted with 380,000 cubic mètres of sewage at Asnières. The system of *fosses fixès*, or permanent cesspools, or tanks in the cellar regions of a house dates from Louis XII. In 1867, the Prefect of Police authorised the plan of the separating tinettes, or *système diviseur*, as it is called. The first is abominable; at the fall of evening a steam-engine pumps the contents of the obnoxious tank into huge tuns, which two horses cart away to La Villette, and another river depôt, into cistern barges to be transported to riverside cultivators. The stench during the pumping is not a whit less than what it continues to be for hours after the operation. The *tinettes*, by a fiction, are claimed to be hermetically closed, and so allow men to carry them to the drays in full daylight. This removal system is only a few degrees less repugnant and dangerous to health than the terrible night soil pump. The contents of the *tinettes* are conveyed to factories, heated, acted upon by sulphuric acid, and converted into sulphate of ammonia. When the wind blows from the north, all these factory odours pollute the atmosphere with a sickening, depressing charnel-house smell. The usual comedy is enacted; the authorities are discovering the offenders, &c., as if the 24 licensed *industriels*, could be suppressed. At Bondy, the sewage is emptied over special areas, allowed to dry, and then mixed with charcoal dust, and ground into *poudrette*. Perhaps not one-fourth of the fæcal matters of Paris are discharged into the sewers. The Seine too often unfortunately forms the main cloaca. About 1830, France had 23,000 mètres of sewers, all nearly arched over. The total length of sewers *in* Paris is 939,129 mètres; unlike the sewers of London and Brussels, they have not a flow of water to flush away sediment; perhaps such a volume of water could not be employed, as the sewers perform also the duty for gas, telegraphic pipes, electric tubing &c.

To Belgrand belongs the honour to have planned and commenced the existing system of sewers. When he died in 1878, he had completed 600 kilomètres of sewers; he divided the city into several basins, comprising three grand collectors or main sewers, two on the right, and one on the left of the river. Then there was a series of secondary mains, and embracing fourteen different types; he estimated the total length of sewers at 1,040 kilomètres or 712 miles, to carry off all city excreta, rain water, &c., and convey it outside the city to a point below the maximum flood level of the Seine, and so relieve the lower part of the river sides from inundation. In several of the branch sewers or galleries there only runs a rivulet of water; in some there is none at all, so the accumulated *detritus*, black and putrid, becomes a fit breeding centre of disease spores. Ordinarily, sewage refuse takes six hours to arrive at the Clichy collector—the terminus, while the carcase of an animal may require eighteen days to reach the same ending. The great obstacle to the working of the sewers is the accumulation of sand or silt; to lessen this drawback large iron cages, perforated in their superior part, are placed under the mouth of a sewer to strain and retain the flowing of sand—due to street sweepings chiefly, straw, &c. These cages are drawn through special man-holes on the city side paths, emptied, and in due course carted away. It costs 20 francs per mètre cube to extract this sewage sand. The height of the largest sewer is 16½ feet, and the width 17 feet. The shape is that of an egg, the narrow point forming a gullet to induce rapidity of flow, and a border on which to walk. The height of the Seine above the level of the sea at Paris is 78 feet, so the natural incline for the sewers cannot be made very sharp. Indeed, this necessitates forming dams in the sewers, to well up the sludge, and then open them as if a lock to secure a scour. Further to induce a current, there are flat boats fitted with a sluice, or *vanne* arrangement, to create a current when the flushing water is sluggish or insufficient. The mean temperature of Paris is 12·4° C., of the river 12·9°, and of the sewers 13 5°. The annual average of rain-fall in Paris is 40 millimètres. Of the three grand *collecteurs* or main sewers; the first, on the north, drains a city surface of 1,147 hectares—2½ acres equal one hectare—and empties it into the Seine at the Plaine St. Denis; the second drains 3,545 hectares on the left of the river, including the quarters of St. Germain, St. Michel, Grenelle, &c., and takes in the little river Bièvre—once a chief open sewer. It passes under the Seine in two metal tubes, near the Pont d'Alma. The "Berlier" tube is to assist this collector. The third *égoût collecteur* is at Asnières, and drains a surface of 2,526 hectares, and includes the Louvre, Boulevard Sébastopol, &c. The second and third collectors unite in a common collector at Clichy, these emptying into the Seine 763 cubic mètres of sewage, which the river carries to the populations further on to drink! (This curious fact not a little astonished the British sanitary inspectors when they held their annual Congress in Paris some years ago. At Gennevilliers, after inspecting some of the irrigation fields, we came to a small pool and were told that this was drinkable water; a glass was handed to Sir Benjamin Ward Richardson, their eminent and distinguished President; the taste was insipid, but not the slightest smell whatsoever prevailed. This, indeed, was an extraordinary miracle; at one end in Paris this very same water was black and repulsive in every way, and five miles further it was fully drinkable! The transformation was entirely due to its subterranean passage and nothing else.) At Clichy-Levallois a portion of the sewage is pumped up for irrigating the waste land of Gennevilliers, of which more anon. At

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Clichy, where anything but the "bright waters meet," the surface of the river is covered with "eyes" or bubbles filled with carburetted or sulphuretted hydrogen; the sludge as it lazily flows away, depositing a black and rank alluvium along its banks, till it reaches Melun, when the Seine gradually recovers the same degree of clearness as when it entered Paris after its junction with the Marne. The sewage of Paris deepens yearly more and more in impurity. Docteur Miquel will almost attest it contains *every form of bacilli*.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

Exploration for Obscure Tumour. — Mr. Battle operated on a woman, æt. about 50, who had noticed a swelling on the right side of the abdomen two years ago. She stated that she had never had much pain in the swelling or inconvenience from the lump until lately, and she had no attacks of bad pain or of vomiting. Menstruation had always been regular up to four years before, when it ceased, and she had had no loss of blood since, until a week ago when there was considerable loss after medical examination. There had been more uneasiness about the swelling lately and she said it was getting a little larger. The patient was a large fat woman somewhat slow both in speech and in movement; her general condition was good, and there was no evidence of visceral disease. The tumour of which she complained was situated on the right side of the abdomen in the inguinal region, and appeared to be of the size of two large fists; it was rounded in outline, not movable on the deeper parts, being apparently attached to the right side of the pelvis; there was no fluctuation to be made out, nor was the swelling particularly tender. Examination per vaginam showed the uterus to be normal, and the tumour apparently unattached, but in consequence of the great thickness of the abdominal wall, it was not possible to be certain on this point. Abdominal section was performed, and the tumour explored. It was found to consist of coils of intestine matted together with inflammatory exudation near the brim of the true pelvis; the cæcum formed part of the swelling, and it was probable that the inflammatory change was secondary to disease of the appendix vermiformis, but considering the long duration of the mischief Mr. Battle decided not to interfere with the existing condition. Before the operation the diagnosis appeared to rest between two things; fibroid of the uterus, and ovarian tumour of solid character. Against the former was the fact that the swelling had first appeared after the menopause and had been lately increasing in size, then, again, the uterus was not apparently enlarged and the tumour did not move with it; the opinion was in favour of the latter; whilst the absence of pain or other indications of abdominal disturbance did not point to such a condition as that actually found.

Strangulated Inguinal Hernia in a Woman of Advanced Age.—The same surgeon operated on a woman æt. 73, for strangulated inguinal hernia on the left side; she had had a hernia for a long time, but four days before admission it had become strangulated and she had suffered severely from vomiting and pain. She was a very stout woman, subject to winter cough and presented a lump in the left inguinal region which extended into the upper part of the left labium; it was about the size of the patient's fist, of ovoid shape, rather larger below, fluctuating, tender, dull on percussion, without impulse on coughing, and quite irreducible. She complained of abdominal pain; the abdomen was slightly distended, and percussion showed the presence of some fluid in the flanks. The usual incision was made over the hernia, and the sac opened; the contents were small intestine, the coils of which were bound together by old adhesions, but which were not adherent to the sac. There was a large quantity of fluid present, and some descended from the abdomen after the stricture, which was at the neck of the sac, had been divided. The intestine was reduced into the abdomen without separation of the coils; it was felt that the adhesions would require division with a knife, which would prolong the operation considerably, and that there was no evidence of contraction, so as to cause danger from obstruction, that the freshened surfaces when returned to the abdomen would probably have attached themselves to surrounding parts, and that possibly the result of such adhesions would have been still more serious to the patient. The intestine was carefully washed with weak perchloride solution before it was returned, the sac dissected up, ligatured at the neck, and removed, the pillars of the ring being sutured with deep sutures. A drainage tube was introduced, the superficial wound sutured in the usual manner, and cyanide dressing applied. Mr. Battle remarked on the rarity of inguinal hernia in women, and more especially on the infrequency of the onset of strangulation, particularly in women of advanced age.

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 26, Bombay 35, Madras 31, Paris 17, Brussels 18, Amsterdam 18, Rotterdam 16, The Hague 20, Copenhagen 18, Stockholm 16, Christiania 21, St. Petersburg 31, Moscow 46, Berlin 24, Hamburg 18, Dresden 16, Breslau 29, Munich 19, Vienna 18, Prague 20, Buda-Pesth —, Trieste 33, Rome 19, Turin 16, Venice 23, Cairo —, Alexandria —, New York 23, Brooklyn 22, Philadelphia 23.

Vital Statistics.

The deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 18·0 per 1,000 of their aggregate population, which is estimated at 10,846,971 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 16, Birmingham 19. Blackburn 16, Bolton 16, Bradford 16, Brighton 21, Bristol 15, Burnley 16, Cardiff 16, Croydon 12, Derby 17, Dublin 24, Edinburgh 18, Gateshead 17, Glasgow 16, Halifax 13, Huddersfield 15, Hull 20, Leeds 17, Leicester 17, Liverpool 19, London 16, Manchester 22, Newcastle-on-Tyne 17, Norwich 11, Nottingham 14, Oldham 22, Plymouth 19, Portsmouth 21, Preston 22, Salford 25, Sheffield 20, Sunderland 24, Swansea 19, West Ham 17, Wolverhampton 21. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1·0 in Derby, and in Manchester, 1·1 in Sheffield and in Gateshead, and 2·6 in Brighton; from scarlet fever, 1·2 in Salford, and 1·5 in Oldham; from whooping-cough, 1·2 in Salford, and 1·4 in Preston; from fever, 1·0 in Birkenhead and in Huddersfield, 1·3 in Bolton, and 1·4 in Hull; and from diarrhœa, 3·0 in Nottingham, 3·1 in Birmingham and in Liverpool, 3·2 in Preston and in Gateshead, 3·3 in Sheffield, 3·8 in Norwich, 3·9 in Brighton, 4·0 in Plymouth and in Salford, 4·1 in Sunderland, 4·2 in Leicester, 5·3 in Portsmouth and 7·2 in Wolverhampton. The 84 deaths from diphtheria included 59 in London, 5 in West Ham, and 4 in Birmingham. No death from small-pox was registered in any of the thirty-three towns.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 2, 1896.

THE FRUIT OF THE VACCINATION INQUIRY.

IT will, we apprehend, be generally felt that the result of the deliberations of the Vaccination Commission are but a poor return for the seven years of labour and the thousands of pounds expended thereon. Two recommendations of the Commission only have any practical value, and only one of these requires parliamentary sanction or legislative action. As to the efficacy of vaccination as a protection against small-pox, there really has not of recent years been any necessity for inquiry, and, in our opinion, quite as much harm has been done by the submission of the question to another investigation as good has been done by the unanimous verdict in favour of the practice at which the Commission has arrived. All the Commissioners, even Mr. Picton, the spokesman of the anti-vaccinationists, are now agreed in favour of vaccination, and we submit that it was scarcely worth re-opening a subject already settled in the public mind in order to persuade Mr. Picton and the peculiar logicians whom he represents. However, the well-worn subject *has* once again been discussed, and we hope for the last time, and we may reasonably expect that public time and money will not again be wasted, and that the public mind will never again be disturbed by further reiteration of the facts and arguments bearing upon the matter. Everyone who listens, thinks, or reads is convinced, and those who do not do so could not be convinced "though one rose from the dead." The two practical suggestions which form the fruit of this inquiry are the propositions that calf lymph shall be in future substituted in all cases for humanised lymph, and that neglect of vaccination shall not henceforth be made the occasion for repeated prosecutions. With the recommendation that non-humanised lymph shall in future be exclusively used we are entirely in sympathy, but, speaking for our profession, we submit that the substitution of calf lymph for humanised lymph ought to be regarded as simply a concession to popular prejudice which is founded upon reasonable doubt, and not at all as an admission that such doubts are justified by facts. We do not for a moment admit that syphilis or any other disease can be or is transmitted save in excessively rare cases, if at all, and we do not believe that the inconveniences of vaccination (call them dangers if you like) will be mitigated in any appreciable degree by the substitution of calf lymph. Yet we acknowledge that it is wide diplomacy to meet a popular prejudice by satisfying the popular feeling, even though that feeling may be unreasonable, if it can be done without sacrifice of principle or material loss, and we, therefore, emphatically approve of this recommendation of the Committee. In fact, we have urged this course years ago before the Commission was appointed, upon the Local Government Board for Ireland, which, in the reactionary spirit which has always characterised it, has set its face against the use of calf lymph, has refused even to permit Medical Officers who provided a calf supply for themselves to use that supply, and has sought to compel Medical Officers who, in the recent small-pox epidemic, used calf lymph to pay for it out of their own pockets. It has adopted this attitude because it has a humanised lymph factory of its own, and because calf lymph, which must be specially prepared under the most rigorous precautions as to purity, is necessarily more expensive than human lymph, which costs nothing but the trouble of collecting it; but no one can be expected to sympathise with such motives as these, and we shall be glad when we see the day that the vaccination service throughout the kingdom shall be worked on a sufficient supply of calf lymph. The recommendation of the Commission that repeated prosecutions of vaccination defaulters shall cease involves a far greater question, both of principle and of practice. It is a totally new departure in British law that an offender shall be exempted from punishment for any offence because he has offended many times and avows his intention to continue to do so. For the repetition of any other crime than one against the public health the penalty would be increased, but in this instance it is recommended that it shall be abrogated altogether. And why? Those who attach their names to the recommendation offer no reason save that of expediency, and they, in plain language, avow their willingness to sacrifice principle and all else because they think that repeated prosecutions have not as yet effected the desired result. It is our opinion that, so far as these

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prosecutions have failed to do so, it has been because the authorities in whom the administration of the law devolved have not had the strength of mind to enforce it with even-handed justice, and that the rightful remedy would be to stimulate and fortify them and, if needful, to take the enforcement out of their hands rather than to salaam to the offender and try to conciliate him by exempting him from penalties to which all his more law-abiding neighbours are subject. The Commission simply recommends that change shall be effected which, while abrogating repeated punishments, will make the breach of the law so unpleasant that people will find it easier to conform to it than to break it. It is not for us to discuss the particular method by which this miserable policy may be carried out. It is, at least, a contemptible expedient, and, if it assumes the shape of an Act of Parliament, will be a blot on the British statutes, but, as to the practical effect on vaccination, everything will depend upon the inconveniences by which Parliament shall handicap the breach of the law. And this is what we have waited for seven years and paid thousands of pounds for!

THE OUT-PATIENT QUESTION AT LONDON HOSPITALS.

Recent events have again been the means of showing the acuteness of the difficulty which prevails with respect to the abuse of the out-patient department of the metropolitan hospitals. In this connection attention may first be drawn to the discussion which took place at the annual meeting of the Metropolitan Hospital Sunday Fund, held on the 28th July. In January last Dr. Glover brought under the notice of the Council the great and growing proportions of the out-patient department of London hospitals, and the matter was referred to the Distribution Committee. Under the circumstances, Dr. Glover naturally supposed that in their next report the Distribution Committee would have something to say upon the subject, in response to the demand of the Council. But at the annual meeting above referred to, the report of the Committee was conspicuous by its silence in regard to the out-patient question. This was clearly an omission which could not be allowed to pass without comment and complaint. On the motion for the adoption of the report, Dr. Glover very properly took up a strong position, and characterised the treatment which the Council had received at the hands of the Distribution Committee as unsympathetic and disrespectful. He rightly observed that there was a very strong feeling outside that the out-patient department was open to criticism, and he submitted that the Council of the Fund, whose business it was to make a great collection for hospitals, should consider it part of their duty to express their opinion on this great and growing evil. He further added that the very hospitals themselves would be disappointed that the Council had not moved in the matter, for they admitted that this question was the weak point in their administration, and he believed that they would be thankful for the moral support which would enable them to exercise the care requisite to reduce in some way the proportions of the evil. After this expression of opinion Dr. Glover turned to the more unanswerable question of figures. He forcibly pointed out that eighty-two of the hospitals which received grants from the Fund spent on their out-patient departments no less a sum than £94,604, and each out-patient cost on an average 3s. 5¾d.; moreover, that a reasonable reduction in the out-patient department of all the hospitals would result in a saving of from £30,000 to £40,000 a year, and that with slightly increased collections by the Fund would mean £100,000 a year—a sum which is annually needed for the hospitals. The importance of the position which Dr. Glover took up in this matter cannot possibly be over-estimated. The Council of the Hospital Sunday Fund, whatever, may be said to the contrary, is strictly speaking the Parliament of Hospital Finance in London. Unless an institution receives the Council's *imprimatur* of the correctness of the expenditure of its funds, the charity concerned becomes branded as it were, and is generally regarded as unworthy of public support. The Council of the Fund has, it must be confessed, done a great work in furthering the cause of economy in hospital administration. Indeed, owing to the detailed demands made for figures showing how the money is spent in these institutions, some sort of rivalry has been aroused among hospital authorities with a view to keeping down expenses, and being able to point to a minimum of expenditure upon the patients received. If, therefore, the authorities of the Hospital Sunday Fund have been able to effect so much good in this direction, there are sound reasons for believing that were they to take the out-patient question in hand, some effectual necessary reforms in this regard would before long be inaugurated. But in the course of the meeting of the Council it transpired that the Distribution Committee would have nothing to say to the matter, and in explaining their action in this connection, one speaker expressed himself to the effect that "the solution of the out-patient question must come from the leaders of the medical profession themselves, and from the body of general practitioners who suffered from the growth of the out-patient department. If the general practitioners realised their position, he believed that their proper course was to go to their own schools and to the consultants, and represent that the out-patient system, as at present maintained, was likely to end in the injury of both parties. It was the duty of the medical profession to look this matter in the face and to deal with it on some principle which would reduce the evil and secure the proper interests of the medical man and the public." There will presumably be few persons having knowledge of hospital work to whom the absurdity of such remarks as these will not be apparent. In the first place, it is well-known that the interests of hospital managers and those of the medical staffs of hospitals are antagonistic in regard to the question of the attendance of patients. The former are generally much more indisposed to interfere with this matter than the latter, for reasons which are obvious. Again the management of hospitals is not in the hands

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of the medical staffs, and to suggest, as the speaker above referred to has done, that the staffs should call upon the managers to abate the evils of the out-patient system would be equivalent to servants dictating to the masters. The managers have the full control of their hospitals, each of the officers connected with the institution is appointed by them. The medical element, as represented by members of the staff, is always a mere cipher in the government of the charities. And yet despite all these facts, which are known to most persons, a member of the Distribution Committee of the Hospital Sunday Fund, while admitting fully the evils of the out-patient system in London, has the effrontery to allege that the remedy for this scandalous state of affairs is in the hands of the medical staffs of the hospitals, and virtually that it is due to them that the evils are allowed to persist. The medical staffs are powerless to effect any change, no matter what pressure they may succeed in bringing to bear upon the managers of the institutions with which they are connected. Moreover, nothing, can be done in this direction save by united action, and the initiative must be taken by some constituted authority to whose demands for reform hospital managers would be bound to give attention. What better authority then could be applied to for the purpose in view than that which has for so long been identified with the duties of the Council of the Hospital Sunday Fund? It is true that the Council is a collecting body, but, by virtue of their position, they cannot deny that they are a criticising body as well. This responsibility of criticism they have freely exercised in the past. On many occasions they have refused the applications of institutions for grants from the Fund. In doing so they have been simply guided by the fact that the institutions in question have failed to show a satisfactory system of management. In several instances the effect of the criticism has been such that the managers concerned have devoted their attention to re-organising the system which was held to be defective, and, from the good resulting, the institutions in question have subsequently been able to partake of the benefits which the Fund confers. It is incontestable, then, that the managers of hospitals will be quite willing to undertake the re-organisation of their out-patient departments upon receiving a definite mandate from the Council of the Hospital Sunday Fund to this effect. The abuse of the out-patient departments of hospitals in London, is fast becoming a public scandal, and without the least possible delay, the evil should be taken in hand in the manner here suggested.

"WATER COMPANIES AND CONSUMERS."

THE famine of water in East London at length shows some slight signs of abatement, that is to say, the Company that hold the monopoly of the prime necessity in question have tardily augmented their supply from outside sources. Why such a step was not taken long since can be explained only by the assumption that the directors were loth to reduce their dividends by the purchase of additional water from the neighbouring New River Company. The time has come for plain speaking, and to mince matters at this juncture would be to invite a yearly recurrence of this, the second summer of disaster into which the inhabitants of the East End of the Metropolis have been plunged. There is no need to dwell upon the inconvenience and danger to health consequent upon the stoppage of the water supply, for, at the very least, and on the Company's own showing, three-fourths of every twenty-four hours. Drains become choked, and many of the commonest necessities and decencies of life are at a discount. Much of the disease and death that has prevailed within the area of curtailment has been unhesitatingly ascribed, both by medical men and by sanitary authorities, to the dearth of water. This is the grave impeachment that for a second time has been laid at the door of the East London Water Company, and it will be interesting to turn once more to the somewhat threadbare details of their defence. The old excuse of the drought has been once again advanced, but surely it is the first duty of the Company to provide against a contingency of that kind, which is bound to occur from time to time. Ten years ago they might have provided storage ample enough to have prevented the failures of 1895 and 1896. Then the Company assert that houses should be provided with cisterns. Without entering into particulars it may be broadly stated that most modern sanitary authorities condemn the storage cistern in the case of drinking water, especially as regards small houses and tenements. Moreover, a properly maintained constant service, such as every Company should provide, would render cisterns superfluous. This point of household storage is made much of by the *Times*, which has come to the front as a champion of the belaboured Water Company. From a scientific point of view it is much to be regretted that such a powerful journal should be so badly advised when it undertakes to instruct the public upon an elementary matter concerning the sanitary welfare of the community. Let us assure the *Times* that drinking-water cisterns are undesirable adjuncts in any household, rich or poor. Like some other lay newspapers, the interests of the water companies seem to outweigh the vital wants and dangers of a few scores of thousands of "East-enders." However, it is to be hoped that the weight of public opinion will soon bring back the wool-gathering wits of the defaulting Company. They may then, perhaps, recognise that, in the long run, the failure to fulfil contracts will cost far more than the present payment of 7½ per cent. to shareholders. The directors of the Company, however, have not trusted for their defence merely to Members of Parliament and to great newspapers, but have actually prosecuted one of their customers for waste. One of the great arguments of the Company all along has been that an enormous waste has taken place on the part of consumers, either of malice or from neglect in providing proper fittings. A conviction has been obtained against a man and his wife living in Mile End for wasting water in a wilful way. Between them the two offenders were fined £35 and costs, and have been allowed, as they are in humble circumstances of life, to pay off the liability at the rate of £1

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per week. Now, no one can maintain that this sentence was not deserved, as a reckless waste was shown to have gone on at the rate of 2,000 gallons a day for two years. It would be a bad thing for the Company, however, if they themselves were open to prosecution and fine for the inconvenience and injury to health and life that have been freely asserted, on medical and other authority, to have resulted from their failure of contract. The gulf, however, between the wealthy corporation on the one hand and the poor consumer on the other, is of the widest. An offending customer is subject to the ordinary law of the land, but the Company is shielded from attack by artfully framed Acts of Parliament, which enable them to exact money beforehand for an article that may never be supplied, and to brush aside the legal responsibilities that fasten on the man in the street. The inquiry of Major-General Scott last year showed beyond a doubt that the bulk of the waste was due to faulty main and communication pipes. The East End Water Company has laid its pipes too near the surface, and the householders' pipes must be laid at a depth proportionately shallow. The frost comes and the mains and smaller pipes burst, and go on leaking for a more or less indefinite period. But for the preventible margin of waste that must exist, even under the most favourable circumstances, the Company is bound to provide. To prosecute one or two citizens, however culpably careless, and to avoid the question of their leaky mains, is, we submit, to add fuel to the gradually kindling fires of public indignation. Indeed, the inhabitants of the district now ravaged by the water famine may take to themselves the small measure of comfort that may be derived from the knowledge that the object lesson of their sufferings will probably do more to hasten the municipalisation of water supply all over the Kingdom than would have been effected by a generation of abstract reasoning and agitation. Meanwhile, most of our readers will agree that the weight of the educated opinion of the medical profession should be thrown into the consumers' side of the balance.

Notes on Current Topics.

Punctuality in Professional Appointments.

The necessity and expediency of being punctual at professional appointments applies equally to all classes of medical practitioners, but especially so to consultants. A consultation, as a rule, is not an ordeal to which patients can submit themselves, without some perturbation of mind and body. The services of a consultant may have been sought for the purpose of pronouncing a verdict upon a suspected case of malignant disease, or for deciding whether or not an operation was advisable in the case, or to perform a more or less serious operation upon the success of which life would depend. With, then, such issues as these at stake, well known to the patient, it is plain to understand that the prolongation of the agony, caused by the consultant failing to be punctual must be quite unjustifiable. It is true that the majority of such appointments are scrupulously kept to the moment, but it is also true that some surgeons and physicians do not consider the feelings of the patients, and those of the attendant practitioners, as carefully or as much as they might. These remarks, *mutatis mutandis*, apply with equal force to appointments in respect to hospital duties. In connection with this subject, it is of interest to note that there is a hospital in London—a special one—at which military precision prevails as to punctuality. The operations at this institution take place on two days a week, and are fixed fo a certain hour. A minute before the hour a patient to be operated upon will be found lying upon the table in the theatre, even although the surgeon and the anæsthetist may not have arrived. But so punctual is the attendance of the members of the staff, despite the fact that they have to come from long distances, that upon the stroke of the hour they will be found in the theatre, and within a minute or so afterwards the anæsthetic is being administered to the patient. This punctuality is no mere exceptional occurrence, but it is the rule which obtains on every operating day.

The Sanitary State of Belfast.

The sanitary condition of Belfast is at present, the subject of acrimonious discussion in the local papers, by which it is asserted that not only is the public health of the city neglected by the Corporation, but that it is deliberately controlled by a certain ring of the city fathers for their own benefit. A correspondent of the *Northern Whig* asserts that the city surveyor, who is the nominal authority in all matters of house construction and maintenance, upon which the health of the citizens so much depends, is under the coercion of the Improvement Committee, and dare not have an opinion of his own. This Committee, the writer says, consists of fifteen members, "no less than nine of whom are either land speculators, builders, timber, or brick merchants, or otherwise connected with land-jobbing and house building." Another expert testifies, in the same journal, that "the Corporation conceded everything to the jerry builder, who has, practically, a free hand." If all this be true it seems that the Belfast citizens are paying the penality in mortality and sickness, which all communities pay for having allowed themselves to be in the hands of unscrupulous and interested persons who secure a position in the Corporation for the simple purpose of making money, and to be enabled to control the officials who might interfere with their schemes. It is satisfactory to note that at last the Belfast citizens are rising in *emeute*, and it is to be hoped that they will not cease from agitation until they shall have overturned the Corporate ring which has done so much to destroy the salubrity of the city.

A New Departure in Hospital Organisation.

The Governors of the Middlesex Hospital have just agreed to a new scheme, in connection with the organisation of the Institution, which is certainly novel. It would appear that the medical school attached to the hospital has been declining in respect of the attendance of students for some years, and the opinion

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was formed that this state of affairs was not only bad for the school, but bad for the hospital as well. Accordingly, steps, during the past two years, have been taken with a view to meeting this difficulty, with the result that the Board approved of the suggestion that the hospital and school authorities should amalgamate. Briefly stated, the scheme provides for the taking over by the hospital of all the property of the school, together with its existing liabilities, and the consequent remission of the debt due from the school to the hospital. Henceforth, the hospital will receive the gross income of the school, and after payment of necessary charges, will provide, according to the profits obtained, a fixed annual sum for the remuneration of the teaching staff. These financial arrangements will be subject to revision, if necessary, at the expiration of three years. Another prominent feature of the scheme is the constitution of a new body, the Council of the Medical School, to be composed of the Chairman of the Weekly Board, representatives of the Governors nominated by the Weekly Board, the Honorary Medical Officers of the hospital, and the Lecturers of the school. The Council will, under the supervision of the Board, control all matters relating to the finance and management of the school. The School Committee will, as at present, regulate the teaching arrangements and discipline of the school, but exercise its powers in subordination to the Council. This new order of things will come into force on October 1st, next. It may be hoped that the result will prove satisfactory to both sides, although we must confess that, so far, the medical staff would seem to have by far the best of the bargain.

Anti-Vivisection Fallacies.

AN excellent example of the consummate ignorance of those well-meaning but rabid fanatics, the "Anti-vivisectionists," is given in their paper, the *Zoophilist*, this month. Any stick is good enough to beat a dog with, and those who run this paper have noticed a recent note in the *Journal of Pathology and Bacteriology* in which the results of larger doses than usual of acidum hydrochloricum dilutum on the metabolism of the body are given. Because, forsooth, the physiologist who investigated this point gave to a patient somewhat greater doses of the acid than the compilers of the British Pharmacopœia have in their wisdom imagined to be the maximum, he is gratuitously and publicly attacked for experimenting on the human subject. Because the Pharmacopœia gives a certain quantity of a drug as the usual maximum dose, it by no means follows that even much larger quantities may not be used with advantage and without risk. Dilute hydrochloric acid, in fact, may be given *ad libitum* if sufficiently diluted with water. Are medical men to be attacked if they publish the history of a case of aneurism or of syphilis in which they have prescribed more than twenty grains of potassii iodidum, the maximum B.P. dose? Why, drachm doses are frequently necessary. The *Zoophilist* should take greater pains to get up its facts correctly before attacking members of the profession in search of the truth, and should learn that the officinal doses as recommended by the Pharmacopœia are the usual doses given, not the maximum quantities which may be prescribed, and that even then the present edition of the work is by no means free from many gross errors, and its dosage frequently puerile and misleading.

An Offence against Ethical Law.

OUR attention has been drawn to an article which appeared in the *Daily Telegraph* for Saturday last, August 29th, under the title of "A Visit to the Oxygen Home." A perusal of this contribution leaves us no other alternative than to express our extreme regret and surprise that a member of the profession occupying the position of Dr. George Stoker should have become the subject of a public notice so disgracefully fulsome. It would seem to be the case that laymen will never understand that it is entirely and absolutely opposed to the principle of medical ethics that the work and undertakings of medical men should be publicly discussed in the newspapers. Doubtless this inexperienced journalist, whose gilded description of the oxygen treatment occupies nearly a column of our sober contemporary, was under the impression that in writing this article he would be doing a good turn to Dr. Stoker. But he could not have fallen into a greater error, in short, we have no hesitation in saying that he has done Dr. Stoker a grievous professional injury. It so happens that when fulsome announcements in connection with medical men appear in lay journals, the profession generally, though perhaps uncharitably, conclude that the medical men concerned have themselves had a hand in securing the publication of these announcements. Frequently, however, inquiry elicits that the latter have been published quite independently of the practitioners to whom they relate, and this we can only conclude has been the case in the present instance. We cannot believe that Dr. George Stoker has been consulted in regard to this description of his oxygen treatment, and we shall, therefore, be pleased to insert a disclaimer on the receipt from him of a communication to this effect.

A Judicial Hint for Medical Witnesses.

MR. JUSTICE WILLIS, at the last Birmingham Assizes, in delivering judgment upon a water pollution case, said that the case had been rendered difficult by professional evidence. "Until professional gentlemen came to the conclusion that it was more respectable for scientific witnesses not to make partisans of themselves, but to treat the matter fairly and without exaggeration, neither judge nor jury would be able to derive much assistance from them. The evidence of two of the opposing medical witnesses before him was absolutely irreconcilable in regard to matter as to which, one would have thought, that educated gentlemen brought up to the profession ought not to differ." It is greatly to be regretted that such a public reprimand as this should be considered necessary and the more so because no one who reads medico-scientific evidence can say that it is undeserved. We have heard it said that medical men can be hired to swear anything, but

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we prefer to say that certain medical men whose consciences do not trouble them very much are wont to take the view of the fact which those who pay them desire shall be taken.

The Forthcoming Meeting of the British Association in Liverpool.

Under the Presidency of Sir Joseph Lister the meeting of the British Association in Liverpool promises to be a great success. On the evening of the 16th inst., the opening ceremony will take place, at which the retiring President, Sir Douglas Galton, will resign his chair to the President-elect, Sir Joseph Lister, who will then deliver his address. The Presidential Address, always regarded as an event of public importance, is this year being looked forward to with more than usual interest. A numerous body of distinguished scientists, from abroad, have accepted invitations to be present at the meeting. The Anthropological Section, for example, will include Dr. Salomon Reinach, Dr. Dubois (the discoverer of the Pithecanthropus in Java), Dr. Brinton (of Philadelphia), Dr. Nane (of Munich), and Professor Topinard (of Paris). Also in the Physiological Section there will be Dr. Dupuy (of Paris), Professor Goldmann (of Freiburg), and Dr. Leduc (of Nantes). Among the more important subjects announced as coming before this section for discussion are a paper by the President (Dr. Gaskell) "On the Origin of Vertebrates," a discussion "On the Bacteria of Food," introduced by Dr. A. A. Kanthack, and, lastly, a discussion to be opened by Dr. Sims Woodhead, "On the Organisation and Correlation of Bacteriological Work." It is expected that Dr. Nansen will be present, an invitation having been sent to him to attend the meeting as soon as his arrival in Norway was announced.

The "Direct Representatives" Election.

In connection with the forthcoming election of Direct Representatives on the General Medical Council, a correspondent has drawn our attention to the following points, most of which are worthy of careful consideration:—"What," he asks, "is the end and aim of direct representation?" It is to secure men on the Council who will represent the interests of general practitioners in the deliberations of our professional parliament. Who, then, are the best representative men? Clearly, those who have gone through the mill, so to speak, of general practice, and who will be in touch with the wants and aspirations of the rank-and-file of their professional brethren. This intimacy, it is added, can never be attained by the consultant, nor, indeed, by any man who has not been engaged in the rough-and-tumble of every-day practice. A knowledge of the thorny byeways and highways of professional life is of far more importance to the candidate than culture, however high, æsthetic and classical. To know that his elected representative has a perfect knowledge of Greek roots or of ethnical obscurities is no comfort to the practitioner who is being daily robbed of his means of subsistence by unscrupulous charlatans and others. From these propositions our out-spoken correspondent passes on to the natural conclusion that the general practitioners are the men to support in the impending election. We cannot help feeling that there is much to be said in favour of the views expressed by the writer, and that in common fairness every publicity should be given as far as possible to all aspects of the important question of "Direct Representation."

The Dangers of Decomposing Organic Matter.

A curious incident was referred to last week in a report of the Medical Officer of Health to the Tavistock District Council. A sheep which had died was left by the farmer to which it belonged for some days unburied in a field. At a short distance away were two cottages in which about a dozen children lived. The children, for the sake of amusement played with the decomposing carcase of the sheep, with the result that several of them were attacked with what was described as "diphtheritic croup." Although referred to as "diphtheritic," the nature of the disease in all probability was not specific, but more that of a follicular tonsillitis which was non-infective. None of the cases terminated fatally, and a healthy child which occupied the same bed as one of the victims did not contract the disease. It would be interesting to learn whether any bacteriological examination was made of the secretions from the tonsils, and if so, what the result was.

A Vaccination Dilemma.

It is of little use the Boards of Guardians in various parts of the country instructing the public vaccinators in their districts to use calf lymph, when the regulations of the Local Government Board will not permit of this lymph being employed. The regulations are to the effect that arm-to-arm vaccination must take place, and that no other method will be recognised. In view however, of the strong recommendation in favour of calf lymph expressed in the Report of the Vaccination Commission, it may be trusted that the Local Government Board will reconsider the matter, and provide every facility for giving effect to the Commissioners strongly worded opinion in this particular. There is much reason for believing that if calf lymph vaccination were to be generally resorted to, much of the objection which now exists against this beneficial prophylactic measure would vanish.

Medicine in Goa.

On turning over the pages of "Hazell" for 1896, we find the following lines as descriptive of Goa:—"A port town and territory between the boundaries of Madras and Bombay, India. Once the seat of great trade, now decayed and ruinous. Belongs to Portugal." And on our table is a little pile of the *Archivo Medico da India*, a medical monthly now in its second year of publication edited by Drs. Luis Napoleño d'Athayde, and Angelo Custodio Martius. The numbers are not bulky, but they are beautifully printed and contain many excellent original articles. No. 20 has an article

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on the "Antitoxin Treatment of the Bites of Poisonous Snakes," and one on the "Medicinal Plants of India," a review of foreign journals, notes on public health, and some clinical cases. Whatever else may be neglected in this Portuguese colony, medicine is not, and we think that a journal like our contemporary, which devotes itself to the imparting of information on the diseases peculiar to India is deserving of every support, for it fills a very useful place in the medical profession, and by the ability with which it is conducted, reflects credit on its editors and publisher. Unfortunately, Portuguese is not a generally known language, but we hope to publish one or two translations of the more generally interesting articles from our esteemed contemporary.

A Dumb Thermometer.

A MEMBER of the Zurich Medical Society recently exhibited a self-registering clinical thermometer on which there were no degree marks. The instrument could be left with the patient's family, so that someone could take the temperature of the sufferer in the absence of the practitioner, and afterwards the latter could then read the position of the index by means of an attachable scale of glass or metal. We confess we do not think much of this idea. The public have to a large extent learnt what a clinical thermometer is and how to use it, thanks to ambulance and nursing lectures given by members of the profession. Any attempt, therefore, to tamper with their intelligence, such as that here suggested, would not be likely to attain the object in view. Moreover, a clinical thermometer is a very inexpensive little appliance, so much so, that many households keep one "in stock," just as are kept many other articles of domestic utility.

A Mortuary Scandal.

THE need for a mortuary for the parish of Lambeth is becoming a public scandal. Despite the oft-repeated representations on the subject by the Coroner for the district, nothing is done. The disgraceful aspect of this neglect of the parochial authorities was plainly shown in connection with an inquest last week. A post-mortem examination was ordered to be made upon a man who had suddenly died, and the only place where this duty could be carried out was in the bedroom of the house in which the death of the man took place. The evidence showed that the attending practitioners occupied no less than two hours and three-quarters in completing their examination of the body, owing to the inconveniences with which they were confronted. Besides this a relation of the deceased complained that he had had to sit three hours upon the stairs outside the bedroom door waiting until the medical men had left the room. The Coroner asserted that he had advocated the establishment of a public mortuary until "he was sick and tired of doing so." This being the state of affairs the time has clearly come for some higher authority to intervene and call upon the Lambeth Vestry to do their duty in this urgent matter.

Some Further Facts Concerning the Last Army Medical Examination.

SOME further facts have just transpired concerning the last army medical examination. The actual number of candidates competing (?) for the twenty-five vacancies was twenty-six. At one time, thirty-one candidates thought of presenting themselves, but five of these declined the competition before it actually came off. With these twenty-five vacancies and twenty-six candidates, there was a commission practically for each. As the result, however, showed, those candidates who were successful really gained two commissions each. Obviously, the only comment upon this state of affairs which suggests itself is—where does the competition come in? We learn that there are now actually twenty-two vacancies still to be filled up owing to the number of Medical Officers ordered for foreign service who have recently applied to be retired. The dilemma into which the War Office have precipitated themselves has almost reached a farcical stage.

The New Locomotive.

THE progress of the world, at any rate in its more modern civilised phases, may be pretty fairly gauged by its means of locomotion. There appear to be several directions in which fresh departures will be made ere long by busy inventors, perhaps more especially in motor cars and aerial navigation. In each of these fields a life has been lost within the last few weeks. In the first an onlooker at the Crystal Palace was killed by a motor car. At the inquest it was clearly shown that the accident was due to the negligence of deceased. In any case the unfortunate occurrence ought not to be allowed to discount the value and usefulness of the horseless carriages. A number of lives are certain to be lost, whatever means of traction may be used, as witness the daily sacrifice of citizens killed beneath the traffic of our great towns. The other death falls under a different category. Herr Lelienthal has for a long time past been known as an ardent experimenter in aerial flight. At the beginning of last month he started on a trial at Gömberg, in Brandenburgh, and after a passage of 200 yards or thereabouts was upset by a gust of wind, when he fell to the ground and was killed. If he really accomplished a flight of the distance reported, he has established an enormous advance in the science to which he fell a victim.

The Cottage System for Poor-law Children at Sheffield.

DURING the last ten years or so there have been signs of a salutary awakening on the part of the community as to its duty to the children of the pauper community. In this matter Sheffield has distinctly led the van. It has broken the bad old workhouse traditions in more ways than one, notably by its separate housing of deserving aged and married paupers. As regards the children, the Sheffield Guardians have adopted an extremely enlightened policy. They have established a number of isolated homes, each holding some fifteen or twenty boys or girls, scat-

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tered through the town. As soon as the infants reach a school age they are drafted off to one of these homes, whence they attend the Board and Sunday-schools, just like any other children. They thus grow up free from the taint of pauperism, with the gratifying result that there is a great demand for them, both for adoption and for trades. After all this, it is most gratifying to be able to add that the actual cost per child is less than that in a great barrack school, such as Forest Gate.

Röntgen Rays and Food Adulteration.

If there be any truth in the general statement that the great test of the truth of discovery is the extent of its application, then the Röntgen rays are veracity itself. The applications of this marvellous discovery are seemingly without end, and fresh announcements continue to pour in from the intellectual workshops of many countries. One of the latest fields for future usefulness for the rays is in the public health service. Herr Arnold has pointed out that by means of a skiagraph, brick-dust can be traced in cayenne pepper, sand in spices, and chalk or alum in flour. So that henceforth the new photography will test the food, or a portion of the food, that man will assign to his already exploited interior. By the way, if the rays can detect chalk in bread, what sort of picture would they give of the powdered face of a society *belle?* These complexion powders are often fearfully and wonderfully compounded of many earths and minerals, harmless or harmful, as the case may be, and should give an interesting shadowgraph.

A Bone-setter's Procedure.

At an inquest held last week at Tinnamuck in Ireland, it transpired that a bone-setter, to whom a father had taken his child, had diagnosed a fractured patella and had treated it with a poultice of turnips and salt, after he had put the child to horrible torture by his manipulations. The patient died, and upon post-mortem examination, it appeared that there never had been either fracture or dislocation of the patella, but that the child had died of cerebro-spinal meningitis. As it could not be clearly shown that the bone-setter's proceedings had killed the child, an open verdict was returned. This is one of those cases which illustrate the impunity enjoyed by quacks by reason of the weakness and disjointedness of the law.

The Cure of Consumption by Flashes of Lightning.

Another enthusiast has, as usual through the newspapers, announced the discovery of a cure for consumption. His method comprises the use of electricity and of antiseptics. It appears that the microbes, presumably, it is meant the unfortunate tubercle bacilli, are killed by a miniature flash of lightning. This prepares the way, says the confident discover Dr. Crotte, for the microbe-destroying antiseptic, which is thus permitted to traverse the skin, muscles, and bones, and reach the microbes in the cavities of the lungs. We learn in all seriousness that the Academy of Sciences in Paris have actually appointed a Commission to investigate this matter. The Academy might just as well, when they are about it, appoint another Commission to ascertain the truth of the popular belief that it is possible to take a man's eye out, wash it with soap and water, and then return it to the orbit without any ill effects.

Copper-Tinted Vegetables.

The London Chamber of Commerce has been in communication with the authorities in other places with a view to making conjoint representations to the Government as to the frequent prosecutions for selling tinned peas and other vegetables coloured with sulphate of copper. It is alleged that the maximum amount of copper which has been proved to be present is so small as to be quite innocuous, and the Chambers ask that the prosecutions shall be suspended until some competent authority shall decide what quantity of copper shall be allowed.

Quinine Growing in India.

The Government of India has declined to accede to the request of the private growers of cinchona that the Government plantations shall be discontinued, and al supplies taken from the private growers. It asserts that, in the hands of the private growers, the trade has languished, and that it is necessary, in the interest of the people, that the Government shall act for itself.

Pasteur.

A crypt to receive the tomb of Pasteur is in course of preparation beneath the Institute in Paris. It is most elaborate in its conception and execution and is decorated with symbolical winged figures representing Faith, Hope, Charity, and Science. The body of the great scientist is to be removed thereto from Notre Dame, on the 27th of December.

Dr. Javel read a long paper, at the sitting of the Academy of Medicine, Paris, last week, on the best means of stopping the depopulation of France. One of the means he proposed was to relieve large families of the burden of taxation which weighs so heavily on them by throwing the burden of that taxation on the shoulders of the rich.

Dr. Martin J. P. Dempsey, Resident Physician to the Whitworth and Hardwicke Hospitals, Dublin, has been appointed to be Assistant Physician to the Mater Misericordiæ Hospital, and has been succeeded in the former office by Dr. J. B. Coleman, recently Visiting Physician to Jervis Street Hospital.

The Nantwich Schools were last week ordered to be closed for a month in consequence of the epidemic of scarlet fever which has been prevalent for several weeks in the town. Although the type of disease is mild, several deaths have occurred.

The additions to the Belfast Royal Hospital, consisting of new isolation wards, mortuary, and patholo-

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gical theatre, are being completed, and it is expected will be available for the coming winter session.

MR. WILLIAM THOMSON, President of the Royal College of Surgeons, has been appointed as Medical Attendant and Adviser to the Dublin department of the London and North-Western Railway.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE TYPHOID FEVER EPIDEMIC AT KIRKCALDY.—After continuing from the middle of May, this epidemic may be said to have at length subsided (or been subdued); 181 cases in all have been reported, and of these 19, or 9 per cent. have died. The first case occurred on May 17th, and investigation showed that it and subsequent cases arose from contaminated milk supplied by one dairy. Further inquiry revealed the presence of illness in this dairy, and a case of typhoid fever was notified from it on May 26th. The milk supply from the dairy was stopped, the patient removed to hospital, and the premises disinfected. Unluckily the sale of milk from it was shortly afterwards allowed again, only to be again prohibited on June 13th. It is quite possible that many of the cases which occurred during June and later received the virus from the milk thus sold. It is concluded, from the strict investigation which took place that the milk was directly contaminated by the hands of the milkers. The males affected during the epidemic were more seriously attacked by the poisonous products of the bacilli than were the females, some of them showing grave cardiac lesions and others violent delirium.

THE REMOVAL OF FEVER PATIENTS.—An important case has just been decided by the Sheriff of Glasgow against the Corporation of that City in respect of the removal of a child suffering from scarlet fever to the City Hospital without medical certificate or magistrate's order, as required by the Public Health Act. The case had been notified, and the child removed with the consent of her parents, but no certificate or order had been obtained, and the removal was conducted so carelessly that the child caught cold and died some time after admission. Medical evidence was adduced to show that the cause of death was malignant scarlet fever, and that there were no symptoms attributable to exposure to cold. Notwithstanding the facts of notification, of the parents' consent, and of the medical evidence, the legal mind thought fit to grant £50 to the pursuers as *solatium* for the death of their daughter, not as damages against the Corporation, because the patient appeared not to be sufficiently wrapped up during removal. We may safely affirm that, in Scotland, at any rate, many of the removals to fever hospitals are carried out without either a medical certificate or a magistrate's order, on receipt of a signed notification, which should surely rank, *plus* the relatives' consent, as an official certificate, except through a legal quibble.

BEQUESTS TO GLASGOW CHARITIES.—The late Mr. James Reid Stewart, Glasgow, has bequeathed to the Glasgow Royal Infirmary the sum of £1,000; Western Infirmary, £1,000; Victoria Infirmary, £500; to the following £100 each, viz.:—Blind Asylum, Glasgow, Night Asylum for the Houseless, Glasgow, the Larbert Society for Imbeciles. To the University of Glasgow, £2,000, the interest of which is to be devoted to a Fellowship to be competed for by students who have just finished their Arts curriculum in the said University.

BY the will of the late Mr. Montgomery Paterson, of Dumblane, it is directed that the sum of £6,000 is to be distributed amongst Glasgow charitable institutions, (giving a preference to the three principal infirmaries) and the Stirling Royal Infirmary, and any other institutions to which he was in the habit of subscribing.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

BROMIDE OF STRONTIUM IN EPILEPSY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Professor Anthony Roche's article in your issue for August 12th possesses great interest, and holds out much promise. In 1892 I commenced the use of bromide of strontium in a number of epileptic cases at the dispensary. I gave it in doses of fifteen grains three times a day. I have notes of five cases thus treated, for periods of from one to three months. As I did not observe any marked results, and as, at that time, the drug was very costly, I ceased using it. Professor Roche's more masterly trials, and good results, will compel my re-trial of the drug.

The following is an abstract of four cases:—

A. N., female, æt. 17: Stammers; had fits several years; has taken pot. b., with belladonna, for three months—19th, 11, '92. Stront. bromide gr., xv, t. d.—22nd, 12, '92. No fits, but had "sensation" of fits coming.—10th, 1, '93. Had fits ten days ago; none since. Died in fits, two months later.

J. P., female, æt. 27: 9th, 11, '92. Has taken pot. b., and aperients, as needed several years. Stront. b., gr. xv., t. d.—29th, 11, '92, No fits, but "feelings" (of them) very bad. 27th, 12, '92. Fit two weeks ago; none since.—8th, 2, '93. No fits.—14th, 2, '93. One fit.—14th, 3, '93. Three fits in past month.

A. G., female, æt. 17: 16th, 11, '92. Had fits every week for past year; menses were off; now come; has taken pot. b. for over a year. Stront. b, gr. xv, t.d.—30th, 11, '92. No fits.—10th, 1, '93. No fits for three weeks.—14th, 2, '93. No fit for one week, but two fits in present week.

F. B., female, æt. 19: Has a brother a semi-idiot; is a very intelligent refined girl; fits began when fifteen years old; has had careful and judicious bringing up. Menses regular, bowels regular. Has taken pot. b. for two years.—11th, 11, '92. Stront. b., grs. xv., t.d.—20th, 11, '92. Two fits.—30th, 11, '92. No fits.—1st, 2, '93. No fit for two weeks.—14th, 2, '93. One fit.—1st, 3, '93. Four fits.

H. E., male, æt. 23: Has had fits for fifteen years; during several years had two or three fits a day: been better the last three or four years; during the last year has had a fit about every two weeks.—20th, 11, '92. Stront. b., grs. xv., t. d.—10th, 1, '93. Had three slight attacks, "sensations only" since he began treatment.—8th 2, '93. "Only slight sensations for several weeks past."—14th, 2, '93. "Strong fit yesterday."

Thus my trials of stront. b. did not justify me in forming a clear opinion of its value. It must be remembered that epileptics have very often long and varying intervals of freedom from fits, and this makes it very difficult to judge the results of my treatment. Following Trousseau's instruction, I am always careful to get a daily action of the bowels, and to guard the patients from indigestible food.

I am, Sir, yours, &c.,
WILLIAM H. PEARSE, M.D.Ed.,
Senior Physician, Plymouth Public Dispensary.

PROFESSIONAL RESPONSIBILITIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Sir Thornley Stoker has asked me to state that

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the response to his letter, in the issue of the 12th of August, referring to the Dwyer-Russell case, has been most encouraging. A provisional committee has been formed for the purpose of indemnifying Dr. Russell against the costs in the recent case. It consists of the following:—Sir John Banks, K.C.B., Sir Thornley Stoker (hon. treas.), Mr. W. Thomson, President of the Royal College of Surgeons, Mr. C. B. Ball, Dr. Wallace Beatty, Dr. H. T. Bewley, Mr. A. Chance, Dr. J. B. Coleman, Dr. Cusack, Dr. R. A. Flynn, Dr. S. Gordon, Mr. T. E. Gordon, Mr. F. T. Heuston, Dr. A. H. Jacob, Mr. G. Jameson Johnston (hon. sec.), Dr. J. F. O'Carroll, Dr. R. Travers Smith, Mr. H. R. Swanzy, Dr. R. Walsh, Dr. J. Wood, Mr. R. H Woods. I shall be glad to receive further names for addition to this list.

It is important that the profession should realise fully the significance of the decision which Dr. Russell has succeeded in making so definite, namely, if a medical man exercises due professional care in the management of a case, he cannot be held liable to legal damages, even if his diagnosis be inaccurate. This decision will act as a great deterrent in the instigation of similar cases. There are other regrettable circumstances connected with this particular case entitling Dr. Russell to still greater sympathy but the terrors of journalistic libel prevent further reference to them.

The following subscriptions have been either received or promised.

	£	s.	d.
Sir Thornley Stoker	2	2	0
Dr. Cusack, Cashel	2	0	0
Dr. Wood, Cashel	2	0	0
Mr. W. Thomson P.R.C.S.	1	1	0
Sir John Banks, K.C.B.	1	1	0
Lieut. Gen. Massy	1	1	0
Miss Massy	1	1	0
"A Grateful Patient"	1	1	0
Dr. R. Walsh, Clogheen	1	1	0
Mr. H. R. Swanzy	1	1	0
Mr. C. B. Ball	1	1	0
Mr. F. T. Heuston	1	1	0
Dr. S. Gordon ...	1	1	0
Dr. A. H. Jacob...	1	1	0
Mr. A. Chance ...	1	1	0
Mr. R. H. Woods	1	1	0
Dr. Wallace Beatty	1	1	0
D. H. T. Bewley...	1	1	0
Dr. J. F. O'Carroll	1	1	0
Dr. J. B. Coleman	1	1	0
Dr. R. A. Flynn...	1	1	0
Col. J. G. Cockburn	1	0	0
Mr. T. E. Gordon	0	10	6
Dr. R. Travers Smith	0	10	6
Mr. G. Jameson Johnston ...	0	10	6

G. Jameson Johnston,
Hon Sec.

13 Lower Fitzwilliam Street,
Dublin.

[We have already urged upon our readers that a duty devolves upon the profession to see that Dr. Russell, who successfuily defended the action and succeeded in establishing, at law, a principle of extreme importance to us all, should not be allowed to bear the cost of so doing. He has done much to secure to the profession immunity from the attacks of speculators for damages, and has provided protection for medical men who honestly do their duty to their patients to the best of their ability. The least which is due to him is that he shall not be at serious loss hereby.—Ed.]

STATISTICS OF ANÆSTHETICS.

To the Editor of the Medical Press and Circular.

Sir,—The returns of the collection of statistics of anæsthesia (published by the Scandinavian Society of Surgeons) recorded in your last week's issue; though neither the mode of administration, nor the number of fatal administrations were given, still afford valuable information. From the fact that, besides the best of all anæsthetics, chloroform: ether, mixture of chloroform and ether, ethyl bromide, and a mixture of chloroform and ethyl were employed, the deduction may safely be made, that no systematic and precise mode of administration of chloroform was employed, in which the administrator could make sure that about 18 minims systematically administered in gradual progressive doses, and absorbed in about four minutes by an adult would produce with certainty, complete and safe anæsthesia. If the Scandinavian practitioners had known and employed Carter's mode of chloroform administration their uniform results, in harmony with Carter's, could not have failed to prove that there is no occasion, nor any reason, for the use of any other than the king of anæsthetics, chloroform, if administered in a rational and proper manner. Nothing proves more conclusively want of knowledge and confidence in the absolute safety of their mode of chloroform administration, than advocacy of the employment of a variety of anæsthetic mixture and gases with or without compressed oxygen gas. If chloroform, and one systematic mode of its administration, had proved safe, why should a variety of anæsthetics, administered in a variety of ways, be employed?

I am, Sir, yours, &c.,
Inquirer.

London, August 27th, 1896.

THE CIVIL RIGHTS DEFENCE COMMITTEE AND THE APOTHECARIES SOCIETY.

The following correspondence has been sent us for publication:—

Society of Apothecaries of London,
Blackfriars, London, E.C.
August 21st, 1896.

To the Civil Rights Defence Committee.

Gentlemen,—I am instructed to send you a copy of a resolution passed by the Court of Assistants on the 18th inst.

Copy of Resolution of the Court of Assistants of the Society of Apothecaries held on the 18th August, 1896.

"Resolved that this Court, having considered the case of Dr. Anderson as brought before them by the Civil Rights Defence Committee, have unanimously come to the conclusion that Dr. Anderson was wrongfully treated by the Supreme Court of Trinidad, and that he accordingly has the full sympathy of this Court, who are of opinion that he is entitled to have his case gone into by the Government, with a view to his being adequately compensated for the harsh treatment suffered by him through the miscarriage of justice."

In reply to your further communication, I am desired to state that if the Council of the College of Surgeons instruct their representative to advocate Dr. Anderson's case before the General Medical Council, the Society of Apothecaries will be prepared to instruct their representative to do the same.

Your obedient Servant,
(Signed) James R. Upton.

Literature.

A SYSTEM OF MEDICINE. (a)

A system of medicine by many writers produced under the auspices of the Regius Professor of Physic in the University of Cambridge requires a more detailed criticism than would be accorded to an ordinary text-book on medicine. The present volume, the first of the series, consists of 977 pages, but we can find no definite information as to the number of volumes of which the work will ultimately consist. In the preface the Editor speaks of the difficulty experienced by contributors in keeping the matter within anything like the limits assigned to them, and adds that although they have done their best to be concise, they have not in any instance resented editorial co-operation to this end. We are glad to find that footnotes are, as a rule, to be excluded, for many of us recall with feelings of annoyance and irritation the abuse of this privilege by the late Dr. Wilson Fox in his otherwise excellent articles on "Diseases of the Stomach" in the second volume of "Reynold's System of Medicine." We are told that references in the text have been replaced by "very select" bibliographies. Historical matter, we are informed, has been for the most part omitted, and for that

(a) "A System of Medicine. By Many Writers." Edited by Thomas Clifford Allbutt, M.A., M.D., Regius Professor of Physic in the University of Cambridge. London: Macmillan and Co., Limited. 1896.

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we should be thankful, although we cannot help expressing a wish that the Editor had seen his way to suppressing quotations of "the soldier said" type with which his own contributions abound.

The work opens with an introduction of some twenty pages by the Editor, who apparently endeavours to explain his reason for publishing a "System of Medicine" on the ground that a "system of medicine cannot now be written either by one man or by many, and this state of things is by no means to be regretted." It may be a highly philosophical essay, but we are bound to confess that the majority of people will not take the trouble to read it. It contains absolutely nothing practical, and the busy practitioner naturally expects something that will be of use to him in the exercise of his profession. It is a scholarly essay, and would have served admirably as the basis of a University Oration, but is distinctly out of place in a work on practical medicine. It compares very unfavourably with the admirable introduction by the late Sir Russell Reynolds to his "System of Medicine." Dr. Clifford Allbutt's work always gives us the impression that he is rather a medical philosopher than a medical practitioner.

The first half of the volume is devoted to "Prolegomena," and the most noteworthy contributions in this division are on—"Inflammation," by Dr. Adami; "The Doctrine of Fever," by Dr. Burdon-Sanderson; and "The General Pathology of Nutrition," by Dr. Mott. Dr. Adami's article is excellent in every way, and is far above the average; whilst Dr. Mott's contribution illustrates forcibly the advantages of retaining the services of one of the younger order of physicians for work of this description.

Dr. Leech deals with the "Principles of Drug Treatment," and we are fain to confess that he tells us little that is new. We thought that we were to be relieved of historical matter, and here is the old story about the Mithradaticin containing forty-six ingredients, and the Theriaca Andromachi sixty-two. What we want is some information respecting recent developments in pharmacology and therapeutics. Even in simple matters of nomenclature, Prof. Leech seems to be a little bit at sea, or he would not speak of "morphia" and "strychnine" in the same sentence. We are surprised to learn that the reputed action of many drugs, such as cholagogues, diaphoretics, diuretics, &c., is founded on the most slender basis. We should have thought that there would have been very little difficulty in showing that pilocarpine, for example, exerted a diaphoretic action. It is equally unsatisfactory to be told that "the action of most drugs on the tissues and organs is guessed at rather than known." Surely an expert pharmacologist would have no difficulty in demonstrating on the various organs of the body the action of almost any alkaloidal substance or active principle.

The articles on "Climate in the Treatment of Disease," and on "Balneology and Hydrotherapeutics" are satisfactory, but Dr. Theodore Williams's contribution on "Artificial Aerotherapeutics" presents no feature of interest. Dr. Lewis Jones writes well and clearly on the "Medical Applications of Electricity," and manages to convey in a small compass a good account of the present condition of our knowledge of the subject.

The article on Massage, by Dr. Kearsley Mitchell is distinctly unsatisfactory from the fact that the subject is treated from a purely American point of view. The author seems to be imbued with the idea that Weir-Mitchellism and Massage are the same thing. He gives no adequate account of the works of Rossbach, Busch, Samuely, Arvid Kellgren, Joseph Schrieber, or George Hünerfauth, and seems to have gone out of his way to ignore the writings of some of the most prominent authorities on the subject in this country; in fact, he has progressed very little beyond the stage of Weir-Mitchell and Playfair. His bibliography is certainly "very select," for it contains only eighteen references. We do not blame the author, for doubtless he has done his best, but we certainly do blame the Editor for permitting such a feeble production to be foisted on his readers as an article on "Massage." The "editorial co-operation" alluded to in the Preface might certainly have been exercised with advantage. We trust that in some future volume steps will be taken to remedy the grave deficiencies of this article.

The contribution on the "General Principles of Dietetics in Disease," by Sir Dyce Duckworth can hardly be taken seriously and throws no light on the subject. Respecting the article on "Nursing," by Miss Amy Hughes, the Superintendent of Nurses in the Bolton Union Workhouse, there will of necessity be much difference of opinion. It is amusing, but is sadly in want of careful editing. Its chief feature is the abundant use of nursing slang which seems strangely out of place in a scientific work. The style is crude, but we are inclined to think that the article will be more frequently consulted than the Editor's "Introduction."

The "Hygiene of Youth," by Dr. Clement Dukes is admirably written and is well worth careful perusal. He asserts as an observation founded upon wide experience that "a due amount of care has never yet been bestowed upon the young human being." He says:—

"The worst feature in the prevalent method of education is that the long hours and clumsy educational methods compel the work to be performed under a sense of fatigue, so that the work itself is not of lasting value, and the brain may be damaged in the process. These imperfect methods of education are likely to continue until teachers receive a technical training in their duties, or at any rate till they cease to despise and abhor it. The education of the youth of the upper and middle classes in England is the only business for which a man is not trained."

The second half of the volume is divided into two parts, the first dealing with "Isolation or Sunstroke," by Sir Joseph Fayrer, and the second with "Infections," by various writers. These various contributions vary somewhat in merit, but the authors are on well beaten ground and the standard is naturally a high one.

The faults of the work, and they are many, are to be attributed to a very great extent to defective sub-editing, and this we hope will be remedied in the subsequent volumes. A medical philosopher is not of necessity a good medical editor.

QUAIN'S ELEMENTS OF ANATOMY. (a)

THE mighty work of the editing of the great "English Encyclopædia of Anatomy" now draws to a close, and Professors Schäfer and Thane can afford to rest on their scientific oars, conscious that the professional public will fully appreciate the value of their truly magnificent work. The part-volume now before us has viii and 34[illegible] pages, of which 18 are devoted to a carefully prepared and exhaustive index. The subject-matter is, necessarily, largely in the domain of histological anatomy; and, as the preparation of this part of the work fell naturally into the hands of Professor Schäfer, all readers will look for a thoroughly reliable and exhaustive treatise on the microscopic structure of the various visceral organs, and we can confidently assure them that they will not be disappointed. It would hardly be exaggeration to say that the work of Professor Schäfer in this edition of our old friend "Quain" is above all praise and beyond all criticism. In the part now before us, the value of the text is enormously enhanced by the presence of so many illustrations, nearly all of which are among the best of their kind that we have anywhere met with. The preparation of this section has, very evidently, been a labour of love with the great histologist, and in its pages we find recorded a large portion of the special knowledge to the attainment of which he has devoted the energies of his life.

"In this part the anatomical descriptions have been allotted to, and in many cases entirely re-written by, Dr. J. Symington, Professor of Anatomy in Queen's College, Belfast," who has supplied his readers with a large number of illustrations of "sections" of the viscera *in situ*, a special department of anatomical research in which this distinguished anatomist has done some of his best work, and which add enormously to the value of any work on descriptive or topographical anatomy. It is the special form of illustration which the dissecting student has least chance of being able to prepare for himself on his allotted subject, and let us confess, with candid humility that it is the form of illustration the possession of which makes us most

(a) "Quain's Elements of Anatomy." Edited by Edward Albert Schafer F.R.S., and George Dancer Thane. In three volumes. Vol. iii., part iv. Splanchnology, by Professor E. A. Schäfer, F.R.S., and Professor Johnson Symington, M.D. Illustrated by 337 engravings. Tenth Edition. Longmans, Green and Co., London, New York, and Bombay. 1896.

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envious of the student of the present day. What would we not have given for such pictures in our own student days!

From what we have already said, it would, we think, appear idle, even impertinent, to offer further testimony of "high opinion" or "cordial recommendation" of the present issue of "Quain's Anatomy."

MORRIS'S LECTURES ON APPENDICITIS. (a)

In his preface, the author tells his readers that: "At the present time, while there is confusion of ideas on the subject of appendicitis, it is, perhaps, a favourable time for blazing one clear trail through the subject." And we must say that the writer's blazing trail has given us a very good light. The style is very lucid, as well as being very "Murrican"; the descriptions of symptoms and physical signs are always extremely graphic; we have a full quantum of bacteriology and the science of toxines; the directions for operations and subsequent treatment are excellent; and the text—which is extremely well-printed, on splendid paper—is richly and judiciously illustrated. This is certainly one of the most valuable contributions which we have met with, to a very fertile subject.

It is well said that: "In our day the peritoneum has become the surgeon's best friend." But a very little more than one half of this volume is given to the subject of appendicitis; the rest is made up of notes on other surgical matters, very various, indeed. The action of solvents on gall-stones, the pathological importance of the vitelline duct, operation for hernia, ileal intussusception, peritoneal tuberculosis and adhesions, palpation of the kidney by another method, "Experiments germane to the Subject of Abdominal Supporters after Laparotomy," "An addition to McGuire's Operation for a Supra-pubic Urethra," "The Drainage Wick," "Endoscopic Tubes for Direct Inspection of the Interior of the Bladder and Uterus," "The Action of Trypsin, Pancreatic Extract, and Pepsin, upon Sloughs and Coagula," "The Removal of Necrotic and Carious Bone with Hydrochloric Acid and Pepsin," "Is Evolution trying to do away with the Clitoris?" "The Mechanism and Anatomy of Subluxation of the Head of the Radius," "Pott's Fracture, and the Frac-Arm," "Skin Grafting from Blisters," "Phelp's Hare-lip Operation," "Distension of Fistulous Pipes with Plaster of Paris to facilitate their Removal," "Prevention of Abortion by Removal of a Uterine Fibroid," "Reduction of an Inverted Uterus by Incising the Constricting Ring Intra-abdominally," "Hysterectomy for Placenta Prævia," "Ovarian Transplantation"—form a goodly array of texts for sermons on subjects of the highest surgical importance. And the author has something original and interesting to say on every one of them, and says it in a peculiarly original way, too. This extremely readable volume closes with a short note on the very progressive—as we will venture to call it—operation of *ovarian transplantation*. How many interesting, and how many complicated problems in the domains of physiology, psychology, and sexual morality will suggest themselves to the mind of the intelligent reader on perusing this sentence: "Some patients object to the idea of carrying a piece of ovary from another woman, as the child from such a case would have treble parentage, but there are many women whose uterine adnexa have been removed who grasp at any opportunity for bearing children, and whose minds are much relieved at the thought of the possibility of such a prospect."

(a) "Lectures on Appendicitis; and Notes on other Subjects." By Robert T. Morris, A.M., M.D., Fellow of the New York Academy of Medicine, &c. With illustrations by Henry Macdonald, M.D. New York and London: G. P. Putnam's Sons, The Knickerbocker Press. 1896.

Obituary.

MR. HOBLYN, OF BATH.

The death of Mr. Francis Parker Hoblyn, M.R.C.S., at the age of 79, occurred at his residence, Bladud Buildings, Bath, a few days since. Deceased was the third son of the late Rev. Edward Hoblyn, vicar of Mylor-cum-Mabe, near Falmouth, and was born January 13th, 1817. He studied at Middlesex Hospital, and passed with credit. His work at Bath was marked by a persevering life of labour, for he loved his profession, and was beloved by all, rich and poor. About ten years ago, his health began to fail, and he complained of a creeping sensation in his arms and legs, and a tightness in his breath, which gradually increased. On the 30th of July, he had driven out, and appeared in his usual health till the evening, when his speech failed, and a neighbouring practitioner was called in, who diagnosed paralysis, from which he never rallied. He passed away peacefully on the 10th of August. Mr. Hoblyn married in 1864, Alicia Bonne Mulock, the clever writer of "Tracts for the People." She was the aunt of the authoress of "John Halifax, Gentleman." Mrs. Hoblyn's death had taken place only on the 26th of June previously.

Medical News.

The Chemists' Exhibition.

The end of August would scarcely appear to be the most appropriate time in London for an exhibition, when the majority of the public are away on holiday, and the streets present an almost deserted appearance. But we are told that this is a favourable time for country folk to visit London, and advantage of the fact was taken by our contemporary, *The British and Colonial Druggist*, to organise a trade exhibition, and this was held in the National Skating Rink, during the whole of last week. Considerable artistic taste was displayed in fitting out an incongruous building into one required for exhibition purposes, and it is not too much to say that a temporary exhibition was never more tastefully decorated to meet the case than in the present instance. The stalls too, were excellently arranged, and exhibitors seemed to vie with each other in making the show attractive and pleasing to the eye, in keeping with its surroundings. Of course it would be impossible with the space at our disposal to discuss the exhibits in detail. This will doubtless be done in the trade journals. Most of the leading firms were represented in the surgical instrument departments, surgical dressings, infant foods, mineral waters, malt extracts, meat extracts, pharmaceutical preparations and proprietary articles usually sold by chemists, and it affords us pleasure to chronicle what appears to have been an unqualified success.

The Laundry and Sanitary Exhibition.

Yet still another exhibition was held in London last week on even a larger scale than that of the chemists before referred to, the building being the Royal Agricultural Hall, where the large dimensions of space lend themselves to the display of the machinery now so extensively employed for sanitary and laundry purposes. On entering the central avenue, visitors were confronted with the model of an old English half-timbered house, such as are found in ancient towns, like Chester and Canterbury, this having been erected by Messrs. Lever Bros. to display their Life-buoy Disinfectant Soap, Old-Home Soap, Sunlight Soap, and Pharmacopœia Glycerine, which have obtained a world-wide reputation. In the same class for laundry purposes, were exhibited an enormous number of washing machines, continuous ironing machines, and hydro-extractors, unknown to our grandmothers; whilst Messrs. J. C. and G. Field had an extensive display of a new laundry soap, "Savonal," an odourless soft soap which undoubtedly has a great future in store for it, as well as some specially prepared silver and bronze satin soaps for dry cleaning, which we do not remember to have seen previously. In the sanitary department, Messrs. Doulton were well to the front with their enamelled wares, now so extensively used in hospitals and other large institutions. In the same department, winged fans and other designs for ventilation were in motion. And by way of further novelty, Hecker's American Cereal Company provided a daily menu of "dainty dishes," free to all visitors who chanced to pass their stand. On the whole, there was much to interest and instruct in this exhibition, and as it will be continued during the present week, many thousands will probably be attracted to so unique a show.

The Health of Dublin.

The epidemic of scarlatina is on the wane, the admissions to hospital in the week ending August 22nd having been very much less than in the previous week. At the same time, typhoid shows an increase, the numbers, both of admissions and of patients remaining in hospital, from the disease being in excess of those of the previous week.

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Notices to Correspondents, Short Letters, &c.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price 2s. 6d These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

MR. STANMORE BISHOP (Manchester).—Your paper on "Drainage in Abdominal Surgery" shall appear so soon as the necessary illustrations have been engraved.

DR. T. W. S.—The matter is, we understand, still in abeyance, but it is expected a definite decision will be arrived at in October.

F.R.C.S.ED.—We understand the book is not likely to be ready during the present year.

THE TRADE IN QUACK MEDICINES.

IT appears from the Revenue returns that in the past financial year the number of patent medicine licences issued rose from 29,000 to 31,000, and the sum realised therefrom had gone up to £239,000, very nearly the largest sum ever recorded. The *Chemist and Druggist* estimates that the trade in these articles runs up to about three millions of money annually.

A. S. T.—It is against our rule to reply to the communications of correspondents who omit to enclose their name and address.

DR. PARKER.—The gentleman to whom our correspondent refers is of German descent.

WHERE ARE THE MALES?

THE Medical Officer of Health to the Vestry of Kensington is in a jubilant humour, not so much because Kensington is an uncommonly healthy spot, but on account of its rapid increase of population. According to a census taken on March 29th, the population numbered 170,465, the gentler sex having a majority of 86,461. It is evident from these figures that the Borough of Kensington is either somewhat overloaded with females or short of males. For this inequality South Kensington is to blame. In North Kensington the excess of females is only 9,443, while in South they outnumber the males by 27,018. This is very unwise on their part. The males probably enjoy this sort of thing, for, being in the minority, they are, naturally, able to clothe themselves in airs that would be considered simply insufferable under conditions where the sexes were equal in numbers. Perhaps now that the report of the census has been published the Medical Officer will turn his attention to a matter for which a solution must be found if trouble is to be avoided.—*Pall Mall Gazette.*

DR. T. (Birmingham).—No information upon the subject has reached us so far.

GENERAL PRACTITIONER.—The matter is left entirely to the discretion of the coroner of the district.

QUALIFIED ASSISTANT (Exeter).—We agree with our correspondent that his case is somewhat a hard one, but we cannot see that there is any remedy.

Vacancies.

Bradford Children's Hospital.—House Surgeon. Salary £70, with board, residence, and washing. Applications and testimonials to the Secretary by Sept. 12th.

City of London Hospital for Diseases of the Chest.—House Physician. Salary £30 per annum, with board and residence. Applications with testimonials, to the Secretary, not later than September 9th.

Convalescent Hospital and Sea-bathing Infirmary, Southport.—Resident Medical Officer (unmarried). Salary to commence £150 per annum, with board, lodging, and washing. Applications and testimonials to the Chairman by Sept. 12th.

Eccles and Patricroft Hospital.—Resident House Surgeon. Salary £60. Applications to Dr. C. L. Sérra, The Limes, Eccles, before Sept. 10th.

Essex and Colchester Hospital.—House Surgeon (unmarried). Salary £100 per annum. with board and lodging. Applications and testimonials to the Committee before Sept. 11th

Jersey General Dispensary and Infirmary, Aquila Road, St. Heliers, Jersey.—Resident Medical Officer (unmarried). Salary £120, with furnished rooms and attendance. Further particulars may be had from the Hon. Sec.

Metropolitan Asylums Board.—Assistant Medical Officer (unmarried) to the Fountain Fever Hospital, Lower Tooting, S.W. Salary £160 per annum, rising to £200, with board, lodging, attendance, and washing. Applications not later than Sept. 7th. (See advert.)

Somerset and Bath Lunatic Asylums, Western Joint Asylum, Cotford, near Taunton.—Medical Superintendent. Salary commencing at £450 per annum. Applications and testimonials to the Clerk to the Visiting Committee by Oct. 1st.

The Victoria Hospital for Sick Children, Chelsea, S.W.—House Physician. Salary £50 per annum, with board and lodging in the hospital. Applications, with testimonials, &c., to the Secretary, by September 12th.

Appointments

BRANSON, G. A., L.R.C.P.Edin., M.R.C.S.Eng., Health Officer for Richmond City, Victoria, Australia.

BURMAN, F. J., L.R.C.P.Edin., M.R.C.S., Medical Officer of Health for the Wath-upon-Dearne Urban Sanitary District.

CARTWRIGHT, J. A. T., M.R.C.S., L.S.A., L.M., Medical Officer of Health to the Wigmore Rural District Council.

CROSBY, A. H. P., L.R.C.P.Lond., M.R.C.S., Assistant House Surgeon to the Christchurch Hospital, New Zealand.

GLOVER, J. H., M.B., C.M.Edin., Medical Officer for the Botteford Sanitary District of the Belfoir Out-relief Union.

HARRISON, S. H., L.R.C.P.Lond., M.R.C.S., Medical Officer for the North Walsham Sanitary District of the Smallburgh Union.

HILLYAR, G. H. S., L.R.C.P., L.R.C.S., L.F.P.S.Glasg., a District Medical Officer for the Williton Union.

HOYLE, J. C., M.B., Ch.M.Durh., L.R.C.P.Lond., M.R.C.S., D.P.H., Medical Officer of Health for Rangoon, Burmah.

HUGHSTON, R. W., M.B., Ch.B.Melb., Health Officer for Port Fairy Borough, Victoria, Australia.

LAWSON, D., M.A., St. And., L.R.C.S.Edin., L.R.C.P.Edin., L.F.P.S. Glasg., M.B., C.M.Edin., Medical Officer to Banwell District of Uxbridge Union.

LAWSON, G. L. L., L.R.C.P.Edin., M.R.C.S.Eng., D.P.H.Edin., Health Officer at Yalgoo, Western Australia.

MARTIN, A. J., M.D.Lond., L.R.C.P., M.R.C.S., Medical Officer for the Essington Sanitary District of the Cannock Union.

MIDDLEMIST, R. C., L.R.C.P.Lond., M.R.C.S., Medical Officer of the Workhouse of the Stamford Union.

MORTON, G., M.B.Syd., Senior Medical Officer at the Parramatta Hospital for the Insane, New South Wales.

THOMPSON, J. A., M.D.Brux., D.P.H., Chief Medical Officer to the Government of New South Wales and President of the Board of Health.

Births.

ADAMS.—Aug. 25th, at 180 Aldersgate Street, London, E.C., the wife of John Adams, F.R.C.S., of a son.

HORDER.—Aug. 23rd, at The Oaks, Sunderland, the wife of E. G. Horder, F.R.C.S., of a son.

MOSELEY.—Aug. 23rd, at Ipswich, the wife of C. K. Moseley, M.R.C.S. Eng., L.R.C.P.Lond., L.S.A.Lond., of a son.

PIDCOCK.—Aug. 23rd, at Fitzjohn's Avenue, Hampstead, the wife of George Douglas Pidcock, M.D., M.R.C.P., of a daughter, stillborn.

SMITH.—Aug. 26th, at Gleneagle House, Streatham, S.W., the wife of Harry E. Smith, M.A., M.B., B.C.Cantab., of a daughter.

WILDING.—Aug 27th, at The Hawthorn, Hindley, near Wigan, wife of Walter F. W. Wilding, M.R.C.S., L.R.C.P., of a son.

Marriages.

GRAY—SCARLETT.—Aug. 26th, at the Roxburghe Hotel, Edinburgh, James Allan Gray, M.A., M.D., F.R.C.P.Edin., Leith, to (Daisy) Janet Scarlett, only surviving daughter of the late James Stocks, Letham, by Inverkeithing, Fifeshire.

JESSOP—CARDWELL.—Aug. 26th, at the Parish Church, Giggleswick, Thomas Richard Jessop, F.R.C.S., J.P., of Leeds, to Eliza, widow of the late Walter Cardwell.

STADDON—ALSTON.—Aug. 27th, at St. Michael's, Manningtree, Walter J. Staddon, M.R.C.S.Eng., L.R.C.P.Lond., of The Priory, Ipswich, to Alice Charlotte, eldest daughter of J. E. Alston, Esq., of South Hill, Manningtree.

Deaths.

BAIN.—Aug. 3rd, at Mercara, Coorg, India, Gertrude Mill, wife of Surgeon-Major D. S. E. Bain, Indian Medical Service.

CAMERON.—Aug. 1st, Brigade Surgeon-Lieut.-Colonel Archibold Cameron, I.M.S., late Civil Surgeon at Benares, N.W.P.

DAVIDSON.—Aug. 26th, at 33 Grange Mount, Birkenhead, F. W. Davidson, M.R.C.S., L.R.C.P., of Liscard, Cheshire, aged 31.

DAVIES.—Aug. 19th, at St. Quintin Avenue, North Kensington, Dr. Gomer Davies, late of Pembridge Villas, aged 50.

KNOX.—Aug. 5th, at Pilgrim's Rest, Transvaal, of pleurisy and phthisis, Charles Arthur Northland Knox, M.R.C.S., L.R.C.P. Lond.

PALMER.—Aug. 26th, at 32 Bassett Road, North Kensington, Deputy Surgeon-General William John Palmer, M.D., H.M. Bengal Army (retired), aged 70.

SCOTT.—Aug. 28th, at Malden, Surrey, Mary, wife of John Scott, F.R.C.S., formerly of Harley Street, London, W., aged 78.

WILLIAMS.—Aug. 23rd, at Guy's Hospital, after a short illness, Arthur Henry Williams, M.A., M.B., B.C.Camb., of 54 London Road, St. Leonards-on-Sea, aged 34.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

A CASE OF INTESTINAL OBSTRUCTION DUE TO PRESSURE OF DISTENDED AND CANCEROUS GALL-BLADDER.

By T. N. KELYNACK, M.D., M.R.C.P.,

Pathologist, Manchester Royal Infirmary; Demonstrator and Assistant Lecturer in Pathology, the Owens College, Manchester.

I VENTURE to record the following case, not merely because of its rarity, but because it illustrates several points of much clinical and pathological importance in connection with a portion of the abdominal contents which, at the present time, is attracting the attention of both physicians and surgeons.

CASE.—PRIMARY MALIGNANT GROWTH OF GALL-BLADDER — OBSTRUCTED AND DISTENDED GALL-BLADDER — CHOLELITHIASIS—SECONDARY CANCEROUS DEPOSITS IN LIVER —COMPRESSION OF TRANSVERSE COLON—INTESTINAL OBSTRUCTION — LAPAROTOMY — COLOTOMY—DEATH.

CLINICAL HISTORY.

Richard W., æt. 69, was admitted to the Manchester Royal Infirmary on September 5th, 1895, under the care of Mr. Walter Whitehead, with whose kind permission I publish these notes. On admission, he was found to be the subject of complete intestinal obstruction, which had been present since Aug. 30th. He gave a history of having experienced somewhat similar but less severe attacks before. In one of these attacks he was seen by Mr. Joseph Collier, who informs me that on this occasion the obstruction was relieved after massage in the region of the right hypochondrium. He was a moderately nourished old man. There was no jaundice and no distinct history of biliary colic or hepatic disorder was obtained.

His condition on admission to hospital was so serious that Mr. Whitehead proceeded to operate without delay. On opening the abdominal cavity, the intestines were found to be extremely distended. No lesion could be detected in connection with the intestines. There was no peritonitis. On exploring the region of the gall-bladder, an enormously dilated, much thickened, and tensely distended gall-bladder was detected. It appeared to compress the transverse colon.

The critical condition of the patient only allowed of the performance of a right hypochondriac colotomy.

After the operation a large quantity of fæcal matter escaped through the colotomy opening, and the patient seemed much relieved. The following day, however, he rapidly became much weaker and died early in the evening.

I made a post-mortem examination on the following morning. The following is an abstract of the more important points noted. (*a*)

(*a*) Manchester Royal Infirmary Post-Mortem Reports: Surgical Vol. 1892. No. 217, p. 656.

AUTOPSY.

External. — Well-formed, moderately nourished elderly male. Hair grey, arcus senilis and general senile aspect. No jaundice. Abdomen not markedly protuberant. Recent operation, incision 4 inches in length and 1½ inches to right of median line, extended from a point 1 inch below costal margin to a point 1 inch above level of upper border of umbilicus. Transverse colon near hepatic flexure fixed to edges of upper part of abdominal wound.

Internal.—Peritoneum: general congestion, localised peritonitis in neighbourhood of operation wound. No old adhesions.

Stomach: large and contained brownish fluid. Mucous coat congested. Pylorus normal.

Small intestines: congested, somewhat distended, with gas and fæces. No evidence of growth, volvulus, hernia, or other gross lesion.

Vermiform appendix: normal.

Cæcum: empty.

Large intestine: ascending colon not unduly distended. Transverse colon presented small opening at point where gut was united to abdominal wall. No escape of fæcal matter into peritoneal cavity. Gut almost empty. No indication of ulceration, growth, or other intestinal cause for obstruction. Descending colon, normal in size, shape, and condition. Sigmoid, normal. Rectum, normal.

Liver and gall-bladder: the liver lay well under cover of ribs, but projecting beyond its anterior border for a distance of fully 3 inches was the large distended gall-bladder, its fundus being close to transverse colon, but quite free and in no way adherent to it.

The accompanying photograph shows the condition after the liver had been removed, hardened, and the gall-bladder opened. (Photo. I.)

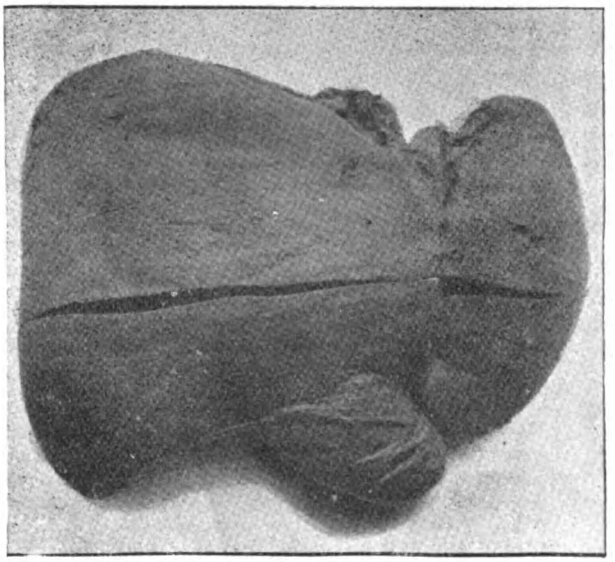

PHOTO. I.

The liver was fairly normal in size, shape and general

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appearance. On turning the organ up the enormously distended gall-bladder was seen to extend far backwards beneath its lower surface. (*a*)

This is shown in the second photograph, which, however, having been taken after the liver had been hardened and the gall-bladder opened, necessarily diminishes the size and extent of the latter. (Photo. II.)

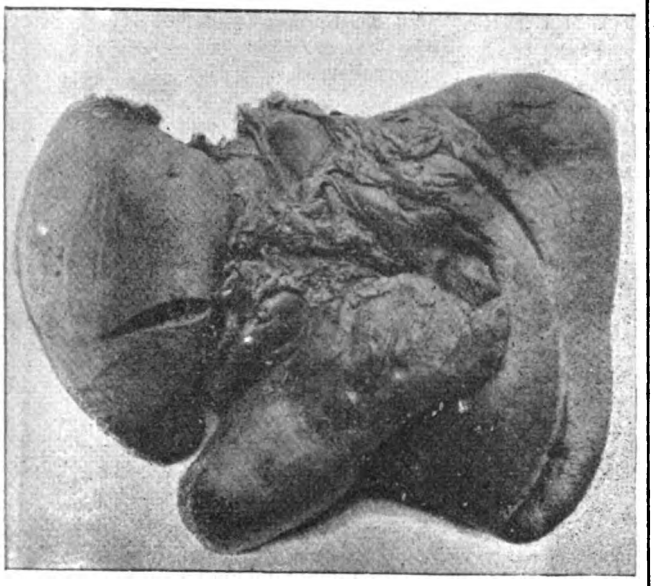

PHOTO II.

The gall-bladder appeared somewhat like a large irregular sausage. It was 6½ inches in length, 2 inches in breadth, and had a circumference of 6⅜ inches. It was firm and tense, but in its greater extent semi-fluctuant. At its posterior extremity a hard rounded gall-stone could be felt.

On opening the gall-bladder several ounces of a thick turbid fluid, having much the appearance and consistency of weak starch paste, were liberated. This sticky fluid evidently contained much mucus, and had a very glistening appearance, as from the presence of cholesterin crystals.

Lying free in the distended gall-bladder were a number of small facetted gall-stones. One was irregularly rounded, rough, and of conglomerate appearance. At the posterior extremity of the gall-bladder a second more or less rounded calculus lay encysted in a small sac, the aperture of which was too small to liberate the stone.

The walls of the gall-bladder were much thickened, and of a coarse parchment-like consistency. About the middle of the lower surface the outer coat presented a distinct round, slightly-raised nodular mass, which internally corresponded to a small patch 2·5 c.m. in diameter, raised, of slightly pinkish colour, but presenting no ulceration of surface. The borders of this mushroom-like nodule, though appearing fairly well-defined, tended to shade off into the surrounding tissue. The nodule was evidently a primary tumour in the wall of the gall-bladder. The rest of the internal coat was moderately smooth and free from growth.

No remains of any cystic duct or other outlet from the gall-bladder could be detected. It had all the appearance of being a closed sac.

The liver was not enlarged. Size 10½ × 7 inches, weight, with empty gall bladder, 46 ozs. In the centre of the upper lobe there was a small slightly-raised nodule, which on section proved to be a small rounded secondary deposit of growth. Immediately to the left of the gall-bladder, between it and the small left lobe, there were also several small slightly-raised, rounded, whitish-grey, secondary nodules, but this part of the liver was practically continuous with the outer part of the distended gall-bladder.

There was no evidence of any obstruction at the root of the liver. The bile ducts were not dilated.

The rest of the abdominal organs were healthy. Permission was only obtained for an examination of the abdomen.

Microscopical Examination.—On microscopic examination of the patch of growth in the wall of the gall-bladder, a characteristic cancerous structure was found. The epithelial cellular growth was very abundant, but in places appeared to closely approximate to a cylindrical type, and was evidently a columnar-celled epithelioma.

The secondary growths in the liver presented similar characters to that in the gall-bladder.

The contents of the gall-bladder consisted chiefly of mucus, leucocytes, and cholesterin.

Remarks.—Our knowledge as to the occurrence of primary cancer of the gall-bladder is comparatively of very recent date. In England, Fagge, Moxon, Habershon and Moore have been the chief contributors to the literature of the subject. In 1889, Musser was able to collect some 100 recorded cases, and in 1890, Courvoisier published a summary of 103 collected cases. Quite recently Ames has published further cases and reviewed the subject generally.

In none of the published cases, however, as far as I can gather, has a non-adherent, distended and cancerous gall-bladder led to acute intestinal obstruction.

In the present case there can be no doubt, as evidenced by the clinical history, the appearance at the time of operation and the condition discovered at the post-mortem examination, that the transverse colon was compressed between the enlarged and tense gall-bladder and the coils of distended small intestines. The gall-bladder seems to have acted somewhat like a pneumatic brake on a Dunlop tyre.

The present case also raises the interesting and important question as to the causal relationship between gall-stones and malignant disease of the gall-bladder. (*a*)

(*a*) Preparation has been added to the Pathological Museum of the Owens College

SOME REMARKS ON DIPHTHERIA. (*b*)

By ALFRED HILL, M.D., F.R.S.Ed.,
Medical Officer of Health, Birmingham.

MY official experience of diphtheria in Birmingham dates from the year 1873, when the death-rate of this disease was 310 per million persons living. The following year it fell considerably, and it continued to do so more or less regularly for a period of twenty-two years, when it had diminished to 100 per million. But with the advent of 1895 came a complete change, for in that year the death-rate rose suddenly to 330 per million, a higher figure than had ever before been recorded, and three times as high as the average for the five preceding years. Nor is this all, for in the first six months of the present year, 1896, the deaths showed a further great increase, and seem certain to produce a rate for the whole year of over 500 per million. A serious feature is that there has been a progressive increase in the number of cases ever since the beginning of 1895, irrespective of season; the figures for the six last quarters being—121, 124, 159, 236, 259, and 274. Moreover, this increase differs from the ordinary seasonal prevalence of the disease. From 1890 to 1894 the diphtheria cases were fewest in the first quarter of the

(*a*) I have briefly dealt with this subject in a short article on "The Relation of Gall-Stones to Primary Cancer of the Gall-Bladder," in the *Practitioner*, April, 1896.

(*b*) Abstract of Presidential Address at the Conference of Medical Officers of Health, Newcastle-on-Tyne, September 4th, 1896.

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year, and rose to a maximum either in the third or fourth quarter, falling again in the first quarter of the succeeding year. But the first quarter of 1896 has on the contrary showed a great increase. Another curious feature is that to increase of prevalence greater virulence of type is now added.

In Birmingham, therefore, we are face to face with the inexplicable circumstance that a disease like diphtheria, which is supposed to have a close relation to sanitary conditions, has now, after falling steadily for over twenty years, a period marked by enormous advances in the sanitary position of the town, suddenly assumed a degree of prevalence such as had never been known before.

After making allowance for deaths from croup, returned as diphtheria, it may be safely said that in the country, as a whole, diphtheria has for the last twenty years been slowly but steadily increasing. Turning to London and other large towns, the mortality has increased at a much greater rate than in the whole country; so much so that while the prevalence of diphtheria was formerly greater in the country than in the towns, it is now the reverse, the urban death-rate being much higher than the rural.

From the year 1873 till the end of 1894, therefore, the history of diphtheria in Birmingham was singularly unlike that observed in the country at large, for in the latter a rather slow but very steady increase took place, while in the former a marked decrease was manifest. But in 1895 all this was changed: diphtheria in Birmingham began to increase by leaps and bounds, and like others, I am quite at a loss to account for this sudden increase, which still progresses and continues to become more marked, quarter by quarter.

An interesting feature is that, amongst the principal zymotics, it exhibits a continually increasing relative numerical importance. In England and Wales we find that in the decade 1871-80, its death-rate was only half that of small-pox, in 1881-90, it was nearly four times as high, while in 1891-94 it was eleven times as high. The ratio to measles in the first-named period was 1 to 3·1, in the second 1 to 2·7, and in the third 1 to 1·7. Compared with scarlet fever the ratios are for the three periods 1 to 6, 1 to 2, and 1 to 0·8; with whooping cough they are as 1 to 4·3, 1 to 2·8, and 1 to 1·7, while with typhoid fever they are as 1 to 2·7, 1 to 1·2, and 1 to 0·7. These ratios show how greatly the disease has gained in prevalence during the last twenty-five years.

One condition I have found most frequent is dampness. The mere digging out and fresh exposure of soil has been frequently observed to precede attacks of diphtheria, which lends probability to the hypothesis of bacilli existing in the soil. That the bacillus diphtheriæ possesses great tenacity of life has been proved by Löffler, who found that when dried it was capable of cultivation after a lapse of over three months.

The subject of locality is one of great practical interest. The change of principal incidence from the country to the towns, or rather from sparsely inhabitated districts to those whose populations are more dense, is as remarkable as it is true. It is unnecessary to dwell at length on this point, striking as it is, inasmuch as it admits of no dispute, and is very clearly set forth in Dr. Longstaff's Report to the Medical Officer of the Local Government Board in 1887.

In connection with the influence of locality that of elevation may be conveniently considered as far as Birmingham is concerned. From a consideration of the facts of the case it is evident that there is no definite relationship between elevation and diphtheria prevalence.

There is a common idea that diphtheria is more prevalent in better class houses than in inferior ones. I have tabulated the houses invaded by the disease last year, and find that 195 out of 517 consisted of five rooms and upwards. There were in 1891 about 41,000 houses in Birmingham containing five rooms or more, out of a total of 95,000; thus diphtheria occurred at one out of 170 of the smaller houses, while only one out of 210 of the larger houses was invaded, the larger houses thus suffering considerably less than the smaller ones. There were found to be rather more cases amongst houses furnished with pan closets than amongst those having water closets. It was also found that a second case occurred at one out of eleven of the houses with pan closets and only one out of twenty-nine of the houses using water closets. These facts appear to show that pan closets favour the introduction of the diphtheria virus a little, and when it is introduced facilitate its spread in a marked degree. On the influence of school attendance I made the following remarks in my last annual report. "I have endeavoured to discover how far the bringing together of a large number of children in schools affects the spread of diphtheria. Of the 517 houses invaded there were 163 in which no children attended school, and 168 others in which the patient did not attend school, though other children from the house did so. I do not see how any school influence can be made out in these cases. This leaves 186 patients, who themselves were in attendance at school, out of a total of 517. But these 186 cases occurred in children attending no less than 74 schools, giving on an average a little more than two cases per school per annum; and in only forty-one instances had there been a previous case at school within a fortnight. These forty-one cases out of 517 may possibly have contracted the disease at school. I do not see the least probability that any of the others did so. I think it must be admitted then that schools have very little to do with the spread of diphtheria so long as proper precautions are taken to keep away all children from infected houses as is done in Birmingham."

But there can be no doubt that occasionally a school does become a centre of infection. This was well illustrated last year at Harborne. There had been very little diphtheria there until October 9th, when the case of a child attending the Board School was notified. At intervals, varying from one to thirteen days, ten other cases occurred at the school in less than six weeks. Moreover, between October 9th and November 29th, there were altogether eighteen cases of diphtheria and croup at Harborne. Of these eighteen patients thirteen attended the school, and four out of the remaining five lived with children who went there; so that only one case occurred in the district which did not connect itself either directly or indirectly with the school.

The conveyance of the infection by cats which Klein considers susceptible to true diphtheria, and capable of communicating it to each other and human beings, is worthy of careful consideration. With cows there is greater danger, because, according to Klein, the cow suffers from a disease resembling diphtheria, and the milk contains the bacillus, thus offering a remarkable exception to man and the other animals in which the bacillus is confined to the local lesion and neighbouring glands. The bacillus, moreover, grows readily in milk. These facts present very vividly the danger contingent on the use of milk, because it may be infected not only after, but also before it is drawn from the udder.

The natural issue of these considerations is the applicatiou of all such knowledge as we possess to the prevention and mitigation of the disease. The means to be employed embrace notification, isolation, rigid exclusion of diphtheria cases from scarlet fever wards, disinfection of clothing, bedding, furniture, &c., strictly regulated school attendance, supervision of milk supplies and the boiling of all milk, removal of dampness, darkness, and other insanitary conditions from sites and dwellings, careful observation and isolation of cases of sore throat however mild, the destruction, or at least effective disinfection, of sputa, and finally what up to the present time has not received the

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attention it demands, the resort to the bacteriological examination of all cases of sore throat however trivial they may appear, and the employment of bacterial cultivation during convalescence from diphtheria until the microbe can no longer be detected. This proceeding is necessary because of the uncertainty as to the time when the danger of infection is at an end. Such bacteriological examinations would of course occupy much time and entail much expense, and they could only be performed in laboratories established for the purpose, where also could be practised injections of serum anti-toxin from which it would seem that much is to be expected not only from a curative, but also from a preventive point of view.

VACCINATION AND REVACCINATION WITH ANIMAL VACCINE, AS IN GERMANY.

By CHARLES R. DRYSDALE, M.D., F.R.C.S.Eng.

THE efforts of the anti-vaccinators in the native country of Dr. Edward Jenner, have caused the death of many innocent children during the last decade; but the catastrophe which has recently occurred at Gloucester may very likely be the cause of some radical improvements in the practice of the important art of vaccination.

Twenty years ago, the vaccination law was so well carried out in Gloucester that only about five per cent. of children escaped vaccination; but latterly as many as 80 per 100 children born were left unvaccinated. All modern physicians of experience know that vaccination in infancy only protects as a rule for a certain number of years, and that it is necessary to re-vaccinate at least once on arriving at maturity, and the fact that deaths occurred in the Gloucester and other epidemics among adults who had been vaccinated in infancy only points to the necessity of our imitating the Prussian medical authorities and revaccinating all children at the age of twelve years, a practice which, as I shall show, has extirpated small-pox from Germany.

Dr. Bond, Officer of Health of Gloucester, issued a statement of the result of the cases in the small-pox hospital of that city. From this it appears that up to March 27th, 365 persons had been admitted since June 1895, into the small-pox hospital, of whom 207 were unvaccinated; 158, chiefly adults, vaccinated; and only one revaccinated. There had been 81 deaths, and 70 of these deaths occurred among the unvaccinated, and 11 deaths among those who had been only vaccinated in infancy (chiefly adults); 33·8 per cent., or more than one-third of the unvaccinated died of the disease, and seven per cent. of those (chiefly adults) vaccinated only in infancy. Of the 70 unvaccinated deaths all but three were of children under ten years of age, two of the three were of the ages of eleven and fourteen, and the third unvaccinated death was of the age of 21. None of the deaths occurred in any vaccinated patient under the age of 27 years. It would appear from these facts that vaccination gives a degree of protection against death from small-pox for the earliest years of life which is for all practical purposes nearly certain, even when it does not altogether protect adults against an attack of the disease. The great majority, too, of the unvaccinated children who recovered had the disease very severely and will be badly disfigured through life.

According to a notice in the *British Medical Journal*, of April 25th, upwards of 1,300 cases of small-pox have been notified in Gloucester up to that date. Few small-pox epidemics have of late years excited so much attention, no doubt, largely from the fact that Gloucester has constituted itself a centre of the anti-vaccination movement for nearly ten years, and is now dearly paying the inevitable penalty for its folly. Few epidemics have had such a marked effect in favour of vaccination. And yet the lessons taught by Gloucester are only a severe repetition of those taught over and over again in the past, at Leipzig, Warrington, Sheffield, Oldham, Birmingham, Montreal, and, in fact, in every recent outbreak of small-pox.

The Gloucester epidemic has had a marvellous effect in promoting vaccination throughout England. The Guardians of Gloucester Union have now issued notices urging parents and others to obtain the vaccination of their children *as the only means of promptly stamping out* the present epidemic of small-pox. The result of this, aided by the vigorous action of the Grand Jury, has been that, within a few weeks, upwards of 25,000 vaccinations and revaccinations, mostly with calf vaccine, have been performed in a population of about 42,000. The recalcitrant Board of Guardians have now enforced the Vaccination Acts, and given up waiting for the result of the Royal Commission.

THE GERMAN LAW OF 1874.

The German Vaccination Law of 1874 (Das Impwesen in Preussen, 1890), appointed that vaccination with preventive lymph should be used for: – (1) Every child before the close of the calendar year following the year of birth, if it has not been certified by a medical practitioner to have had natural small-pox. (2) Every pupil of a public school or private school (except Sunday and evening schools) within the year in which the pupil has passed through his twelfth year, unless he or she have within the past four years suffered from natural small-pox, or has been successfully vaccinated.

Accordingly the main efforts of the anti-vaccinators have been directed towards an attempt to prove, or rather, to bolster up, by mere repeated assertion, their statement, that the law made no great difference in the vaccination of Germany since 1874, as compared with the vaccination before 1874. The beneficent action of the law cannot be gainsaid, so the law itself is minimised.

In the nine old provinces of Prussia no direct compulsion to vaccination existed before the Imperial Vaccination Law of 1874. Only when small-pox broke out in any locality were compulsory measures resorted to. There was no direct compulsion in ordinary times even as to primary vaccination, and a general obligation of all children to be vaccinated did not exist in the nine old provinces of Prussia before 1874. It was the want of this compulsion which led to the law of 1874.

As to the Army, the law of 1874 made no difference to it as regards vaccination. The revaccination of all recruits was already compulsory (section 57), since 1834 at least. But a striking change in the small-pox mortality of the Army followed the law of 1874, the mortality being actually abolished. From 1875 onwards no death from small-pox occurred in the Prussian Army, except in 1884-5; and in that case the man had been twice vaccinated on joining the Army without result. This virtual abolition of small-pox from the Army of Germany is due to the fact that the surrounding community, the general population, was far less susceptible to small-pox after 1874; and it furnished a strong argument for the compulsory vaccination and revaccination of all.

STATISTICS OF SMALL-POX IN GERMANY.

To show how perfectly the Imperial Vaccination Law of 1874 has protected Germany from the ravages of small-pox, in comparison with other European States, which have no such stringent compulsory vaccination laws, let me cite a few figures from a table drawn up by my friend Dr. Jacques Bertillon, of Paris, for the year 1886. In that year there was no small-

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pox death-rate recorded in Berlin, Hamburg, Leipzig, Magdeburg. Stuttgart, or any of the large German cities. In Austria, however, which had no compulsory vaccination law, Buda-pest had 358 deaths per 100,000 inhabitants; Prague 59; and Vienna 27 per 100,000 inhabitants. France, also without vaccination laws, had that year 573 deaths per 100,000 inhabitants in Marseilles from small-pox; 110 in Paris; and 41 in Lille. Great Britain and Ireland, where vaccination in childhood is obligatory, had only a few cases—such as 5 per 100,000 in Liverpool. Italy, where no compulsory law like that of Germany was then carried out, showed Rome with 128 deaths; Milan with 64; and Turin with 12 per 100,000 inhabitants. On the other hand, Holland, with universal vaccination, gave no cases of small-pox in 1886; and well-vaccinated Sweden, Norway and Denmark were also exempt from this plague.

It is curious to compare the small-pox mortality of Prussia and Austria from 1874 up to 1881, during which time the compulsory law of vaccination and revaccination was carried out in Germany, whilst there was no compulsory law in Austria.

In 1875, 1876, 1877, 1878, 1879, 1880 and 1881, the deaths from small-pox per 100,000 inhabitants in Germany were 3·60, 3·14, 0·34, 0·71, 1·26, 2·6 and 3·62; whereas in these years the deaths per 100,000 inhabitants in Austria were 57·73, 39·28, 16·94, 5·57, 50·88, 64·27 and 78·80. Before 1875 these two countries had similar small-pox deaths; but after vaccination and revaccination were made compulsory in Germany, small-pox at once disappeared; whilst it kept on as usual in Austria. I may mention that at present calf-lymph alone is used in German cities, and humanised lymph is scarcely used any longer. This is a custom which we could easily follow, when revaccination at or about the age of ten years prevails in this country, as I trust it will.

As to the Prussian and Austrian Armies. In 1874 the death-rate in the German Army was 0·33 against ·67 in the Austrian; in 1875, 0·00 in the German to 21·15 in the Austrian; in 1876, 0·00 in the former, to 10·4 in the latter; in 1877, 0·00 in the former to 25·5 in the latter; and in 1878, 0·00 in the former to 15·4 in the latter. The German Army is therefore entirely free from small-pox at present, and has been so since 1875, with, perhaps, one or two exceptions.

It cannot possibly be improved sanitation that has caused the remarkable changes in the mean death-rates above given; for more than one reason. Compare Prussia with Austria. There is a sudden and striking change in the small-pox death-rate of Prussia in the period succeeding the law of 1874. Now Austria shows no such change, although sanitation has been studied in that country. And the reduction of small-pox mortality has not yet affected all ages alike, whereas improved sanitation has done so. It is erroneous, too, to speak of a natural decline of small-pox. Spain and Russia, where there is still very little vaccination, are still much attacked. Thus, in 1889, in Spain, the following provinces were thus affected with small-pox deaths per million:—Almeria, 3,080; Murcia, 2,670; Coruna, 1,230; Malaga, 1,340; Cadiz, 1,330; Cordova, 1,400; whilst the rate for Germany for the same year was four. "Is it not sentimental to talk about personal liberty where the health and lives of our neighbours are concerned in our condition as to susceptibility to small-pox in a country of rate-paid compulsory education?"

The Nature and Power of Vaccine.

The lessons to be learnt from the history of vaccination are, that even the best vaccination in infancy is not protective for the whole of life. Thus, in Bavaria, in 1871, 30,742 persons took small-pox, 26,429 of whom had been vaccinated. In Sheffield, over 200 vaccinated persons died. In the last century, survivors from small-pox in childhood were protected; now they are not so, without revaccination. Hence compulsory revaccination is necessary. German statistics teach that a successful revaccination during school-age renders a person safe for life against small-pox, with rare exceptions (for even a previous attack of small-pox is not perfectly preventive). In modern Germany, small-pox epidemics are things of the past, and most of the sporadic cases seen are met with on the boundaries of the empire. Italy has imitated Germany since 1890; but England has not yet been a properly vaccinated country. We require compulsory revaccination of all children about the age of ten years and then we shall be free from all fears of small-pox epidemics. In Italy the Consolidated Vaccination Regulations of 1891 make revaccination compulsory after the age of eight years.

Jenner formed the idea that vaccination gave life-long immunity; for among milkers there were many instances which supported that view. The inoculations in these cases, however, occurred in adults, not in infants; and, therefore, resembled revaccinations. No such change takes place in the tissues of the protect adult individual as takes place after infantile vaccination. Perhaps, in the presence of a small-pox epidemic, a third vaccination might be necessary in some severe virulent attacks.

Animal Vaccination.

Animal vaccination is destined to take the place of humanised in the near future. It was first used in Italy by Dr. Galbiati, and came to France in 1864. Dr. Warlomont started an establishment in Brussels in 1865, and the Belgian Government took up the practice. In Germany, the use of calf-vaccine for public vaccinations has become general; and all public vaccinations, as well as almost the whole of private vaccinations, are done from that source. The German Royal Commission of 1884 recommended that, as "vaccination with animal lymph has been recently so perfected, as almost to equal vaccination by human lymph, the latter is to be superseded by animal lymph."

It should be remembered that in Jenner's time, test inoculations of persons who had been accidentally and intentionally vaccinated with animal lymph showed the patients in numerous cases to be immune. The animal vaccine is taken from the calf on the fifth day after vaccination. On the Continent calf vaccine stations are closed when the weather is sultry. In winter the stables must be heated artificially. The mixture of calf lymph with pure glycerine has the effect of rendering it less liable to set up inflammation, by the inoculation of ordinary moulds and fungi in company with the virus of vaccinia. The result of the great experience now acquired on this subject is that the direct use of vaccine from calf to arm is almost entirely abandoned. The glycerine pulp is the best form of calf vaccine. It is the one exclusively employed in Germany, and for our army and navy. This form is put up in sterilised, air-tight tubes. Calf vaccine is also dried on ivory points by a few persons, but cannot be as pure. Four insertions, well apart, should be used, with a blunt lancet or needle, only to scarify the epidermis.

There is no possibility of communicating anthrax from the calf, as the animal is seen for days before it is vaccinated from. As to tuberculosis, that is almost unheard of in the young calf. In some places the calf is killed after vaccination and examined before sending out the vaccine from it. And the tubercle bacillus, as tested by inoculation of animals, does not exist in the vaccine even of animals with generalised tuberculosis. In Germany the use of calf lymph has increased yearly, and it is now nearly universal, but tuberculosis has greatly diminished in that country.

Absence of Dangerous Sequelæ.

Dr. Hime, of Bradford (*British Medical Journal*,

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May 23rd, 1896), says that; "Serious sequelæ after vaccination with animal vaccine, I have never seen. Of course, if obvious precautions are neglected, if dirt be inoculated along with vaccine, if the wound be kept foul and be irritated by friction, bad results may arise; such results are not due to animal vaccine as such, but to dirt and other preventable causes."

POPULARITY OF ANIMAL VACCINE.

Public vaccinators are now finding that their stations are neglected, if they used humanised lymph. Calf vaccination is far more popular at Halifax, Bradford and Gloucestershire. The poor can be vaccinated with calf lymph in London, but not if they reside far away from London. Our soldiers and sailors are vaccinated by calf vaccine. Why should the citizens be treated with humanised? The great objection to vaccination, with the general public, lies in the use of humanised vaccine, and Government would do well to remove this difficulty.

Dr. Thorne (*British Medical Journal*, July 18th, 1896, p. 170) mentions that in the year 1894-95, the percentage of defaults in the Vaccination Acts—in Bedford the figure was 50·5 per cent.; in Northampton 55·3; in Leicester 65·7. In London, the contrast between the East and West-end statistics, is striking. In Hackney, the percentage of defaults was 49·5; in St. George's, Hanover Square, 3·4; in Bethnal Green, 53·1; in Whitechapel, 44; in Mile End, 58·8, and in Lewisham, a rich quarter, 6·6. The cities of Leicester and Gloucester showed 80·1 and 86·9 per cent. of defaults.

RECENT TESTIMONY FROM GERMANY.

In a *soirée* at Berlin on May 15th, 1896, Dr. Gerhardt said that in our time the disease had almost died out in Prussia. From 1890 in 1894, there had been only thirty-five to thirty-six deaths from small-pox per year, and these had been nearly all introduced cases. As to the anti-vaccinationists, in spite of themselves they had helped to improve the methods of vaccination by drawing attention to the possible danger of human lymph, and thus giving an impetus to calf lymph vaccination. On the conclusion of Dr. Gerhardt's address, Dr. Krüse, member of the German Reichstag, of the Prussian Diet, spoke of the undermining work carried on by anti-vaccinationists. He said that as the danger from small-pox epidemics decreased, the anti-vaccinationists became bold, and petitions from them kept pouring unto the Reichstag. Their chief supporters in the House were the Social Democrats and the Anti-semites, and as there were few medical men in the house, the Imperlal Board of Health was the chief stay.

At the Congress of Internal Medicine held in Wiesbaden in May, Professor von Leyden said that "the two chief improvements that had been made since Jenner's time were the appreciation of the value of revaccination and the use of animal vaccine. For the latter improvement the anti-vaccinationists had principally to be thanked. There were a good many of them in Germany. In 1877 the number of petitions against vaccination was only twenty-one; in 1891, it was 2,951 with 90,000 signatures mostly of uneducated or half-educated lay persons. There were few medical men in the anti-vaccinist camp in Germany. Since 1884 there had been a Commission in the Imperial Health Bureau and in the State Vaccine Institute charged with the supervision of the preparation of vaccine from the calf, its preservation, and gratuitous distribution. Owing to this system and to compulsory revaccination, Germany showed the best vaccination results of any country in the world."

I conclude by proposing that:—"This meeting approves of the recommendation of the Gloucestershire Grand Jury that revaccination should be compulsory in early youth," and would urge further, that, in all our cities of the United Kingdom, the use of humanised vaccine should be replaced by animal vaccine.

NIGHT SHELTERS, AND WHAT WE PAY FOR THEM. (a)

By F. J. WALDO, M.D.Cantab.,
Medical Officer of Health, St. George the Martyr, Southwark, London.
AND
DAVID WALSH, M.D.Ed.,
Physician to the Western Skin Hospital, London.

NIGHT shelters may be defined as places provided for poor persons to pass the night under a roof, either free of cost or upon payment of a small fee.

In this brief article we propose to deal only with such places belonging to the Salvation Army, and to take our illustration from the Blackfriars Shelter, situated in the Metropolitan Parish of St. George the Martyr and in the Union of St. Saviour's, Southwark.

The position of this particular shelter has been defined after a series of legal proceedings. The High Court decided that it did not come under the Common Lodging Houses Act, nor within the Public Health Act as regards disinfection. The shelter, therefore, is less under the control of the Sanitary Authority than an ordinary dwelling-house, inasmuch as disinfection can be enforced in the latter. As to overcrowding, the Sanitary Authority has a right of entry only between six in the morning and nine at night, that is to say, when the place is empty. In a word, the Shelter is practically outside sanitary control. This fact has been emphasised by its having been the starting-point of two outbreaks of small-pox, and by a recent police-court prosecution, when 1,031 inmates were proved to have been in a space which the magistrate said would be overcrowded by 551. The Blackfriars Shelter offers sitting-room for one penny per night, and rough sleeping accommodation for twopence or threepence. Nominally, its doors are open free of charge to the absolutely destitute, but in practice everyone has to pay. The Shelter is founded with money subscribed by the outside public. That it makes a handsome profit out of the pence of the poor has never been seriously disputed. At first sight its work appears to relieve the Poor-law and to lessen the burden upon the poverty-stricken district of St. Saviour. Further inquiry, however, will show that this so-called philanthropic enterprise entails a heavy indirect tax upon the ratepayers, first, of the district in which it lies, and secondly, of the metropolis generally.

To put the matter briefly, so far as St. Saviour's is concerned, the Shelter attracts thither a flock of outside vagrants, an importation which concerns all who contribute to the rates.

It will be well to state here how a pauper becomes entitled to Poor-law maintenance. The union to which he is chargeable is known as his place of settlement. It may be "original," that is to say determined by the accident of birth, or "acquired" in any of the following ways:—

One night's residence within a union gives a person the right to throw himself upon the rates as a pauper.

Three years' unbroken residence constitutes an acquired settlement, which takes preference of a birth settlement.

Twelve months' undisturbed residence constitutes an "irremovability." That is to say, the pauper can throw himself upon the rates, but he forfeits that right by a single night's residence away from the parish, when he reverts to his original union of settlement.

If thrown upon the rates during temporary sickness,

(a) Paper read in the Public Health Section, Annual Meeting of the British Medical Association, 1896.

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a pauper cannot be removed, no matter what his settlement.

The money spent in trying to establish a pauper's settlement is often considerable. The attempt may involve much correspondence, special journeys, and legal proceedings, which may be carried from one court to another, even to the Lords. So great is the cost and delay in disputed cases that the responsibility is not infrequently accepted by the Guardians without further ado.

Let us suppose a vagrant to have wandered up to London. He hears that for a penny he can sleep for a night in the Blackfriars Shelter, secure from the police. He makes for the place, and, perhaps, after sleeping there once he cannot find the penny for another night, and thereupon throws himself upon the St. Saviour's Union as a pauper. Unless the Guardians can find out his original union of settlement, they are thenceforth saddled with his maintenance. As an able-bodied man, he is kept in the House ; if ill, he has to be tended in an infirmary ; if insane, he is put in an asylum ; if he die, he must be buried ; all at the expense of the ratepayers. So far as St. Saviour's Union is concerned, any and all of these responsibilities have been again and again thrust upon its Poor-law authorities as the result of one or more nights spent by vagrants in the Blackfriars Shelter.

Some idea of what the ratepayers of St. Saviour's pay for the Blackfriars Shelter may be gathered from an analysis of admissions from the latter to local Poor-law institutions during the year 1895. Mr. Glover, a Relieving Officer in the Union, has furnished us with an able, exhaustive, and painstaking report upon this matter.

During 1895, 691 paupers came direct from the Blackfriars Shelter to the Union of St. Saviour's, of which number 82 were casual. The cost to the Guardians of such paupers who had not a settlement in the Union, was £622 17s. 7d. These figures are computed at the rate of 9d. per head per day in the workhouse ; 1s. per day in a Poor-law infirmary ; and 10s. per week in an asylum. The sum mentioned does not include the heavy expense of inquiries into settlements, of transferring paupers to their original unions, and of other miscellaneous items.

In addition to this charge for aliens, the cost of paupers from the Shelter who had either a birth or an acquired settlement in the parish was £214 19*s.* 1d. Some of these latter settlements, it should be noted were actually acquired by a continuous residence of over three years passed night after night in the Shelter.

Adding these two sums together, we find that the direct cost to the Union for paupers who came from the Shelter during 1895 was £837 16s. 8d. This sum does not include the cost of 82 casuals, who were all detained for two nights and one day.

Some of the alien paupers would doubtless have drifted to St. Saviour's under any circumstances. On the other hand it seems fair to assume that the greater number of them were attracted thither by the existence of the Salvation Army Shelter. It must be borne in mind that the sum of £837 16s. 8d. represents a portion only of the actual outlay, for besides the heavy indirect expenses already mentioned, a number of these persons are still in the workhouse. Those who are permanently disabled by physical or mental weakness will have to be clothed, housed, and fed for the rest of their lives by the Union of St. Saviour's. The total cost is lessened to some extent by the contribution of the London County Council in aid of the local poor fund. The sum thus contributed is, in point of fact, a money payment on the part of the Metropolis generally towards the maintenance of the disabled folk attracted to London by the Blackfriars Shelter. On the whole, the direct and indirect cost of this philanthropy to the ratepayers of St. Saviour's may probably be estimated at several thousands of pounds per annum. Whatever the amount, if the present system be maintained, it will go on increasing year by year, as the permanently disabled pauper accumulate in the infirmaries and asylums of the Union.

Supposing there were no shelter in St. Saviour's then the tramps coming up from the country would be distributed pretty equally throughout the various Metropolitan casual wards. For obvious reasons the Salvation Army chooses a poor district like Blackfriars for night shelters. It follows then, that the poorest Metropolitan Unions have to pay the cost of tending the sick and disabled destitute persons attracted thither by the Shelters. It is, moreover, equally clear that in this way the richer quarters escape their fair and proper share of the burden.

The Salvation Army Shelters appear to be carried on with funds directly and indirectly obtained from three sources : 1. Charitable donations. 2. The pence of the poor. 3. The contributions of the ratepayers, both local and metropolitan. The facts presented in this paper are the result of an economic analysis of a so-called philanthropic scheme, the motives of which we do not for a moment call in question. The scheme certainly does not stand the ordeal of a logical examination.

The cost of night shelter to the ratepayers, then, if we may argue from the case of Blackfriars, is considerable. Surely, on the ground of the money expenditure alone, the district sanitary boards should have a larger measure of control over institutions of this kind. If this were the case the Medical Officer of Health would be better able to cope with epidemic outbreaks in the shelters. The history of small-pox in Southwark during the past few years shows that the Blackfriars Shelter has played an active part in spreading the disease not only in the neighbourhood, but also throughout London. This item is a further indirect burden thrown by the Shelters upon the metropolitan ratepayers who have to maintain the infectious fever hospitals.

Our main conclusion is that the Salvation Army Shelters attract a poor, shiftless, and often disabled class of the community to the most poverty-stricken districts of London, which are subsequently saddled with the cost of this ill-considered philanthropy. So far as we can judge, the best way out of the difficulty would be to bring all such night refuges under the Common Lodging-Houses Act. In this way not only the economic, but the sanitary interests of ratepayers would be to some extent safeguarded.

NOTES ON ICHTHYOL.

By A. B. GRIFFITHS, F.R.S.Edin., F.C.S.

This drug is so well known to medical men at home and abroad that I need hardly mention that it is the sulpho-ichthyolates of sodium and ammonium salts of definite chemical composition.

The observations recorded here are the results of an experimental inquiry into the action of the drug on the micrococci of gonorrhœa and erysipelas and on the ptomaines of erysipelas and eczema. Many writers have proved the therapeutic value of ichthyol in the treatment of gonorrhœa, erysipelas, and eczema (Dockrell, Med. Press and Circ., 1892 ; McLean, *Brit. Med. Jour.*, 1889 ; Charles, *Lancet*, 1891 ; Jones, *loc. cit.* and others).

Micrococcus Gonorrhœa.—Ichthyol was added in small quantities to gonorrhœal pus, with the result that the gonococci were destroyed, and when ichthyol was added to a growth of the gonococci on blood serum (at 35° C.) the microbes were also destroyed. The destruction was proved by inoculating several tubes containing blood serum with the cocci (that is, after the action of ichthyol), but no growths appeared.

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Micrococcus Erisipelatosus.—Ichthyol was added to pure cultures of the cocci, with the result that in each case the cocci were destroyed.

Erysipeline (C_{11} H_{13} NO_3) is the poisonous ptomaine or toxine of erysipelas (see Griffiths, *Comptes Rendus de l'Académie des Sciences*, Paris, t. 115, p. 667), and when heated in a test-tube with ichthyol it was destroyed or decomposed, as no trace of it could be found on applying the characteristic tests, &c.

Eczemine (C_7 H_{15} NO) is the poisonous ptomaine of eczema (see Griffiths, *Comptes Rendus*, t. 116, p. 1205). It was also destroyed or decomposed by ichthyol.

The observations recorded in these notes speak for themselves, and are supplementary to the many papers on the therapeutics of ichthyol recorded by various writers in the medical journals.

1. The micrococcus of gonorrhœa was destroyed by ichthyol (in a concentrated form) in 50 seconds. A 5 per cent. solution of ichthyol destroyed the coccus in 14 minutes, and a 1 per cent. solution in 65 minutes.

2. The micrococcus of erysipelas was destroyed by ichthyol (in a concentrated form) in 2 minutes. A 5 per cent. solution of ichthyol destroyed the coccus in 35 minutes, and a 1 per cent. solution in 3½ hours. The ichthyol solutions appear to thoroughly disorganise the microbian growths.

3. Ichthyol (1 in 350) destroyed the ptomaine of erysipelas; and ichthyol (1 in 500) destroyed the ptomaine of eczema. (The solutions were each of minimum strength.)

4. The bacillus of influenza was destroyed by ichthyol (in a concentrated form) in 3 minutes. A 1 per cent. solution destroyed it in 4 hours.

5. The ptomaine of influenza (C_9 H_9 NO_4) discovered by Griffiths and Ladell, was destroyed by ichthyol (1 in 500.)

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Sept. 5th, 1896.

THE TREATMENT OF PELVIC SUPPURATIONS.

AT the Second International Obstetric Congress held last week at Geneva, the treatment of pelvic suppurations formed the subject of several interesting papers of which the following is a *resumé* :—

M. Bouilly (Paris) said that the choice of treatment depended on an exact diagnosis of the seat of the suppuration. Pelvic abscesses should be classed, in a surgical point of view, as follows:—(*a*) Abscess of the cellular tissue, perimetritis, periuterine phlegmon; (*b*) Abscess of the pavilion or the ovaries, pyosalpingitis; (*c*) Primary peritoneal abscess, pelvi-peritonitis, suppurating hæmatocele; (*d*) Complex suppuration in which these different organs take part simultaneously in the constitution of purulent collections or complicated with fistulæ opening either on the skin or into the hollow organs of the neighbourhood. The three great methods of treatment are:—1. Simple incision, abdominal or vaginal, followed by drainage; 2. Opening of the abscess by laparotomy; 3. Opening through the vagina after vaginal hysterectomy. The simple incision followed by drainage should be employed for acute pelvic abscess of *cellular origin* as well as for the opening of hæmatoceles acute or subacute, of post-partum, post abortive, or blenorrhagic origin. Thanks to a better method of vaginal antisepey and mode of drainage, this treatment is gaining ground even for encysted abscesses of the ovary or of the pavilion.

Laparotomy should be resorted to in the case of a young woman whenever there existed a doubt as to lesion being bilateral, and in those cases where the seat of the suppuration is high up, adjacent to the fundus of the uterus, but yet far enough from the organ and from the vaginal cul-de-sacs, so as to permit a certain amount of mobility to the uterus.

Outside these considerations, vaginal hysterectomy should be preferred as it alone permits the opening and drainage of the purulent collections included in the neighbouring organs, the ablation of the uterus forming in itself an ideal drainage.

M. Sänger (Leipzig) considered that in each particular case a choice should be made between the numerous operative methods in favour of that which seemed the most appropriate, having regard to the elements of the diagnosis furnished, an anatomical, chemical, and bacteriological examination. The majority of surgeons reject to-day vaginal hysterectomy and salpingo-oophorectomy as the method to be preferred in the common kind of pelvic suppuration, that was to say, where the abscess had its source in the accessory organs of the uterus.

The trocar should be only used when the seat of suppuration could be attained without opening the peritoneal cavity.

Incision was indicated in extra-peritoneal abscesses and in certain cases where the purulent seat was intra-peritoneal. The most convenient way of operating consisted in the incision of the vagina with the thermo-cautery and the opening of the abscess with a dressing forceps.

The radical operation or vaginal hysterectomy should be reserved for grave suppurations of the appendages, or of the conjunctive tissue around the uterus, especially where there existed at the same time serious lesions of that organ.

ERYSIPELAS OF THE FACE.

At the outset a vomitive. Every two hours a glass of milk and a wafer containing:

Benzonaphthol Salol	āā iv grs;
Bromohydrate of quinine Ext. of cinchona	āā iv grs;

For one pill. Three daily:

Ichthyol Lanoline	āā ʒj.

To be applied to the face two or three times a day and covered with antiseptic wadding.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, September 4th.

AT the Medical Society, Hr. Jas. Israel reported three cases of

OPERATION FOR URETERAL CALCULI.

The first case was that of a woman, æt. 44, who for 8 years had suffered from right-sided renal colic, with pain in the bladder, shooting down the leg, and frequent attacks of hæmaturia. These ceased after 4 years, but the pains remained and became continuous. One surgeon gave her no hope of relief. The urine was bloody and purulent, the kidneys were not enlarged. By palpation from the vagina, the opening of the right ureter was felt to be normal, but above this the ureter was felt to be swollen, and suddenly the finger came upon a hard lump the size of a plum. This suddenly disappeared on pressure, and the diagnosis was arrived at of a calculus in the

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ureter. After the diagnosis had been confirmed by repeated examination, the calculus was removed through the vagina. The uterus was drawn down by vulsellum forceps, and a transverse incision was made just above the cervix uteri; the uterus was separated from the bladder, the lateral incision prolonged and the ureter and the stone both were felt at the bottom of the wound. After the stone was removed, great care was taken with the wound, as a fistula generally remained after such an operation. A catheter, with both ends open, was passed into the ureter-opening from the bladder, it was then advanced until it appeared in the wound, and then passed into the ureter above the wound. The wall of the ureter was then sutured with fine Lembert sutures, and four days afterwards the catheter was removed. Union had taken place by first intention.

The second case was that of a man, æt. 50, who had a single attack of colic, six days anuria, and all the symptoms of commencing uræmia. Further examination showed that the ureter of a solitary kidney was blocked by a calculus. On opening the abdomen, the ureter was found to pass directly from the kidney. On the ureter being exposed no stone was to be found, so the block lay lower down. The incision was extended, and a stone the size of a pea was now found so impacted that it could not be moved in the ureter. The ureter had therefore to be incised. On passing the sound upwards from the wound, several more stones could be felt, so that the speaker had to incise the kidney on its convex surface, and continued the incision inwards until the concretion could be reached and removed by forceps and fingers. The kidney was now closed, but the wound of the ureter was not; the whole cavity was tamponned. The first four or five days the whole of the urine flowed through the wound. On the twentieth day it all passed through the bladder, and the wound was closed. A few days afterwards an interesting thing occurred. After a hard stool, on the passage of which severe straining took place, the patient suddenly felt that something had given way in his right side. Immediately afterwards the whole of the urine passed out of the opened ureter, this lasted only forty-eight hours, when everything went right again. The case was of interest, as no parallel case was known in literature, and as it showed that operation could be successful, even after six days' anuria.

The third case was that of a lady, æt. 44. She had suffered on and off for nine years, and once had anuria for two days. On the last occasion the symptoms were not very urgent and the patient waited six days before she would consent to an operation; but in the meantime the pulse had become irregular, the tongue dry, the kidney enlarged and tender. On the patient being brought into the operating theatre she had an attack of convulsions, and artificial respiration had to be carried on for fifteen minutes before breathing was re-established. Whilst the patient was in a state of deep coma the operation was performed without an anæsthetic. The blue red kidney was enormously swollen, the ureter was followed down, and at last within the small pelvis the stone was found. At this moment the pelvis of the kidney burst from dragging too powerfully either by the operator or his assistant. The whole field was flooded with urine, and it was found that about four-fifths of the pelvis of the kidney was torn away from the kidney. The torn end was at once seized with the left hand, drawn upwards whilst the operator grasped the stone with the right and gradually manœuvred it into the pelvis of the kidney and removed it. The pelvis of the kidney was then stitched up, but not very carefully, owing to the dangerous state of the patient. In spite of this, everything went on well, and nature made everything good. At first, the urine came through the wound, but by the twenty-first day it passed naturally and all was healed. The case showed the possibility of success, even when coma was deep; it also showed that a torn pelvis of a kidney could be repaired with slight support, and that a stone could be worked up a ureter and removed without incision. He urgently besought practitioners not to wait longer than twice twenty-four hours before having recourse to operation.

Hr. Kröenig read a paper on

VENESECTION,

and recommended it in pneumonia, when œdema of the lungs was present, or threatened. When the small capillaries were loaded in non-febrile diseases, whether the part of the heart affected was the valves, musculature, or the pericardium. A third indication was certain poisons. The blood was decarbonised by it and unpoisoned. Leube recommended injection of physiological saline fluid after venesection to the extent of 400 ctm., when 200 ctm. of blood had been taken away.

He also recommended it in apoplexy. He had only seen a good result in one case, but the reason was that recent cases were not met with in hospitals. The domestic practitioner could act very effectually, not only when the attack had taken place, but when one was threatened. As regarded venesection in chlorosis, his experience was small, and he had not arrived at a conclusion. He had never seen a case made worse by judicious venesection, but he had seen slight improvement. In one lady, with a suspicion of pernicious anæmia, in full unbelief he performed venesection. A slight improvement took place, and the venesection was repeated every two or three weeks. The result was unmistakable, and showed itself not only in the appearance, but in the improved quality of the blood and in an improved shape of the red blood corpuscles. Possibly, complete recovery might take place if the treatment could be kept up combined with suitable dietetic and hygienic measures.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Sept. 4th, 1896.

ENUCLEATIO BULBI.

THE operation of removing the eye ball is fraught with considerable danger when ether or chloroform is administered, and it is now questioned whether in an operation requiring so little time to perform, especially when the complications usually associated with elderly people are taken into consideration, safer measures should not be adopted to minimise the risk. Many expedients have been recommended in the way of local anæsthetics, such as cocaine. Mohr, of Buda-Pesth, is a strong advocate of cocaine, which he considers the foremost of local anæsthetics for this painful operation. Koller first made use of cocaine in 1884 in the removal of the eye by bathing the surface with cocaine solution. This method was subsequently improved by a sub-conjunctival injection of a 2 per cent. solution. Reuss commenced the use of drops of cocaine in cases of enucleation with considerable success, succeeded

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by injections of a 6 per cent. solution without any bad effects except a little nausea in children. In the case of enucleating the eye-ball a large quantity is sometimes necessary to relieve pain, amounting in many cases to 1 or 1·5 centigrammes of the salt, which might lead to toxic symptoms if injected under the sclerotic or conjunctiva, where so many lymphatic vessels lie ready to carry the poison into the hæmatic circulation. Mohr has given a few examples from his own practice.

The first was an old man, 84 years, who had suffered for five years with hæmorrhage into the retina of left eye till ultimate disorganisation endangered the right. The acute glaucoma was treated with heroic doses of pilocarpine which gave slight relief but in no way checked the attack. Iridectomy was tried with no better success. Twelve days after the operation the patient was seized in bed with great pain which was diagnosed as neuralgia. Salicylate of soda was given to relieve the pain, which rather increased for another fortnight, when the tension was found to be twice that of the normal.

Nothing was left but operation in an old man with emphysema, dilatation of the heart, catarrh of the bladder, and prostatic hypertrophy, all of which would naturally increase anxiety in narcosis. A five per cent. solution of cocaine was dropped in frequently for some time till the cornea and sclerotic were quite insensible. The muscles of the eye were then divided, and within forty-five seconds the operation was completed without any pain or suffering to the patient.

In another case, that of a child æt. 8 months, where the eye had to be removed for tuberculosis iridis with resulting glaucoma cocaine was applied with equally good results. Mohr also referred to a series of other cases in which he had narcotised with cocaine with most satisfactory results.

ABSORPTION OF MEDICINES.

Bersonow has lately been experimenting with various drugs in the hope of discovering a vehicle or adjunct that will hasten the ready absorption of a drug when introduced into the stomach.

His observations have mostly been confined to healthy organs, and the drugs generally used were potassium iodide and salicylate of soda. The absorption of either of these drugs took place rapidly in the empty stomach; 30 or 50 per cent. of alcohol hasten the operation; when more concentrated alcohol (65 per cent.) was used, absorption was retarded. A 10 per cent. solution of cane sugar acted as weak alcohol in hastening the absorption.

Mucoid bodies such as mucilage, gum arabic, &c., greatly reduced the absorption, while amylum bodies in the form of decoctions of sago, starch, &c., were as dilatory as the mucoid bodies. From these experiments we are taught to use weak solutions of alcohol and sugar in preference to gums or starchy vehicles.

ALBUMINURIA IN VACCINATION.

The observations of Peiper and Schaase in vaccinal-albuminuria are somewhat different in their results to Perl and Falkenstein, being only 5·7 per cent. The cause of this albuminuria in children under one year of age does not seem to be any further elucidated than when Falkenstein met with 18·7 per cent. of albuminurial cases. Temperature and number of insertions does not appear to have any connection with the production of albumen, as in children with a temperature of 39° Cent., no albumen was observed, while on the day of vaccination before any rise of temperature was possible, the albumen was observed. It is surmised that the morbid condition is due to psychological stimuli or other unknown factors. This peculiarity of albumen in the urine is not uncommon in the onset of infectious diseases but it is doubtful if albumen appears so early. In revaccination the albumen usually met with is 16 per cent., a little less (18·7 per cent) than those met with under one year of age under Falkenstein. In these revaccinated cases there is no sensible disturbance in the general system at the period of vaccination when the albumen appears. There is, therefore, no reasonable cause to be assigned for vaccination albuminuria.

Special Articles.

PARIS—ITS SANITATION: ADMINISTRATIVE AND PRACTICAL.

PART III.

[BY OUR SPECIAL COMMISSIONER.]

THE area of Paris within the fortifications is 7,800 hectares, or 19,500 acres. Including the daily distribution of water and rain-fall, this surface receives a total per day of 324,000 cubic mètres of water. Docteur Miquel is the municipal bacteriologist, and makes a monthly and yearly census of the microbes in the city's atmosphere, water supply, and sewage. In summer the microbes are four times more numerous than in winter, and the general trend is to augment, as population and dwellings increase. When the sewage, which is synonymous with infection, contains a certain dose of the sulphuretted and carburetted hydrogens, these gases can prevent the multiplication of and even sometimes destroy the microbes. But bacilli resist occasionally even the temperature employed for the distillation of the excreta in the preparation of sulphate of ammonia. The atmosphere of the sewers is always full of cryptogamic spores. It is consoling to learn that the spores which escape by the mouths of the sewers cannot increase the number of *cellules* in the exterior air, as the bacteria of the sewers differ from those in the atmosphere, as well as in the air of hospitals. However, the sewer bacteria induce rapidly intense and fœtid putrefaction. Thus, the air in the Rue de Rivoli is richer in bacteria than the air examined at the mouths of its sewers; and the increase of excrementitious matter in the sewers does not imply a corresponding augmentation in microbes. The latter being already in possession, refuse to make way, to cede their *milieu*, to new comers. In a word, they destroy the pathogenic schizophytes. Hence, one septic virus can neutralise another. Further, the dilution of septic matter diminishes its virulence. Docteur Depasse, the medical attendant of the sewer men, asserts there is no greater mortality among them than among persons engaged in ordinary occupations. In 1889, there was only one case of typhoid fever, 28 cases of pulmonary tuberculosis, and 249 of simple bronchitis—due to transitions of draught. Gastric embarrassments amounted to 170, but these were really the consequence of drinking habits. Rheumatism and sciatica are frequent ailments. As a general conclusion, the sewer men are not more liable to maladies than the scavengers employed over their heads in the streets. In 1893, the number of microbes per cubic mètre of air taken at Montsouris, Dr. Miquel's Paris Observatory, was 275; in 1884, the number was 480. In the centre of Paris, the microbes per cubic

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mètre of air in 1884 was 3,480; in 1893, 8,435; taken in the air near the Hotel de Ville. In the districts round Bercy, the ground lies too low to convey its sewage to the grand collectors, hence the eight Bercy main sewers continue to discharge their abominable contents still into the Seine near the Austerlitz bridge. The Rue Watt, also a low-lying situation, empties its sewers into the Seine. Machinery will be employed to raise the Watt sewage to join that of Bercy, and both will be conveyed inland for irrigating cultivable soil. One cubic centimètre of the purest water contains 10 bacteria following Dr. Miquel; the most impure drinking water, 100,000 and above. Now the sewage at Clichy has been found to contain myriads. The disposal of the sewage of Paris is still a burning dispute. The riparian populations are up in arms at the pollutions of the Seine which extend as far back as to Rouen. The three collectors discharge daily into the Seine 763 cubic metres of filth. The sanitarians agree with them, but demand that the sewage be employed by the riverside cultivators for their land. That remedy is accepted by them as worse than the disease. To utilise all the city sewage by irrigation, would require a surface of 25,000 acres or one-fourth more than the intra-mural superficies of Paris. To secure that epuration bed, is the one thing needful. In 1869, a commencement was made by the Municipality on its waste land plain at Gennevilliers in the suburbs with 15 acres. After the war, the experiment was resumed. The sewage is pumped up by powerful machinery from the two united main sewers at Clichy, carried across the Seine, by tubes underneath the frame of Asnières bridge, and distributed by means of pipes forming a total of thirty miles, and surface cemented trenches over 2,000 acres. Since two years the Municipality has applied the same irrigation system to its sandy estate at Achères, in the forest of St. Germain, and the plan will be applied throughout the valley of the Seine till the 25,000 acres be sewaged. At Gennevilliers the mean annual dose of sewage is 40,000 cubic mètres, representing a total sheet of liquid manure twelve feet deep. The supply is so laid on that the land can never become saturated. Since twenty-five years the soil has maintained its unimpaired filtering power. After the sludge has been thus naturally strained, it exudes bright, limpid, and pure, into the drains, and *excellent to drink*, as the writer can testify to the fact as well as many other friends of his. The average purchasing price of land in France is from 250 to 400 francs per hectare; that reclaimed at Gennevilliers readily fetches 10 to 12,000 francs per hectare, and some lots have been sold for 18,000 francs! Let out to tenants, the soil which was at one time charged but 90 fr. yearly per acre at present commands 600 francs. The produce, kitchen garden stuff, lucern, clover, &c., realises from three to 10,000 fr. the hectare. Since the amelioration of Gennevilliers by irrigation the population has increased 86 per cent. There is a run after plots of land by kitchen gardeners and small farmers. The infant mortality is 13 per cent., while for all France it is 17 to 18. There remains one more leading source of river impurity, the floating laundries, or *bateaux-lavoirs*, as they are called, where the foul and soiled linen of the metropolis, is at least wrung. Dr. Miquel states, the linen so treated by the cold water of the Seine, is more infected with microbes, than before washing. The total cost of executing the sanitary sewer arrangements of Paris, is 4,222,480 francs for the current year. In this total is not included a part of 193,700 francs for staff payments. The wages to sewer men, and the keeping of the sewers in proper working order, absorb 2,737,720 francs; repairing sewers 425,000; cost of utilising and purifying sewage, 858,100 francs. The dredging of the mouths of the great collectors at St. Denis and Clichy, exacts 192,500 francs. French sanitarians have ever looked to England for the latest practical and scientific assistance in relation to the several branches of hygiene, and there is no name more honoured and respected by them in connection with experienced help and counsel cordially given, than that of the eminent Sir Benjamin Ward Richardson.

The Water Supply.

The Marquis d'Argenson observed that the water of the Seine never failed to purge strangers on arriving in Paris, as a warning to them to be prepared to encounter a multitude of other unwholesome things. Paris has always suffered from a shortage in the supply of good water. To mark that want more clearly is alleged to be the explanation why so many monarchs erected blind fountains as monuments to their greatness. In 1791, when the population of the city was 700,000, the supply of potable water was only one gallon daily per head. Under Nero, when Rome had one million of inhabitants, the supply of drinkable, of aqueduct water, was 176 gallons per head, per day. Watering the streets was only adopted in 1750; it consisted of an old wine hogshead fixed upon a cart, drawn by four men, with a perforated trough for spraying. The Seine, however, though the main, was not the exclusive, water supply; wells were sunk, but these immediately became the monopolies of the nobility, and of the religious orders; as their residences were generally close to cemeteries, the wells reflected the consequences. It was only in 1858 that the supply of water for the city was seriously taken in hand. Then, the Ourcq Canal and three hydraulic machines pumping from the Seine, furnished thirteen gallons daily per inhabitant. Chemist Dumas sounded the alarm thirty-six years ago by avowing that the Seine water merited less confidence every year. It was not that it was alone polluted by the sewage of the capital, but by the filthy streams, drains, and factory waste water the Seine received before entering the city. Since, a special police, it may be said, is salaried to inspect the water naturally or artificially flowing into Paris. It has always been difficult to secure a reliable analysis of Seine water. Every day it seems to change, due to its tributaries flowing through so many varied soils formed from different rocks. The analysis made by Poggiale, about 1852, is generally accepted; it reveals the following in percentages; organic matter 3·39, and which is highest in summer; 60·31, carbonate of lime and magnesia; and 35·60 of silicic acid—greatest in time of floods. The water is richer in oxygen than the atmosphere. It has a specially high temperature, 27° C. from June to September. This begets insipidness and causes it to be indigestible, while the organic matter quickly ferments, so that water in toilet-table receptacles, "turns" within twenty-four hours. Its limpidity is destroyed, owing to mixing with the water of the river Marne, which is very muddy. Often the water in the house-pipes still rushes out, something of a drab colour. The authorities have to be vigilant, so that no well-water be utilised. In 1870, when Paris was doomed to be besieged, Engineer Belgrand ordered all the wells in the city to be cleaned, so as to be prepared for the worst. There were then found to be 20,000 wells in Paris. All

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were impure, as the subterranean water-shed was polluted. To-day, the use of well-water is forbidden, but the bakers draw it up on the sly, as its richness in organic matter, that is in microbes, favours the rising of the dough in the kneading trough. Now, it has been shown, that in badly-baked bread, in order to make it weigh heavier, the centre of the four-pound loaf never receives a heat sufficient to destroy the disease spores, conveyed by impure well-water employed for wetting the flour. The artesian wells supply the lakes in the Bois de Boulogne, and help to water the streets; their yield is not potable.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

INFECTIVE THROMBOSIS OF THE LATERAL SINUS.—Mr. A. CARLESS operated on a woman, æt. about 40, who for the past three months had suffered from otorrhœa consecutive to pharyngitis; a small pin-hole perforation of the membrana tympani was present, and there was a considerable amount of thin sero-purulent discharge; during the past week more acute symptoms had developed; the patient complained of a good deal of pain and tenderness in the region of the mastoid; there had been a considerable amount of fever and the history of at least three rigors. There was a little tenderness in the upper part of the neck, but no definite induration; the optic disc was a little blurred on the affected side. A curved incision was made, extending from a point about an inch and a half above the auditory meatus backwards and downwards an inch and a half behind the mastoid, and, finally, slightly forwards so as to reach the apex of that process. The flap thus marked out was dissected up and held forwards by means of a stitch, thus exposing the surface of the mastoid and the bones immediately behind and above it; a ¼-inch trephine was now applied to the mastoid at a point corresponding to the roof of the external auditory meatus, and about three-quarters of an inch behind its centre; after two or three turns of the handle, the outer shell of bone came away exposing the mastoid antrum which was distended with pus; the opening thus made was enlarged with cutting-pliers so as to lay bare the whole of the cancellous interior of the process, the spaces were full of pus and the whole was thoroughly well scraped with sharpe spoons. The opening into the tympanic cavity was also defined and enlarged by scraping, so that fluid could be syringed through from the meatus into the wound. The lateral sinus was next exposed at the convexity of the sigmoid curve by trephining at a point an inch and a half behind the centre of the auditory meatus, and a quarter of an inch above Reid's base line, a three-quarters inch trephine was used for this purpose; the sinus was punctured and found to be thromboosed. An incision was then made in the neck along the anterior border of the sterno-mastoid, and the internal jugular vein tied on a level with the thyroid cartilage. It was found that the thrombus had not extended far in the neck and that an opening in the vein above the ligature led to furious hæmorrhage; the small opening thus made was therefore ligatured and nothing else was done in the neck, the wound being carefully protected with gauze during the later stages of the operation. The lateral sinus was now freely opened and exit given to the suppurating thrombus contained therein, the remainder of the disintegrated thrombus on the distal side (that is, towards the torcular herophili) was scraped away with a sharp spoon until free bleeding ensued, by means of which the last portion of the clot was washed away. A strip of cyanide gauze was plugged into the sinus and the bleeding at once ceased As much of the clot as possible was removed from the proximal or neck end of the sinus. The opening in the mastoid antrum was then plugged with gauze infiltrated with iodoform, and the skin flap brought forward and stitched at its upper end, the lower end being left open for drainage and dressing purposes. Mr. Carless commented on the value of the operation he had just performed, and pointed out that but a short time ago in surgical history, this patient would have been left to die of pyæmia. The typical operation consisted, he said in opening the jugular vein above the point of ligature, and flushing out the whole of the infected thrombus; it was impossible to do so in this case owing to the bleeding evidently from the unplugged lingual and facial veins; also the further progress of the case he pointed out would be exceedingly interesting from this point of view, since a good deal of the infected thrombus necessarily remained in the proximal end; the free opening which existed above, and the natural germicidal power in the individual would probably suffice, he thought, for the elimination of the infective element, and then the natural process of repair would bring the case to a satisfactory termination.

It is interesting to note that the course of the case has been that expected by Mr. Carless: there has been no rise of temperature, no pain, and comparatively little discharge, the wound in the neck suppurated, probably by infection from without, and not from breaking down of the thrombus in the jugular. The plug in the lateral sinus was removed on the third day.

St. Thomas's Hospital, London.

THE following gentlemen have been selected as House Officers from Tuesday, September 1st, 1896:—House Physicians: W. H. J. Paterson, L.R.C.P., M.R.C.S. (Extension); E. H. T. Nash, L.R.C.P., M.R.C.S. (Extension); G. J. Conford, B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S.; L. W. Richards, M.B., B.S.Durh., L.R.C.P., M.R.C.S. House Surgeons: B. Dyball, L.R.C.P., M.R.C.S.; P. W. Kent, L.R.C.P., M.R.C.S.; J. Smith, M.A., M.B., B.C.-Cantab., L.R.C.P., M.R.C.S.; W. D. Frazer, L.R.C.P., M.R.C.S. Assistant House Surgeons: A. J. Martineau, L.R.C.P., M.R.C.S.; F. H. Gervis, L.R.C.P., M.R.C.S.; R. G. Strange, L.R.C.P., M.R.C.S.; G. E. O. Taylor, L.R.C.P., M.R.C.S. Obstetric House Physicians: (Senior) P. L. Blaber, L.R.C.P., M.R.C.S.; (Junior) E. E. Collis, B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S. Ophthalmic House Surgeons:—E. A. Saunders, M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S.; P. S. Hichens, M.A., M.B., B.Ch.-Oxon., L.R.C.P., M.R.C.S. Clinical Assistants in the Special Department for Diseases of the Throat: H. G. Toombs, L.R.C.P., M.R.C.S.; W. J. Orbell Ray, L.R.C.P., M.R.C.S.; Skin: A. H. P. Dawnay, L.R.C.P., M.R.C.S.; R. Lawson, L.R.C.P., M.R.C.S.; Ear: C. E. Durrant, L.R.C.P., M.R.C.S. (Extension); E. O. Thurston, L.R.C.P., M.R.C.S. Clinical Assistants in the Electrical Department: W. D. Knocker, L.R.C.P., M.R.C.S. (Extension).

A Munificent Gift to the Royal Free Hospital.

THE Committee of the Royal Free Hospital, Gray's Inn Road have received through their Secretary Mr. Conrad W. Thies, a very liberal donation, £1,700 from John Bentley, Esq., late of Higbury Grange, to enable them to pay off the debt remaining on the new front building and other improvements which have recently been carried out at a total cost of over £30,000 and which were publicly opened by T.R.H. the Prince and Princess of Wales last year. The Committee have decided to name one of the new wards "The John Bentley Ward" as a token of their appreciation of Mr. Bentley's liberal benefactions to the Royal Free Hospital.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 9, 1896.

HOW BRITISH LAW PROTECTS THE GENERAL PRACTITIONER.

FOR many a year the bitter cry of members of the medical profession has gone up against the malignant canker of unqualified practice that has eaten deeply into their vitals. That their protests have hitherto brought no solid relief is chiefly due to their conspicuous want of organisation. Alone, of all the professions, they have no centre of representative control, no means of organised collective defence, no method of ascertaining and of taking steps to carry out their aspirations as a body. But signs are not wanting, as we trust and believe, that their day of deliverance is at hand. In several directions, of late years, they have formed powerful associations for the protection and advancement of their social, as apart from their scientific interests. By no single one of these bodies have our hopes been more keenly excited than by that known as the Medical Defence Union. Having sown a few of the wild oats incidental to vigorous growth, the society is launching out in a way that we venture to say demands the earnest support of every enlightened practitioner not only in great Britain, but throughout the whole Empire A prosecution lately undertaken at Leeds by Dr. Bateman on behalf of the Union will give point to that assertion. Without going into minute details the main features of the case may be thus briefly outlined. For many years past an unqualified man of the name of Ison has advertised himself extensively in the local newspapers as an "oculist and aurist" at the "Leeds Eye and Ear Dispensary." The Defence Union laid two informations against him under Section 40 of the Medical Act of 1858. The first was that the defendant "did unlawfully, wilfully, and falsely use the name, title, addition, and description of oculist and aurist, thereby implying that he was registered as a medical practitioner under the Medical Act, or that he was recognised by law as a practitioner in medicine." The second claimed that he "did unlawfully pretend to be a surgeon." With regard to these charges it would at once appear to the plain non-legal mind, after a perusal of Ison's advertisements, that the defence, to use a homely phrase, had not "a leg to stand upon." That view of the matter, however, was not taken by the Leeds stipendiary, who, after five weeks' meditation, delivered himself of a judgment that is worthy of the careful attention of every medical man in the kingdom. From a copy of the written judgment we find that the first information was dismissed because the defendant, in describing himself as an "oculist and aurist" used terms that were admittedly never adopted by qualified medical men. At this point it may be remarked with all due deference to the magisterial ruling that in our opinion the use of those terms in connection with an establishment described as an "eye and ear dispensary," gives them such added meaning as to infallibly bring them within the words of the statute, "thereby implying that he was registered as a medical practitioner under the Medical Act, or that he was recognised by law as a practitioner in medicine." The stipendiary further observed: "It appears that in order to attain to the necessary degree of knowledge, and to acquire the requisite skill, it is needful to pursue a long and special course of study quite outside and beyond the ordinary curriculum, but even if a monopoly were secured to the profession there would be nothing to prevent any registered surgeon from performing the most delicate operations affecting the sight and hearing, although he had not embarked on any such special course of study or devoted himself in any special degree to this particular branch o the surgeon's art." The fallacy of this argument is obvious. The learned magistrate confuses the position of unqualified and qualified men as regards the exercise of a purely professional matter. There can be no comparison between the two. The community has long since decided that its members must be protected against unskilled practitioners of medicine, and has exacted certain educational tests so as to distinguish properly qualified medical men. On the second charge Ison was convicted and fined £5. The grounds for this decision were that underneath the Arms of the city defendant had placarded the words "Leeds Eye and Ear Dispensary," and the evidence of Mr. Pridgin Teale showed that there might be confusion with a former institution that bore a similar name. In short, nothing but that mere accident secured a conviction. Then the magistrate went out of his way to make the following extraordinary statement:

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"I think, with a view to the guidance of the defendant in the future, I ought to say that, apart from the references to the 'Leeds Eye and Ear Dispensary' and the extracts from the press, I should probably have answered the question of fact in his favour, and have dismissed this information also." To teach a convicted offender how to evade the law does not seem to us to be consonant with the dignity and decorum that one expects to find in a court of law. How would the Leeds stipendiary, we ask, have dealt with an offender against any jot or tittle of the professional code administered by the Incorporated Law Society? But his judgment, untenable as we regard it from the standpoint of common sense and equity, is yet of inestimable value. Nothing, we take it, could furnish stronger proof of the absolute inefficiency of the present law to protect the public and the medical profession against the most brazen and unblushing forms of unqualified practice. Nor could a more typical instance have been afforded of the prevalent sympathetic attitude of magistrates towards unqualified practice. This case has been a test prosecution. The Medical Defence Union has proved up to the hilt the urgent need of fresh legislation, and we repeat, deserves the gratitude and support of the whole profession. Will not the Union assume the further duty of urging the consolidated views of the medical world as to this important question of unqualified practice upon the legislature of this country?

THE INSURANCE OF PERSONS ENGAGED IN THE LIQUOR TRAFFIC.

THE question of the increased risk attaching to anyone engaged in the making or selling of intoxicating liquors, with regard to his expectation of life, is of importance to all connected with life insurance offices. The various life offices have different ways of dealing with the matter, some decline all proposals from persons engaged in retailing liquor, others impose an extra premium, sometimes modified if the habits and history are more than usually satisfactory. A report by a Committee of several of the larger Scottish life offices, which has just been issued, indicates very clearly the risks attendant on the whole liquor trade, and should be as widely circulated as possible among medical men, especially those who have to do with life assurance. This Committee was appointed by the Associated Scottish Life Offices in July, 1890, to investigate the rates of mortality among persons who had insured in their offices from the beginning of 1854 to the end of 1890, and who had been engaged in the liquor trade. The exhaustive character of the investigation may be judged by the time taken by the Committee in analysing the returns, while the number of males exposed to risk reached the formidable total of 79,215, and that of females 5,856. Of course, as is well-known, there is a great difference in the risk attendant on the sale of alcoholic liquors between those dealing as wholesale and as retail traders, and to appreciate the results of the inquiry in a correct manner this difference must be kept constantly in view. The Committee found it a matter of the greatest difficulty to separate the wholesale dealers from the retail, and also to harmonise the returns from the three divisions of the United Kingdom, owing to the various habits and legal restrictions obtaining in each. As the Committee remark, there is no doubt that long hours of work, especially the night hours, when the atmosphere is heated by gas, and at its maximum of impurity, in the premises in which retailers of liquor pursue their calling, are most prejudicial to longevity. To men engaged in the trade the last hour or two in a polluted atmosphere and when their physical energies are at the lowest point, present the precise conditions for creating a craving for stimulants, and they hope that the tendency of modern legislation towards shortening the hours during which the public houses may remain open will be carried still further. Assuming that their deduction is correct they suggest that the rates found applicable at present will probably serve to amply cover the risks in the future. Some of the figures given are sufficiently startling; thus, for instance, beersellers present a death-rate of 3·68 per cent. *per annum*, against an expected mortality of 1·59 per cent., more than double. This class was considered separately from the ordinary publican with the view of ascertaining whether the occupation was more than usually hazardous. The result proves the correctness of the surmise, and shows the highest mortality among beersellers. The annual excess per cent. in their case is 2·09, the publicans come next with an excess of 1·3 per cent. followed closely by innkeepers, 1·0 per cent. above the expected mortality, hotel keepers, with 0·98 per cent., and wine and spirit merchants in England with 0·94 per cent. over the normal mortality per annum. In Ireland the licensed grocer, who retails liquor for consumption on the premises pays for this privilege by an increased death-rate, which is higher (0·84 per cent. excess) than the corresponding rate among the licensed grocers in Scotland (0·46 per cent. over the normal), who only sell liquor for consumption off the premises. This is an exceedingly interesting point, showing, as it does, the great influence of opportunity, temptation, and "good fellowship" in increasing the amount of alcohol consumed. The Report brings out in a satisfactory way that wholesale wine merchants are not exposed to any extra risk; indeed, their death-rate comes out below that which was expected by 0·09 per cent. The most unexpected result of the entire investigation consists in the whitewashing of the oft-sullied character of travellers in the liquor trade, although the Committee take care to tone down the brightness of the picture by stating that the number who are exposed to risk is too small to enable them to deduce any safe result. The deaths in this group reached 0·81 per cent. per annum only, instead of the expected 1·18 per cent., a deficiency of 0·37 per cent. In a miscellaneous class, numbering 575, and including brewers, distillers, waiters, stewards, &c., the extra mortality amounts to about 10 per cent. over the tabular rate. A general view of the female lives

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exposed to similar risks shows that they are not so hazardous as those of males. Female hotel and inn-keepers show an extra mortality (0·72 per cent. and 0·44 per cent.), while female publicans and grocers show mismanagement of the umbilical cord, dietetic peculiarities, and intermarriage. Attempts have been made at various times to discover the morbid agent and to circumscribe its ravages, but with such ill-success that the natives came to regard the disease as a special dispensation of Providence, not to be fought against under pain of heresy. Attention having been publicly called to this lamentable sacrifice of human life, a fresh attempt was made in 1892 under the guidance of Dr. G. A. Turner, of Glasgow, who, on the assumption of its being a germ disease gaining access through the umbilical cicatrix, suggested an iodoform dressing applied on well-defined scientific principles. In spite of the apathetic resistance of the mothers this treatment soon put a term to the "massacre of the innocents," and in 1894 he had the satisfaction of learning that not a single infant had succumbed since the treatment was begun. This result is the direct outcome of the recognition by bacteriologists of the microbial origin of all forms of tetanus, tetanus neonatorum among the number. The immunity thus acquired is the more significant seeing that during the period 1883-93 the deaths under the head of "idiopathic tetanus" numbered 103 in Scotland, and 147 in England, a total of 250 lives sacrificed to an eminently preventible disease.

Vacancies Created by the Resignation of Mr. Kendal Franks.

By the recent emigration of Mr. Franks to South Africa, of which we have already given full information, three offices of value and dignity become vacant in Dublin. He is still Vice-President of the Royal College of Surgeons in Ireland, but it is to be assumed that, as soon as the Council of the College resumes its sittings in the first week of October, his resignation of that office will be presented, and that an election thereto will be held forthwith. As we have said, Mr. Swan, of Steevens's and of the Orthopædic Hospital has, some months since, issued cards to the electors as a candidate for the position and, as yet no other competitor has come forward. The Surgeoncy to the Adelaide Hospital, also vacated, will, we understand fall, as a matter of course, to Dr. Gordon, the recently appointed surgeon to the City of Dublin Hospital who will thus return to the place from whence he came, but in a more important capacity. The probability is that the vacancy thus created in the City of Dublin will be filled by the election of Mr. G. Jameson Johnston, [illegible] Surgeon to the Richmond Hospital. Mr.

great extent explains the heavy ensuing death roll. In other places, where great waves of heat occur periodically, the inhabitants readily adapt their habits of life to the altered conditions. The temperature recorded during the late climax in New York, Boston, and Chicago, ranged from 90 to 97 degrees Fahrenheit, an average that is frequently exceeded in Richmond, Charleston, Savannah, and New Orleans. Yet, in spite of that state of affairs not a single death from sunstroke has been reported South of the Potomac. The risk of outdoor exercise in excessively hot weather is abundantly illustrated in the extensive and interesting literature of heat apoplexy. Thus, in July of the year 1853 a body of 600 Belgian troops marched a distance of five leagues, and no less than 450 were affected by that malady. During the Crimean War out of 12,000 Russian soldiers who started from Bucharest, not more than half reached their destination at Kimpine. In 1859, a French corps of 12,000 men crossing the Illinois left behind 2,000 disabled by sunstroke. New York has, in the past, suffered severely from the affection. In August, 1853. it was credited with 224 deaths from that cause; in 1863, with 135; in 1886, with 210; in July, 1868, with 833; while nearly 1,000 deaths occurred in 1872. A remarkable contrast to the frequency of incidence along the Atlantic seaboard of North America is the comparative immunity of the Pacific coast. It is a fact that Californian miners and labourers at the Western end of the Darien railway were scarcely affected. Moisture in the air is usually deemed an important determining factor. In this connection we may quote Gordon, who says: "It is the subject of common remark in India that one of the meteorological conditions under which sunstroke chiefly occurs is when the breeze for a time ceases, the sky becomes obscured by a film of dark, negatively-electrified clouds, and a sense of oppression hangs like a weight upon the mental, as well as the bodily energies." Nearly all the Anglo-Indian authorities are of opinion that sunstroke is commonest when the air is absolutely calm, but on the other hand, cases are usually common in Constantinople while the south wind is blowing. A similar observation has been made in Italy at the time of the Sirocco, and also in Egypt during the Kamsin. The earliest medical reference to the disease is probably that of Cardanus in 1543, but it was recognised long before that time. In 1097, according to Balderici, the Crusaders lost several hundreds daily from sunstroke. It is also recorded in history that in 1155 Barbarossi's expedition from Lombardy against Spoleto had to be given up because the troops were unable to withstand the burning heat of the Italian sky. Centuries before that, however, we find the pathetic story of the Shunnamite woman. "And when the child was grown, it fell on a day that he went out to his father to the reapers. And said unto his father, 'My head, my head!' And he said to a lad, carry him to his mother. And when he had taken him and brought him to his mother, he sat on her knees till noon, and then died." This concise Biblical narrative offers a graphic clinical description of the malady. Returning to New York, it may be noted that the recent epidemic has brought into high relief the improved state of the City Sanitary Service. Every possible means was adopted by the authorities to lessen the sufferings and danger resulting from the intense heat. The public baths were made free to all comers day and night. The gates of the municipal parks were not closed at night, so that hundreds of people were enabled to sleep out in the open air. Large quantities

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of ice were distributed in the poor quarters, and last, but not least, the streets were kept systematically flushed. There can be no doubt that the energetic carrying out of these measures did much to mitigate the burden of the grievous calamity by which the townsfolk were overtaken. A few years since, the sanitation of New York was in a most backward condition, but in the light of recent events it must be acknowledged that the present Board of Health has made vast strides in the work of progressive administration.

Notes on Current Topics.

The Late Army Competitives.

THE facts respecting the recent Army examinations are, plainly, as follows:—

Number of vacancies confessed by the authorities	38
Number of vacancies advertised . . .	25
Number of competitors	26
Number found qualified for appointment . .	13
Number of these from England .	4
„ „ Scotland .	4
„ „ Ireland .	3
Doubtful	1
Not registered . . .	1
	13

This is a remarkable record of failure even for the Army Medical Department, which has long since sounded the depths of humiliation. The temptations offered by the War Office have proved sufficient to attract only 13 (of what quality we know not) out of at least a thousand young medical practitioners fresh from the schools who are walking about watching for employment and who are of the statutory age, yet will not touch Her Majesty's Medical Commission at any price. We should like to be instructed by the "military advisers" and by the Service newspapers as to the causes for this most phenomenal unpopularity of the Service, if the explanation which the medical journals have given does not satisfy them. As a last contribution to the literature of the subject we find that the *Admiralty and Horse Guards Gazette* is of opinion that Medical Officers do not occupy their proper position in the Service because they are brusque and careless in their ministrations to subalterns. This may or may not be true but, at least, it is a perfectly new discovery for which our contemporary ought to have the credit. It is difficult to understand why Army Medical Officers as a body should put themselves to trouble to insult their subaltern brethren, but we must leave the solution of the enigma to the *Admiralty and Horse Guards Gazette*. To our mind, if any evidence were needed of the determination of the combatant branch of the service to keep the "d——d doctors" under foot it would be the attitude of the newspapers which seek the patronage of the combatant officers. Journals are supposed to reflect the feelings of their readers, and we can testify that they would be very foolish to do otherwise. If then we find the reflexion confirming all that has been said of the attitude of the combatant branch we may reasonably conclude that the Army Medical Officers have not complained without reason.

The Plague of St. Kilda.

FOR upwards of a century at least the newly-born infants in the lonely island of St. Kilda have been decimated, nay, more than decimated, by a mysterious malady, popularly described as the "eight-day sickness." As recently as 1865 it was reported that of 125 children, the offspring of the fourteen married couples residing on the island in 1860, no less than 84 died within the first fourteen days of life, a mortality equi-

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valent to 67·2 per cent. The prevalence of the disease has been variously ascribed to sudden variations of temperature, defective ventilation, lack of warmth, mismanagement of the umbilical cord, dietetic peculiarities, and intermarriage. Attempts have been made at various times to discover the morbid agent and to circumscribe its ravages, but with such ill-success that the natives came to regard the disease as a special dispensation of Providence, not to be fought against under pain of heresy. Attention having been publicly called to this lamentable sacrifice of human life, a fresh attempt was made in 1892 under the guidance of Dr. G. A. Turner, of Glasgow, who, on the assumption of its being a germ disease gaining access through the umbilical cicatrix, suggested an iodoform dressing applied on well-defined scientific principles. In spite of the apathetic resistance of the mothers this treatment soon put a term to the "massacre of the innocents," and in 1894 he had the satisfaction of learning that not a single infant had succumbed since the treatment was begun. This result is the direct outcome of the recognition by bacteriologists of the microbial origin of all forms of tetanus, tetanus neonatorum among the number. The immunity thus acquired is the more significant seeing that during the period 1883-93 the deaths under the head of "idiopathic tetanus" numbered 103 in Scotland, and 147 in England, a total of 250 lives sacrificed to an eminently preventible disease.

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An Infirmary Patient in Wet Clothes.

If there be any place in the wide world where humanity in its highest form might reasonably be expected to take up its dwelling it is within the precincts of our infirmaries. Yet from time to time we hear of occurrences that make us doubt whether the virtue in question is a chance visitor or a resident. A certain margin of accidents, due to the want of recognition of the critical condition of patients, must always happen under any system. Still, it seems likely that much scandal could be avoided by impressing on Resident Medical Officers their grave responsibility, and by insisting that wherever there is the slightest shadow of doubt they should appeal to some superior officer of greater experience, although, sooth to say, the simple fact of being in a position of authority does not always imply the possession of professional tact and wisdom. For instance, a week ago an old man was brought up at the Greenwich Police Court on a charge of attempted suicide, and his clothes were found to be still wet. An attendant from the Poor-law infirmary where the accused had passed the night said the clothes were pressed in a drying machine, but the magistrate satisfied himself by a personal inspection that the shirt was "saturated." A police inspector stated that he had spoken to the Medical Officer, who said that the matter had nothing to do with him, that these cases were common with them, and that the magistrate might write to the Local Government Board if he liked. If this be a correct account of the affair, we should advise the guardians to bring a little wholesome pressure upon the Medical Superintendent so as to bring about a better infirmary administration. The Local Government Board most assuredly is not likely to interfere.

Premature Discharge from Lunatic Asylums.

Last year several tragic murders were committed by persons who had been previous inmates in lunatic asylums. At the time, the question of the release of persons having homicidal tendencies was pointedly raised in the public newspapers. The matter has once more cropped up in connection with a frightful murder committed by an Essex farmer, who shot a far steward, hacked off his head, and was found carrying the latter about in a basin. Evidence showed that the murderer had a short while since been discharged as cured from a lunatic asylum, where he had been kept for eleven months. Such cases are far too frequent, and appear to give some sort of warrant for the accusation raised in certain quarters that the asylum authorities discharge their patients prematurely in order to keep up their percentage of cures. Although, of course, such a view cannot for a moment be countenanced, yet at the same time it must be confessed that lamentable errors of judgment appear to creep in with undue frequency. In any case, asylum superintendents generally would reassure the public and the profession if they issued a statement of the rigid precautions taken before letting loose upon the community patients who had at any time shown homicidal or suicidal tendencies.

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The "Oculist and Aurist" Prosecution.

THE main lessons to be gathered from a remarkable magisterial judgment delivered last week in Leeds are commented on in another column of our present issue. Readers may be reminded that the Medical Defence Union five weeks since prosecuted an unqualified man who for many years past had advertised himself widely as an "Oculist and Aurist" practising at the "Leeds Eye and Ear Dispensary." Under the first information defendant was charged that "he did unlawfully, wilfully, and falsely use the name, title, addition, and description of oculist and aurist, thereby implying that he was registered as a medical practitioner under the Medical Act or that he was recognised by law as a practitioner in medicine." The second plaint was that he "did unlawfully pretend to be a surgeon." After five weeks delay the stipendiary magistrate, Mr. Atkinson, delivered a written judgment. The first information he dismissed, and on the second he imposed a fine of £5. In the course of his judgment he observed that the statute was enacted to enable persons requiring medical aid to distinguish qualified from unqualified practitioners. Even if it had been proved the defendant was not skilled in the treatment of diseases of the eye and ear, he did not think the use of the description "oculist and aurist" was enough to warrant an inference that the defendant was recognised by law as a practitioner of medicine. The information of the Secretary of the Union destroyed his own case on that point, for he admitted he had never known the terms in question used by any but "quacks." Defendant had placed on a wall a placard on which, under the arms of the city, were the words, "Leeds Eye and Ear Dispensary, established 1871, Great George Street, near the Town Hall, Mr. Thomas Ison, Oculist and Aurist, and at 4 Portland Crescent, Leeds." From the evidence of Mr. Teale, it appeared that there had formerly been an institution in Leeds known as the Eye and Ear Infirmary, which was afterwards merged into the General Infirmary. In the magistrates opinion, these advertisements would lead any ordinary reasonable man, unacquainted with defendant and his antecedents, to infer that the dispensary was a recognised medical institution, and that defendant was himself a qualified medical man. Apart from the references to the Leeds Eye and Ear Dispensary and the extracts from the press, the second information would probably also have been dismissed. No order was made as to costs.

"The Doctor is Out."

THE doctor's life is not a happy one, and coroners' juries occasionally show a regrettable disposition to aggravate the onerous conditions under which medical practice is carried on. There is a popular idea that medical men are under quasi-legal compulsion to respond to any call, night or day, unless physically disabled from attending to their duties. Even if this were so, there being at most a moral obligation, extreme fatigue would surely rank as physical disability, though patients, especially among the lower classes, are singularly reluctant to concede this much. Anxious to avoid even the appearance of an unwillingness to attend, it is usual to meet inopportune requests with the stereotyped reply that "the doctor is out," but a certain practitioner was sharply taken to book by the foreman at an inquest held in East London a few days' since, for having evaded the necessity for leaving his bed in this urbane manner. It may be that in the East End the social conscience has not yet been acclimatised to this particular formula as a means of discarding unwelcome visitors, and possibly when the juryman in question is indisposed to receive a caller he says so in plain blunt language, but that does not justify his seeking to impose his "plain blunt language" on professional men whom he may have for neighbours. Doubtless, it was not so much the slight lapse from strict veracity that aroused this juryman's wrath, as the audacity of the doctor refusing to obey the summons, and, if so, the sooner he is taught that a medical man is a free agent the better.

Gin as a Poison.

THE use of gin as a beverage is practically restricted to Northern Europe, including, of course, the United Kingdom, where it has long been popular with a certain section of the community, especially among the weaker sex. This being so, the question of its toxicity compared to other spirits possesses a special interest. A contribution based on carefully obtained data was recently read before the French Academy of Medicine on behalf of two practitioners at Lille, this city belonging to a part of France in which this particular beverage is very largely consumed. The results of their researches are somewhat reassuring, for they found that although, as might be expected, the alcoholic strength varied very much, the proportion of fusel oil rarely exceeded ·1 per cent. Curiously enough, the most hurtful varieties of gin were those dispensed in first-class cafés, the toxic coefficient, measured by Joffroy and Serveaux's method, being 17·31 grammes, in contrast with the average of 23·17 of gin purchased in "grog-shops." Gin, a typical artificial liquor, is thus shown to be but slightly toxic in comparison with the majority of so-called "natural" liquors. The frequent ill-effects observed in the north of France as the result of gin-drinking must, therefore, be attributed to the quantity rather than to the quality of the article consumed, and this conclusion, in all probability, applies to spirituous beverages as a class, slight discrepancies in their toxic properties being of trifling importance when one considers the deleterious effects upon the human organism of habitual indulgence in this direction.

SURGEON-CAPTAIN G. B. RUSSELL will on promotion, vacate his appointment as Secretary to the P.M.O., Madras, and will probably be succeeded by Surgeon-Captain Gibbard, from Burmah.

THE Municipality of Paris has done honour to the memory of Pasteur by changing the name of the Boulevard de Vaurigard to that of Boulevard Pasteur.

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Diphtheria at Godalming.

Diphtheria appears to be bent on keeping up its disastrous ravages, and on defying the efforts of sanitarians to account for its extraordinary increase of late years. On the whole the balance of informed opinion inclines towards the view that the modern school board system lies at the root of the evil. A serious outbreak of the disease was reported a short while since at Godalming and has now spread to an alarming extent. The local authorities have taken prompt and decisive steps to check the epidemic, but hitherto their efforts have not met with much success. In addition to isolation and disinfection they have extended the period of the closing of all schools in the district, on which point they have been guided by the excellent advice of their Medical Officer of Health. It is an interesting point that the origin of the present epidemic is generally attributed in Godalming to the extensive drainage works that have recently been carried out by the Town Council. In the discussion on diphtheria which took place at the Carlisle Meeting of the British Medical Association, the connection of the disease with excavations in towns, and also with bad drainage, were insisted upon by various speakers. The chief point now to settle is whether the school boards have anything to do with the excessive and increasing prevalence of diphtheria among our town population. We fancy that the united energies of the Education Department and the Home Office would speedily solve this problem, which is one of importance both to the future of education and to the welfare of the community,

"Dr." Ferdinand Again.

An inquest held last week revealed some curious evidence with regard to an unqualified practitioner who some time since was convicted and fined £20 and £10 for unlawfully practising as an M.D. Deceased died from cancer, for which disease she had been previously operated upon at the Chelsea Women's Hospital. The evidence was to the effect that she had arranged with Ferdinand to pay certain sums for the cure of her cancer. As the case stands adjourned, we shall make no further comments at present. No doubt the Medical Defence Union has with customary promptitude taken steps to be represented in court. If we remember aright Ferdinand has before this been an object of the Society's solicitude.

Ereuthophobia.

Under the novel and awe-inspiring term Ereuthophobia, Dr. Pitres describes a condition in which the patient suffers from a distressing dread of blushing, a symptom which, we are informed, is frequently met with in the subjects of mental degeneration, in neurasthenia, and even in hysteria. We might add from personal observation that, in a modified form, it is not uncommon in persons who are free from the suspicion of suffering from any of these maladies, such individuals being however usually of an emotional temperament and typically hot-tempered, hence the adage not to joke with a person who blushes too readily. As a morbid manifestation, this fear of blushing exists in all degrees of severity, from the ephemeral embarrassment begotten of inexperienced timidity to the tenacious *malaise* which constitutes a genuine *phobia*, haunting its unhappy victims and rendering their too self-conscious lives a burden. Unfortunately, the severer forms are absolutely refractory to treatment, but as ereuthophobia is, after all, only a symptom of nervous degeneration, it is to the latter that treatment, if any, must be directed.

Wanted, a Psychical Centre.

M. Berillon, of Paris, has just awakened to the discovery that the inability of chronic inebriates to resist temptation is due to the loss or degeneration of the "centre for psychical arrest," a deficiency which he suggests might be temporarily remedied by hypnotic suggestion. He claims that by this means a new nerve centre may virtually be created which will confer the power automatically to control morbid proclivities. If this be true there are many conditions, or *états d'âme*, other than inebriety, in which such an artificial nerve centre might find useful employment. Acting on this hint some enterprising pharmacist may shortly be supplying us with compressed tablets of individual nerve centres, selected in order to combat particular manifestations of depravity. Seriously, however, the hypnotic treatment of chronic inebriety has not so far achieved a sufficient amount of success to justify our relying upon it to accomplish what so many other remedies have signally failed to effect.

The Use of Sage in Medicine.

In years gone by an infusion of the leaves of sage (*salvia officinalis*) was highly appreciated in certain parts of Europe to combat the night sweats of phthisical patients, but its use has now given place to that of atropine, agaricine, and other anti-sudorifics of modern introduction. According to Dr. Krahn, a German physician, the oblivion into which sage has fallen was undeserved, for in some thirty-eight cases of hyperidrosis in which he employed this remedy success rewarded his experiment in all but two. Most of his patients were tuberculous, but some of them were suffering from articular rheumatism, leukæmia, and typhoid fever. In eighteen of the cases the excessive perspiration forthwith disappeared, and in the remainder the effects were markedly favourable. He prescribed the sage at first in the form of an infusion containing about 40 grains of the leaves to a pint of boiling water, of which the patient took a cupful three times a day, but he found subsequently that the tincture was far more active.

The Pathology of Pate de Fois Gras.

M. Peres has investigated the cause of the severe gastric troubles which occasionally follow the eating of this gastronomic dainty, and finds that they arise from the presence of an excess of oxalate of potassium in the goose liver. It appears that the producers of these diseased livers are wont to shorten their period of development and to produce larger livers by administering to the bird "salt of sorrell," otherwise called

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binoxalate of potash. This process has, heretofore, been kept carefully secret.

Phosphorus Necrosis.

IN spite of the precautions taken in the French match factories to prevent the well-known lesions which affect workers in phosphorus the number of victims has steadily gone on increasing. At the Pantin factory, for instance, the number of employés thus affected in 1894 was 34, whereas in 1895 it had risen to 123, and during the present year the number has already attained 223, representing about a third of the persons engaged in the manufacture. As this lamentable prevalence only obtains at this particular factory a Medical Committee has been appointed in order to examine the patients and to report on the measures to be taken to safeguard the health of the workmen.

Poisoning by Honey.

An investigation has been held by Mr. L. F. Kebler into the cause of serious illness which had followed the eating of honey at Princetown, U.S. The symptoms were those of strongly irritant poisoning, followed by collapse, and the patients narrowly escaped death. Analysis failed to recognise any alkaloid or inorganic poison, yet the administration of the honey to a cat produced identical symptoms. It is supposed that the honey must have been collected by the bees from certain species of the *ericaceæ* which are known to contain a virulent toxine.

"To Fight the Dentists."

THE *Chemist and Druggist* has started a fund for the purpose thus expressed, in other words, to resist the effort of the British Dental Association from prohibiting the practice of dentistry by chemists and druggists who are not registered dentists. It has had many sympathetic responses from its constituents, but has, as yet, received only £65, to which it pathetically remarks, "we cannot afford to be pugnacious for such a sum."

SOME sixty executive officers of the Army Medical Staff stand to be relieved in India this trooping season, as they will have served a six years' foreign tour. Three administrative officers, Surgeon-Colonels Graves, Ferguson, and Martin, will be returning home, also Surgeon-Colonel Cuffe, C.B., on promotion.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

SCOTTISH UNIVERSITIES.—Several ordinances have recently been issued by the Scottish Universities' Commission, of which the most important deals with the resignation of principals and professors, and is as follows:—1st. It shall be in the power of any principal or professor in any university, who may desire to resign his office, to intimate to the University Court such resignation, subject to the condition, that it shall not, except as hereinafter provided, take effect until a subsequent date, being not later than four months after such intimation. 2. On such resignation being accepted by the University Court, the date when it is to take effect, and the fact of its acceptance shall be communicated by the Court to the patron and it shall then be in the power of the patron to appoint to the vacancy, but such appointment shall not take effect till the date mentioned in the intimation. 3rd. This ordinance shall come into force from and after the date on which it is approved by Her Majesty in Council.

INUTILITY OF FINES FOR OVER-CROWDING.—Mr. Peter Fyfe, who has been for a considerable while connected with the sanitation of Glasgow, has recently made some plain remarks on the uselessness of imposing fines of half-a-crown on householders who are found guilty of over-crowding. He adduces names and figures to show that there are men and women in Glasgow who are waxing fat, if not rich, by letting their rooms to a much larger number of lodgers than the law allows. The inspectors cannot cover their rounds oftener than once in three months or so, and the result is, that the same people appear quarterly, and pay their fine of two shillings and sixpence, making the while a profit of perhaps a guinea a month. One case he cites led to an outbreak of typhus fever and the removal to Belvedere Hospital of the son of the offender, while the woman herself was maintained in the Reception House at the City's expense for a period of seventeen days. It is quite evident that the half-crown fine rather encourages over-crowding than acting as a deterrent.

CONSUMPTIVE HOMES IN SCOTLAND.—The new Consumptive Home, the first of its kind in Scotland, erected at Mr. Quarrier's Settlement at Bridge of Weir, was formally opened on the 3rd inst., by Lady Glencoats. A thanksgiving service was afterwards held in the church, Sir Charles Cameron, Bart., presided, and in his address stated that Mr. Quarrier had only £1,500 behind him when he laid the first stone of the settlement 18 years ago; since then he had expended on stone and lime close on £200,000, and £50,000 more was required to complete the Consumptive Hospital. It is Mr. Quarrier's aim and desire to establish a Riviera in Renfrewshire, in order to provide for Lazarus the advantages of pure air, warmth and nourishment which have hitherto been only obtainable by the Dives of our times. The whole of the Orphan Homes were thrown open to the visitors.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

RE-INFECTION OF SYPHILIS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you allow me to supplement by a few remarks the very interesting "Report on the Re-infection of Syphilis," which appeared in your issue of August 26th. The possibility of syphilitic re-infection is nowadays an accepted fact, and is due to the simple reason that we now *cure* sypbilis by the administration of a proper scientific treatment carried out for a sufficient length of time; it is on this point I wish to lay special stress: in all questions of syphilitic re-infection, the duration of the treatment in the first attack must be accurately ascertained, as by this the probability and possibility of the re-infection may be gauged, for, undoubtedly, "the treatment is the thing," but it is most difficult to persuade patients to go on with it when the visible primary and secondary symptoms have disappeared. Nevertheless, all reports concerning patients having contracted the disease a second time must be scrutinised very carefully; the words ascribed by Mr. Fitzgibbon to Mr. Edward Hamilton of Steevens Hospital are most apposite: "We must have very decided evidence of the two attacks before we can admit of their occurrence." This sentence should be borne by all observers in settling the diagnosis of a case of suspected syphilitic re-infection, nor should the possibility of the existence of secondary "plaques muqueuses" on the genitals or of a gumma of the penis be lost sight of. I am sure Mr. Fitzgibbon will pardon me for saying that from his faithful and accurate description of the case of S. W., a post-office employé, I gather all the signs and symptoms that I have carefully noted on the rare occasions in which I have come across "gumma of the penis." (Gumma of the Penis. MEDICAL PRESS AND CIRCULAR, 1890.) The character of the eruption too points to the tertiary rather than to the secondary stage "a well-marked discrete *pustu-*

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lar eruption of an indolent character; again, all the symptoms that followed during the tedious recovery were tertiary. Sir Thornley Stoker's two cases are also doubtful: in one the "typical hard chancre" was followed by *no* secondary symptoms; in the other the indurated sore refused to heal with mercury, but cicatrised gradually with iodide of potassium, thus pointing to a gumma of the penis. The followers of Mr. Jonathan Hutchinson hold, I believe, that secondary symptoms may be prevented in a case of syphilis by the administration of mercury; with this belief, might it not often be possible to regard simple sores, or even a spot of herpes, neither of which would give rise to any but local symptoms, as the primary lesion of syphilis, and thus to consider as a re-infection of syphilis the real attack of the malady some years later. I may here remark *en passant* that "l'unicité de la syphilis" is referred to in France as the doctrine that the simple chancre and the syphilitic chancre are due to one and the same virus, a doctrine professed and put forward by Ricord and others, till, in 1852, Bassereau proved in a most conclusive manner by his experiments and in his writings the (then) new and now accepted doctrine, that of *dualism*. To return to the question of re-infection which when proved on an individual shows his loss of immunity, this, again, being the result of scientific and protracted treatment, it must be clearly set forth by all medical men that to the treatment is due the non-appearance of those excessively severe tertiary symptoms which years ago used to be the rule instead of the exception, and also to the treatment is due the possibility of persons who have had syphilis procreating healthy children; it is, I think, important for these points to be insisted upon as otherwise it might happen that some individuals would refuse to be treated because they would prefer to keep their immunity.

I am, Sir, yours, &c.,
Duke Street, Portland Place. H. de Meric.

A HOLIDAY TOUR IN THE PYRENEES.

To the Editor of the Medical Press and Circular.

Sir,—With regard to "Your Own Correspondent's" very interesting communication, "A Holiday Tour in the Pyrenees; the Hot Springs of Cauterets," I think it would add greatly to the interest and value of the communication if your correspondent would give, in addition to his other information, the cost of transit and the varying scales of "pension" charges, thus enabling people of moderate means to map out their expenses beforehand, and to see how far they can afford the expense and pleasures of the trip. I suppose the easiest way to get to the Pyrenees country is to go to Bordeaux first, and thence on. The fare to Bordeaux is £5 5s. there and back, with, I am told, a most excellent table kept, and every courtesy shown to the passengers by all on board the Moss Line of steamers; I presume the same may be said for the Pacific Line. The steamers of the Moss Line sail from Liverpool on Thursdays, and arrive at Bordeaux on Sundays. They leave on the return journey on Thursdays and arrive home on Sundays. One would like to know how much it costs getting on to Cauterets, and how much it takes to live comfortably when there. At Arcachon, at the Hotel Continental, they charge 7s. 6d. a day, including wine, which allows of a very reasonable holiday to those seeking a pleasant change. Ten days' good hotel accommodation for £3 15s. 0d., is very reasonable, and both the sail to Bordeaux, and the cost of living at Arcachon gives a foundation charge of £9. The cost of added pleasures, as well as the train fare from Bordeaux, might well be covered for another £6, working out to a pound a day for a very enjoyable outing. If your correspondent could give further particulars as to the cost of various amusements afforded by the place he writes about, it would be most helpful. To those who are blessed with large bank balances, the question of cost does not arise, but persons of limited means like to have a fair notion of what they can do with the amount of money at their disposal for their annual outing

I am, Sir, yours, &c.,
John W. Martin, M.D.,

Claremont Place,
Sheffield, Sept. 2, 1896.

[Our correspondent's reply to the foregoing letter arrived as we were "at press," but as it is somewhat lengthy we are compelled to hold it over until our next.—Ed.]

AN OFFENCE AGAINST ETHICAL LAW.

To the Editor of The Medical Press and Circular.

Sir,—In your last issue, in an annotation devoted to ethical law, you mention me in connection with a recent newspaper article in the *Daily Telegraph*. With regard to this, let me simply state that I have no responsibility for the article in question.

I am, Sir, yours, &c.,
14 Hertford Street, Mayfair, W. George Stoker.
September 5th.

Literature.

BRIEF NOTICES.

"Galvanism in the Treatment of Neuritis and other Diseases," by Dr. Carey Coombs, is a small *brochure* based upon the author's Presidential Address delivered before the Bath and Bristol Branch of the British Medical Association in 1895. A long list of neurotic affections is given, relief from which can be effected by the employment of electricity. The portable battery used by the author for twenty years, consists of 60 small Leclanché cells, in a teak case with eight screw terminals outside, while in his consulting room he has a battery containing 30 common pint Leclanché cells, with terminals at every fifth cell.

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The half-yearly volume, January to June, 1896, of "Braithwaite's Retrospect," is stocked with all the best information respecting medical progress and improvement which has been published during the first six months of the year. To those accustomed regularly to read periodical medical literature, "Braithwaite's Retrospect" will always be a welcome volume, as a means for refreshing the memory upon many subjects; but to the busy practitioner who has not the time to do much reading, the book must simply be invaluable. We notice that the editor still adheres to the un-English method of spelling "hæmorrhage" with a small "e" instead of with the diphthong.

***

"Elementary Anatomy and Surgery for Nurses," by W. McAdam Eccles, M.S.Lond., F.R.C.S., is a small volume consisting of a series of lectures delivered to the nursing staff of the West London Hospital. There are a large number of compilations of the kind now published, but the author states in the preface that "he has long felt that some of the text-books on surgical nursing did not meet the exact requirements of a nurse from the standpoint of theoretical anatomy and surgery." But we do not desire to be too critical, and while we fear, that we cannot altogether commend the author for his production, at the same time we are glad to admit that he has honestly and conscientiously done his best to carry out the design upon which his lectures, and subsequently his book, was based. The publishers are *The Scientific Press*, Strand, London.

***

We may signal, *en passant*, the appearance of a fifth edition of the admirable little "Aids to Obstetrics," by Dr. Nall (London: Baillière, Tindall and Cox, 1896. Price, 2s. 6d.), which has been deservedly popular with successive generations of advanced students for many years past. It has not been found necessary to do much by way of emendation or addition, a striking testimony to the completeness of the original work. Though avowedly only a "help in preparing for examination," this little work does not come under the category of "cram books." It simply presents the *facts* of obstetrics, divested of prolix scientific arguments and explanations, in a succinct form, capable of ready assimilation; indeed, with an atlas of plates at hand, the explanations are sufficiently detailed, concise though they be, to enable the mechanism of natural and abnormal labour to be readily grasped. This is what the student, bewildered by overmuch explanation, really requires, and even the practitioner will find therein the hints he requires for his guidance in difficult cases.

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Notices to Correspondents, Short Letters, &c.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

ELECTION OF DIRECT REPRESENTATIVES ON THE GENERAL MEDICAL COUNCIL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—At a meeting of medical practitioners, held in Liverpool, Sept. 1st. It was unanimously agreed that a General Committee, with power to form a small Executive Committee, should be formed to forward the candidature of Dr. R. R. Rentoul for the General Medical Council. Over 100 local practitioners have already joined the General Committee. Those wishing to join the Committee should forward their names to me at their earliest convenience.

I am, Sir, yours, &c.,
W. J. ROBERTSON DUNN, Hon. Sec.

46 West Derby Road, Liverpool,
Sept. 2nd, 1896.

DR. ALDERSON'S CANDIDATURE.

A MEETING of the supporters of Dr. Alderson is to be held on Tuesday next (Sept. 15th) at 4 p.m. at Milford House, Holland Road, Kensington, for the purpose of considering what further steps shall be taken to secure the return of this gentleman as a direct representative member of the General Medical Council at the forthcoming election.

AN INTENDING CANDIDATE.—The examination turned out exactly as we hoped and expected; you will find it dealt with in another column.

PHENOMENAL URGENCY.

THE last Report of the Middlesex Hospital, records that out of 10,957 patients treated in the out-patient department, 9,261 were "urgent." Remarkable, if true!

MR. GEO. FULTON (Middlesborough).—Our "Educational Number" does not appear until next week; see announcement on title page of present number.

THE "RUSSELL" FUND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following names have been added to the Russell Indemnity Fund Committee since your last issue. I wish also to acknowledge the contributions of these gentlemen to the Fund referred to.

	£	s.	d.		£	s.	d.
Dr. J. W. Moore . . .	1	1	0	Dr. James Little . . .	1	1	0
Mr. Arthur Benson . .	1	1	0	Mr. W. J. Wheeler . .	1	0	0
Mr. J. Harrison Scott .	1	1	"	Dr. G. F. Duffey . . .	1	1	0
Sir Charles Cameron . .	1	1	0	Sir Francis Cruise . . .	1	1	0
Dr. Walter Smith . . .	1	1	0	Dr. Hawtrey Benson . .	1	0	0

I am, Sir, yours, &c.,
G. JAMESON JOHNSTON, Hon. Sec.

Dublin, Sept. 5th.

MR. KOTHERY (Kensington) will receive a private note shortly. A slight delay is necessary on the present occasion.

DR. J. A. H.—We fear the request you make is a matter of impossibility. An effort shall, however, be made on your behalf.

"AGED ONE MINUTE."

THE following is a copy of a death certificate issued near Huntingdon:—

BIRTHS AND DEATHS REGISTRATION ACT.
Certificate of Registry of Death.
To be delivered up at the funeral.

I, the undersigned, Do Hereby Certify that the Death of Albert Favel, aged one minute, who died at Wyton Hill, has been duly registered by me.

Witness my hand this 18th day of August, 1896.
JAMES WRIGHT, Registrar of Births and Deaths, St. Ives Sub-District.

THE LAW CONCERNING INSANITY IN CRIMINAL CASES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR

SIR,—I am anxious to get some information as to the existing laws of Great Britain regarding the examination of persons alleged to be insane and the manner of procedure in criminal cases where insanity is pleaded. If you should come across any publication speaking of this or should be able to refer me to works to be had on the subject I should like it very much.

I am, Sir, yours, &c.,
A. W. HOLEHOLT.

Sacremento, California.

["Mercier's Lunacy Law for Medical Men" is the most likely work for our correspondent. Almost all text-books deal with the medico-legal aspect of insanity, but the above is a very convenient book. —ED.]

Vacancies.

Bradford Children's Hospital.—House Surgeon. Salary £70, with board, residence, and washing. Applications and testimonials to the Secretary by Sept. 12th.

Cheltenham General Hospital.—House Surgeon (unmarried). Salary £80 per annum, with board and apartments. Applications, with testimonials to the Secretary on or before Sept. 19th.

Convalescent Hospital and Sea-bathing Infirmary, Southport.—Resident Medical Officer (unmarried). Salary to commence £150 per annum, with board, lodging, and washing. Applications and testimonials to the Chairman by Sept. 12th.

Essex and Colchester Hospital.—House Surgeon (unmarried). Salary £100 per annum, with board and lodging. Applications and testimonials to the Committee before Sept. 11th

Glamorgan County Asylum, Brigend.—Junior Assistant Medical Officer. Salary £130, rising £10 annually to £150, with board, lodging, and washing. Applications and testimonials to the Medical Superintendent on or before Sept. 16th.

Hants County Asylum.—Third Assistant Medical Officer (unmarried). Salary £100 per annum, increasing to £125, with board and lodging. Applications and testimonials to the Committee of Visitors, Knowle, Fareham.

Jersey General Dispensary and Infirmary, Aquila Road, St. Heliers, Jersey.—Resident Medical Officer (unmarried). Salary £120, with furnished rooms and attendance. Further particulars may be had from the Hon. Sec.

Owens College, Manchester.—A Senior and a Junior Demonstrator in Physiology. Salary £150, rising to £200, and £100 rising to £150 respectively. Applications to the Registrar on or before Sept. 22nd.

Somerset and Bath Lunatic Asylums, Western Joint Asylum, Cotford, near Taunton.—Medical Superintendent. Salary commencing at £450 per annum. Applications and testimonials to the Clerk to the Visiting Committee by Oct. 1st.

The Bristol Hospital for Sick Children and Women.—House Surgeon. Salary £100 per annum, with rooms and attendance (not board). Applications and testimonials to the Secretary on or before Sept. 16th.

The Royal Alexandra Hospital for Sick Children, Dyke Road, Brighton.—Surgeon and Assistant Surgeon. Applications and testimonials to the Chairman of the Medical Committee on or before Sept. 26th.

Township of Manchester.—Assistant Medical Officer (unmarried). Salary £110 per annum, with apartments and attendance. Applications and testimonials to the Clerk of the Guardians on or before Sept. 9th.

Births.

DANE.—Sept. 6th, at Northwood, Middlesex, the wife of Harold Dane, M.R.C.S., L.R.C.P., of a son.

FERGUSON.—Sept. 3rd, at Elm Grove, Calne, Wilts, the wife of R. S. Ferguson, M.B., of a daughter.

ROBERTS.—Sept. 7th, at Halstead, Essex, the wife of C. Gordon Roberts, M.A., M.B.Cantab., of a son.

Marriages.

HAMILTON—CLARK.—Aug. 25th, at the Second Presbyterian Church, Donagheady, by the Rev. James Connell, B.A., William Frederick Hamilton, L.R.C.P., L.R.C.S.Edin., Brookview, Dunamanagh, elder son of the late W. J. Hamilton, M.D., Deputy-Inspector General of Hospitals and Fleets, R.N., Hamilton House, Curryfree, Londonderry, to Jane Margaret Katherine, younger daughter of the Rev. Canon Clark, B.D., Earl's Gift, Dunamanagh, co. Tyrone.

MACQUEEN—RODENHURST.—Sept. 1st, at the Priory Church, Great Malvern, Archibald MacQueen, M.D., Avondale House, Market Drayton, to Mary, daughter of the late William Rodenhurst, of Marley Mount, Market Drayton.

NAYLOR—HORSFALL.—Sept. 2nd, at St. George's Church, Barrow-in-Furness, Joseph Naylor, M.R.C.S.Eng., L.R.C.P.Lond., of Tiston, Staffordshire, to Alice Mary, second daughter of Richard Noble Horsfall.

PRITCHARD—EMERSON.—Sept. 2nd, at St. Stephen's Church, Norwich, Eric Law Pritchard, M.D., son of the late Dr. George Frederick Pritchard, to Emily Mary, daughter of Matthew Sallett Emerson, of Norwich.

STEWART—TRAILL.—Sept. 3rd, at St. Giles' Cathedral, Edinburgh, William Balfour Stewart, younger son of the late Professor Balfour Stewart, M.A., LL.D., F.R.S., to Mary, younger daughter of the late William Traill, M.D., of London and Orkney.

Deaths.

JACKSON.—Sept. 4th, at his residence, St. John's Wood, Paul Jackson, M.R.C.S.E., L.S.A., formerly of 24 Wimpole Street, London, W., aged 84.

MACNIELL.—Aug. 23rd, at Guy's Hospital, Hardinage Charles Christian, L.R.C.P. and S.E., L.F.P. and S.G., of Parkstone, Dorset, the only son of Col. MacNiell, (retired pay), of Blackheath, aged 32.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, SEPTEMBER 16, 1896. No. 12.

STUDENTS' NUMBER.

INTRODUCTORY REMARKS

THE MEDICAL PROFESSION AS A CAREER.

IN conforming to our usual custom of addressing a few words to those who are about to enter the medical profession, we shall endeavour, as in former years, to point out some of the most salient features of the life, prospects, and drawbacks, of which the profession of medicine consists. Naturally, from year to year there is not much change in the main features of the study, the course and work, associated with the profession as a calling. But, on the other hand, so far as minor details are concerned, every year as it passes brings with it some change which is worthy of note and comment. A brief annual retrospect, therefore, of what the medical profession is and what its prospects are, is likely to be of interest not only to those who are about to embark upon a medical career, but also to those who have passed through the portals of the profession and are now in a position to gauge to what extent their aspirations formed during their student days have been realised in respect to the calling which they have adopted.

WHAT A MEDICAL STUDENT MUST BE.

In the first place a medical student must be a working man. Let him start with the conviction, gathered from the experience of those who have preceded him, that a medical man's life is a hard-working one from the time of his student-days until the moment when the burden of this earthly existence ceases to be his lot. Of course, to a medical student there is no means of ascertaining beforehand what this hard work is, but there is all the experience, advice, and counsel of many a medical man available to enable a young medico to learn something of what it consists. The first, then, essential quality required of a medical student is that of unlimited application. No sooner does he begin to enter upon his student life than he is confronted by this important fact. His powers, for example, in this respect, are taxed to the utmost when he comes to study the subject of anatomy. This may be his first solid introduction to an exact science, and such introduction, it may be pointed out, he is not likely ever to forget. What medical man is there who does not remember the first essay that he made to learn "the bones," and the course and relations, say, of the main arteries of the body? Thus, all the faculty of memory in the medical student is summoned at once to his aid when his study of anatomy begins. The stern, unalterable facts and details of anatomical description can only be acquired by the deliberate, painstaking, patient exercise of the memory. No effort of reasoning, no exercise of conjecture, no application of the science of deduction, can avail in determining the course and relations, say, of a nerve. There is nothing save memory in such a case upon which to rely. The nerve has one distribution and course, and one only. The facts in connection therewith can only be learnt, and then committed to memory, and if the mind does not retain them they are lost to the student until he is again able to refer to the source of information from which he gathered them. Not so, of course, is it the case, to a large extent, in the treatment of disease. When the student advances to the more practical part of his work he will find that there may be two opinions concerning the best mode of treatment in regard to a surgical or medical case. That is to say, a surgeon may differ with a colleague as to the method of relieving a patient, and yet each authority may be right so far as the main object of treatment was concerned. However, in the first year of his student's life the young medico has nothing to do with these things. It is clear, then, that his best course, under the circumstances, is to cultivate a sound, vigorous, expansive memory, for he will soon begin to find that nothing will prove of so much use to him in the beginning of his labours.

THE IMPORTANCE OF THE STUDY OF HEALTH.

But while we place in the forefront of his necessary faculties that of application, we do not by any means desire to minimise the necessity which is ever present for the student to pay a solicitous regard to the maintenance of his health. This is undeniably of primary importance to a young man when he enters upon a medical career. The general experience of the world has emphatically shown that the men who have attained most success have been, and are, those who have enjoyed good health.

Good health enables a man to embark upon physical enterprises. Endowed with the faculty of energy which springs from good health, a medical man has much greater chances of success in his profession than when such energy is wanting owing to instability of health. Let the student reflect that the cannot be expected to acquit himself well in the struggle of his professional calling unless his health is

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such that he can place reliance in it. How can good work be turned out of a machine the construction of which is in some way defective? Failure of health oppresses every one, and the student is no exception. It will sap his energy and take from him the power to display his best qualities, and, thus, at an early period, he is likely to find that he is handicapped in the progress of his career. There have, of course, been exceptions in the history of the world in which weakly men, with chronic ill-health, have raised themselves to high positions. But this argument is easily disposed of by applying to it the old saying, *exceptio probat regulam.*

THE QUESTION OF EXPENSE.

About the period of a quarter of a century ago, the capital required to fully equip a medical student with diplomas or a degree enabling him to practise upon the liege subjects of the Queen—or upon those of some other monarch—was not, as professions then were, of an out-of-the-way description. That is to say, it was then the case that the medical profession was more inexpensive than otherwise, and was a desirable one in which a parent could place his son. There was the prospect also of a good return for the outlay being obtained in the form of practice or some appointment, or by the adoption of a Service career. Matters, however, in recent years, have, to a large extent, changed for the worse in this respect. It is undeniably true that the medical profession, as a profession, is becoming of less value every year as a channel for the expenditure of energy in the pursuit of a livelihood. Not only is this the case, but the cost of gaining the necessary education required by law in order to obtain the legal qualifications is greatly increased. The capital outlay, therefore, is much higher, and the interest derivable from that outlay has largely declined. In accounting for this somewhat melancholy state of affairs there are many reasons which can be advanced. In the first place, overcrowding of the profession is certainly becoming more and more marked with the advance of time. The result of this overcrowding has been to diminish the value of fees, as well as to add to the difficulties of finding openings for those who are beginning their professional life. All this has been repeatedly referred to in the medical journals for some years, and there can be, therefore, no excuse for the public generally having no knowledge of these facts.

Again, the fact must be remembered that all science is progressive and that the progress of science affects very largely the scientific and educational aspects of the medical profession. As scientific knowledge increases, much of it, of necessity, must apply to the elucidation of medical facts, and just as this knowledge is applied to medicine, so must the course of medical education be proportionately augmented. Hence, the increase in expense which now characterises medical education as a whole. Science cannot be taught for nothing, and on these grounds the necessary additions to the teaching staffs at the medical schools have naturally required the authorities to raise the students' fees, and thus add to the cost of medical education. Upon the question of expense, therefore, the conviction is unavoidable that the medical profession is a costly one upon which to embark, while the prospects which it holds out of enabling a student to ultimately attain to the position of making a suitable livelihood are by no means so attractive as was formerly the case.

THE CHOICE OF A CAREER.

Speaking generally there are three broad avenues of practice in the medical profession, and it is well that this part of the subject should be duly considered by parents before entering their sons at some medical school. Medical men may become general practitioners, consultants, or join the medical department of the Army, Navy, or Indian forces. With reference to the medical department of the services, the great advantage to a parent is that his son becomes soon provided for, assuming, of course, that the necessary examinations are successfully passed. That is to say, as soon as the young qualified man enters one or other of the services he embarks upon a career which provides him with a livelihood. Thus, the outlay of capital, and the uncertainties and undoubted difficulties associated with starting as a general practitioner, are avoided. But parents should bear in mind that, under present circumstances, the Medical Department of the Army cannot be recommended as a suitable opening for a young medical man, whereas both the Indian Medical Service and the Medical Department of the Navy have distinct advantages, and are, in many respects, quite satisfactory in this connection. The higher walks of professional life belong to medical men who are known as consultants. To a consultant a hospital appointment, either at a large hospital to which a medical school is attached, or at some general or special hospital, is a *sine qua non.* Then an academic position, so far as qualifications are concerned, is also, now-a-days, necessary. Hence, it will be gathered that the consultant's career is one requiring capital, time, and a prolonged education, features which naturally have the effect of limiting the number of those who embark upon it.

England.

THERE is nothing special to record so far as medical education in England is concerned, save the fact that there is still no teaching University for London. This, as we have repeatedly pointed out, is very materially detrimental to the interests of the London Medical Schools, and moreover, matters will continue to become progressively worse in this respect unless a satisfactory solution to the University question be speedily arrived at. The Duke of Devonshire's Bill had good prospects last session of passing through both Houses of Parliament, an agreement having been arrived at that it should not be opposed. But unfortunately at the last moment a small section of the members of the House of Commons banded themselves together to obstruct its progress should it come before the House, and in consequence of this the Bill was not postponed until the next session. Thus London medical students are still compelled to look elsewhere for their degrees.

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LONDON SCHOOLS.

The Schools of Medicine in the Metropolis are the following, the scholarships, prizes, students' appointments, fees, &c., being set forth in connection with each place named. The names of the hospital staff, lecturers, residential and other detailed information will be generally found in our advertisement columns.

St. Bartholomew's Hospital.—This hospital has 750 beds, and for many years past the school attached has occupied the enviable position of being the most popular with students, and of having a larger number of entries than any other medical school in the United Kingdom. Collegiate residence is here permissible, subject to the ordinary rules. A recreation ground for the use of students has recently been purchased at Winchmore Hill.

Appointments.—Ten house physicians and ten house surgeons are appointed annually. During the first six months of office they act as "junior" house physicians and house surgeons, and receive a salary of £25 a year. During their second six months they become "senior" house physicians and house surgeons, and are provided with rooms by the hospital authorities, and receive a salary of £80 a year. A resident midwifery assistant and an ophthalmic house surgeon are appointed every six months, and are provided with rooms and receive a salary of £80 a year. Two assistant anæsthetists are appointed annually, and receive salaries of £120 and £100 a year respectively. An extern midwifery assistant is appointed every three months, and receives a salary of £80 a year. Two assistant electricians are appointed every six months, and in-patient dressers, in-patient clinical clerks, clerks and dressers to the assistant physicians and to the physicians and surgeons in charge of special departments are appointed every three months without fee.

Scholarships, &c.—There are four open scholarships in science, £75, £75, £150, £50, in biology, chemistry, physics, and physiology, tenable for one year, and a Jeaffreson exhibition, value £20; four junior scholarships, of £30, £25, £20, and £10 respectively; Treasurer's prize for practical anatomy; Foster prize in practical anatomy; senior scholarship, value £50, for anatomy, physiology, and chemistry; Wix prize; Hichens prize; Lawrence scholarship and gold medal, value 40 guineas, for medicine, surgery, and midwifery; two Brackenbury scholarships of £39 in medicine and surgery; Bentley prize, for reports of surgical cases; the Kirkes gold medal for clinical medicine, with scholarship of £30; Shuter scholarship of £50; Skynner prize of £15; Sir G. Burrows' prize of £10 and Matthew Duncan medal and prize, value about £20; the Treasurer's Research Studentship, of the value of £100, is given annually, the elected student being required to engage in original research in pathology.

Fees.—Fees for perpetual attendance on lectures and hospital practice, 160 guineas, payable in the following instalments:—First year, 40 guineas; second year, 40 guineas; third year, 40 guineas; fourth year, 40 guineas; or a single payment of 150 guineas. Fee for general subjects for students of dental surgery: First winter, 31½ guineas; first summer, 31½ guineas; or a single payment of 63 guineas. Fee to University students, 80 guineas. Fee for laboratory instruction for D.P.H., 20 guineas. Composition Fee to University of London students for one year's instruction for the Preliminary Scientific Examination, 18 guineas. Composition fee to University of London students who have passed the Preliminary Scientific Examination, 150 guineas.

Warden of the College.—Dr. T. W. Shore, who will furnish further details on application.

Charing Cross Hospital.—The school attached to this hospital is situated in the very centre of London, and contains new physiological, pathological, and bacteriological laboratories, materia medica museum, and anatomical theatre, enlarged dissecting-room, and enlarged chemical theatre, all constructed on modern principles.

The hospital contains 180 beds, making, with the 30 beds at the adjoining Royal Westminster Ophthalmic Hospital, to the practice of which general students are admitted free, a total of 210 beds available for clinical practice.

There are special departments for diseases of women and midwifery, diseases of children, of the skin, the ear, the throat, and the teeth; and for the electrical treatment of disease.

Scholarships, Medals, &c.—Five entrance scholarships: 100 guineas Livingstone scholarship, 60 guineas, 55 guineas. The Huxley scholarships, 40 guineas, and 30 guineas, are open to students commencing their medical curriculum. Three of these (100 guineas, 60 guineas, and 40 guineas) are open to all those who enter for their entire medical education; one (55 guineas) is reserved for the sons of medical men, and one (30 guineas) is open to dental students only. Two Universities scholarships, of the value of 60 guineas each, are open to students from the University of Oxford who have passed the first M.B. Examination, to students of the University of Cambridge who have passed the second M.B. Examination, and to students of the University of London who have passed the Intermediate Examination in Medicine, and who have not entered at any London Medical School. Subjects:—Anatomy and Physiology, including Histology. The Golding prize of £10 is open to students at the end of their first winter session. The Huxley medal, with prize of £10. The Pereira prize of £5. The Llewellyn prize of £25, and the Governor's clinical gold medal.

Appointments.—The curator and pathologist is appointed annually, and receive £100 a year; medical and surgical registrars to the hospital receive £40 a year each, with luncheon in the hospital; four house physicians, four house surgeons, and two resident obstetrical officers, are appointed each year; clinical clerks, dressers and surgical ward clerks are appointed in all the general and special departments of the hospital.

Fees.—For the curriculum of study required by the various examining bodies and hospital practice 110 guineas in one sum, or 121 guineas in five instalments.

The composition fee for sons of registered medical practitioners is 100 guineas, and the fee by instalments 110 guineas.

The composition fee for dental students is 54 guineas in one sum, or 60 guineas, payable in two instalments of 30 guineas each. A proportionate reduction of the fees will be made to those students who have completed part of the curriculum elsewhere.

St. George's Hospital.—This hospital is situated in a favoured position in the West End. It contains 350 beds, and special wards for ophthalmic cases and diseases of women.

Appointments.—Four house physicians and four house surgeons, entitled to reside and board in the hospital free of expense; two assistant house physicians, two assistant house surgeons, four assistants in the special departments. Candidates for the above offices are selected quarterly by competition from among the perpetual pupils, and hold all the offices in succession during a period of two years, sixteen pupils being in office at any one time. Obstetric assistant with a yearly salary of £100 and board and residence in the hospital; pathological curator with a salary of £50; assistant curator with a salary of £30; medical and surgical registrars, each with a salary of £50 per annum; two administrators of anæsthetics with salaries of £50 and of £25 per annum; two demonstrators of anatomy, with a salary of £50 each; and one assistant demonstrator. All offices are open to candidates without additional fee.

Exhibitions, &c.—The Brown exhibitions, one of £100 per annum, tenable for two years, and open to perpetual pupils possessing a registrable diploma; and one of £40 per annum, tenable for three years and open to students in their third year. The Brackenbury prizes of the value of £40 each, one each in medicine and surgery. The Webb Prize in bacteriology, value £30. The Clarke good conduct and clinical work prize, the Thompson medal, the Brodie clinical prize in surgery, the Acland clinical prize, the Johnson prize in anatomy, the Pollock prize in physiology, the Treasurer's prize for clinical reports, and three general proficiency prizes of ten guineas each.

Scholarships.—One in Arts of £145 for sons of medical men who have entered the school during the current year. Two in Arts of £50, open to commencing students. Examination, October 3rd. Two of £85 in anatomy and physiology, open to students who have signed up for or passed the first M.B. Oxford or second M.B. Cambridge. Two of similar value for students of Provincial University

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Colleges of similar standing. Examination, October 7th.

Fees.—Composition fee for perpetual pupils £145, or £150 in the following instalments: First year £45, second year £45, third year £40, fourth year £20. The fee for general subjects in dental surgery is £55, payable in two instalments, first year £30, second year £25. Only perpetual pupils can hold house office or compete for the Brown exhibitions.

GUY'S HOSPITAL.—This hospital is situated on the Surrey side of London Bridge, and contains 625 beds with special wards for ophthalmic and obstetric cases. Attached to the hospital is a large residential college with rooms for more than 60 men, whilst for students who prefer to live in the suburbs, no other hospital is so conveniently placed, the railway accommodation being good and close at hand. There is now a complete School of Dental Surgery at this Institution, which is recognised by the Royal College of Surgeons of England, the facilities thus afforded of completing the whole course of dental study within the walls of one hospital, and the professional and social advantages to the dental student of a close connection with a large school of general medicine and surgery have already led to a considerable entry of students in this department.

Appointments.—Eight house surgeons and eight house physicians, eight assistant house physicians, twelve obstetric residents, twenty-four clinical assistants, and ninety-six dressers are selected annually from the students according to merit, and without payment. There are also a large number of junior appointments, every part of the hospital practice being systematically employed for instruction.

Scholarships.—Open Scholarships of £100 or £50 in classics, mathematics, and modern languages. Open scholarships of £150 and £60 in chemistry, physics, and biology. Six scholarships, varying in value from £10 to £25 each, for general proficiency in medical study, open to students of different years. The Treasurer's gold medal in medicine; the Treasurer's gold medal in surgery; the Sands Cox scholarship of £15 per annum for three years for physiology; the Michael Harris prize of £10 for anatomy; Beaney prize in pathology, 30 guineas, the Beaney scholarship in materia medica, 30 guineas, the Bredin prize for clinical study, £25, the Golding-Bird gold medal and scholarship (£20) for sanitary science; and the Gull Research scholarship of £150 per annum. The Physical Society awards two prizes, each of £5, to the authors of the best essays on selected subjects, prizes of £10 and £5 for the best papers read before the Society, and a prize of £5 to the member who has most distinguished himself in the debates of the session.

Fees.—For the entire course of lectures and hospital practice, 150 guineas, if paid in one sum on entrance; or payment may be made by four instalments of 40 guineas each, payable at the beginning of the first, second, third, and fourth years respectively.

KING'S COLLEGE HOSPITAL.—This hospital is situated between the Royal College of Surgeons, Lincoln's Inn Fields, and the New Law Courts, Strand. The College is next door to Somerset House and close to the hospital. There are 220 beds; ophthalmic, ear, throat, skin, and dental departments, are attached to the hospital. Some wards are specially devoted to children's diseases, and ophthalmic diseases.

Scholarships.—£800 is awarded annually in scholarships and prizes. At entrance two science exhibitions of £60 and £40 value are open to all candidates under the age of nineteen; two scholarships of the value of £75 each (subjects literary) and two exhibitions of the value of £60, and £40 each (subject scientific) are open to students commencing their curriculum. Two scholarships, value seventy and sixty guineas, are open to students of a British University who come up to London to complete their curriculum; two junior scholarships of £20 each for first year students, one of £30 for second year students, one of £50 for third year students in residence, and one of £40 for fourth year students. In addition students may compete for the Darriell scholarship, value £40; the Warneford prizes, value £40; the Rabbeth scholarship, value £20; the Carter, Todd, Jelf, Tanner, Leathes prizes, and all class and clinical prizes.

Appointments.—Medical and surgical Sambrooke registrarships, tenable for two years, each £50 per annum, Resident hospital appointments for term of six months viz., physicians assistant, assistant house physician, physician accoucheur's assistant and assistant house accoucheur, and three house surgeons with free board and residence at the hospital; and senior and junior clinical assistants in special departments.

LONDON HOSPITAL.—This hospital is the largest in the United Kingdom, containing as it does 800 beds. It has, moreover, wards and a teaching staff for almost every special department in the domain of medicine; the scholarships and prizes are many and valuable, and school and staff are alike deservedly popular with the students.

Appointments.—The resident and other hospital appointments are free to full students; they consist of five house physicians, five house surgeons, and one accoucheur, appointed every six months. Dressers and maternity assistants also reside in the hospital. All these officers are provided with board and lodging free of expense. There are also—non-resident—three clinical out-patient assistant, receiving £80 per annum each, and two registrars, medical and surgical, each with a salary of £100. Two receiving-room officers are appointed for three months, who board, but do not sleep, in the hospital, and each receives an honorarium of £20. A senior dresser to out-patients is appointed every three months, and receives an honorarium of £10. An instructorship in anæsthetics with a salary of £50.

Scholarships, &c.—Six entrance scholarships, value £120; £60, £60, £35, £30, and £20, will be offered for competition at the end of September to new students. An Epsom College Scholarship, open to students of Epsom College, and represents a free medical education at the London Hospital. A £20 scholarship for first year's students in anatomy and biology, a scholarship in chemistry for first year's students, value £10, and a scholarship, value £25, in anatomy and physiology, to first, second, and third year's students; a scholarship, value £20, in clinical surgery; a scholarship, value £20, in clinical medicine; a scholarship, value £20, in clinical obstetrics; the Duckworth Nelson prize, value £10 (biennial), in clinical medicine and surgery; the Andrew Clark prize, value £26, (biennial), in clinical medicine and pathology; the Lethebey prize of £20 for chemistry; the Hutchinson prize, value £35 (triennial), for clinical surgery; the Sutton prize, value £20; the Anderson prize. Prizes, value £60, to dressers of out-patients in minor surgery. Practical anatomy prizes, value £6 and £4.

Fees.—Perpetual fee for lecture and hospital practice, payable in three instalments of 45, 45, and 40 guineas, at the commencement of the first, second, and third years respectively, 130 guineas, or if in one payment, 120 guineas. Fees for students entering at or before the beginning of their second winter session (their first year having been spent elsewhere), 85 guineas, payable in two instalments of 45 and 40 guineas, or if in one payment 80 guineas. Dental students (general hospital practice and lectures), 40 guineas; general fee for dental practice, 10 guineas. To the sons of medical men a reduction of 15 guineas is allowed off the perpetual fee.

Instruction is given throughout the year in all the details required for the diploma in Public Health.

In addition to the regular courses of lectures, there will be given during the summer session a course of lectures on Clinical Surgery by Mr. Jonathan Hutchinson, F.R.S., Emeritus Professor of Clinical Surgery.

Accommodation is obtainable at a very reasonable rate close by or in the suburbs a few minutes' distant by train. Dinners and luncheons are provided in the Student's Club, which, with the reading and smoking rooms, now form part of the college buildings. Students wishing to reside with a member of the profession can obtain information as to vacancies and terms from the Warden. A list of approved lodgings is kept. All inquiries should be addressed with reference to these and other matters to the Warden. The "London Hospital Clubs Union" has a field for cricket, football, &c., with an excellent pavilion, at Lower Edmonton. The clubs and societies are open to all the students, and are warmly encouraged by the staff.

ST. MARY'S HOSPITAL.—This hospital is situated at Paddington, near the terminus of the Great Western Railway, and contains 281 beds, of which 128 are devoted to medical, and 153 to surgical cases. When the new "Clarence Memorial Wing" now in course of erection is finished an additional 100 beds will be ready for teaching purposes,

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as well as a new out-patient department, and accommodation for additional special courses. There are also special wards for the diseases of women and children, and well-attended out-patient departments for the diseases of children and women, and of the eye, ear, skin, and throat.

Appointments.—There are sixteen appointments in the hospital each year open to students as house physicians, house surgeons, and obstetric officers, and free of all expense for board and residence. Two paid prosectors or more as occasion arises, are appointed annually; two demonstrators of anatomy, receiving £70, and one junior £50; also two assistant demonstrators of anatomy or more as occasion arises; a demonstrator of physiology is appointed with an annual salary of £100, and two assistant demonstrators or more as occasion arises, and a resident medical superintendent appointed annually, and eligible for re-election, besides clinical clerks and dressers.

Scholarships, &c.—One scholarship in natural science, of the value of 100 guineas, open to any gentleman who has not completed a winter session of study at a medical school. Three scholarships in natural science, each of the value of 50 guineas, under the same conditions. One scholarship of the value of £133, open to students from Epsom College, being sons of medical men, and who have not completed a winter session of study at a medical school. Two scholarships, each of 50 guineas, open to students from the Universities of Oxford, Cambridge, or other University, who have not entered at any London medical school.

Fees.—Fee for attendance on the full five years' curriculum of hospital practice and all lectures, demonstrations, and all classes of the medical, surgical, and obstetric tutors given in the school and hospital, including membership of the Library, Medical Society, Student's Club, and all the Athletic Clubs, and the receipt of the hospital *Gazette* for five years, £139, paid on entering the School; or in instalments, £144. The only additional fee is one of £3 3s. for those desirous of taking up a course of Dispensing in the Dispensary of the Hospital.

Fee for dental students, £55 in two instalments, or £50 in one.

Students who have completed the Examinations in Anatomy and Physiology at the Universities of Oxford, Cambridge, or other University, are admitted as perpetual pupils of this Hospital and Medical School on payment of a fee of 55 guineas in one sum, or pay an annual fee of 28 guineas. University students, prior to completing the Anatomy and Physiology examinations, pay an annual fee of 28 guineas. After completing the Anatomy and Physiology Examinations the inclusive fee or the annual fees detailed above may be paid.

Residential College.—Gentlemen desirous of entering the Residential College pay £75 for the Academic year.

Middlesex Hospital.—This hospital, which is situated in Central London, contains 302 beds. There are special departments for cancer, and for ophthalmic, throat, aural, skin, dental, and children's cases. Wards are also devoted to cases of uterine disease and of syphilis. Residence for students is here obtainable in the college buildings attached to the school.

Appointments.—Casualty surgical officer, casualty medical officer, six house surgeons, six house physicians, and two resident obstetric physicians. The above officers have residence and board in the college free of expence. Clinical clerks and dressers in all the departments are also appointed in addition to the foregoing.

Scholarships, &c.—Two entrance scholarships of the value of £100 and £60 respectively. One entrance scholarship of the value of £60 open to Oxford and Cambridge students only. (Subjects—Anatomy and Physiology, including Histology.) Two Broderip scholarships of £30 and £20 per annum respectively, tenable for two years, for medicine and surgery: John Murry medal and scholarship, awarded every third year; the Governors' prize of £21 for students in their final year. Hetley clinical prize, value £25, awarded annually for proficiency in practical clinical medicine, surgery, and obstetrics; the Lyell Gold Medal in surgery and surgical anatomy; exhibitions of 10 guineas and 5 guineas for anatomy and physiology to second and first year's students respectively, as well as class prizes in particular subjects.

Fees.—General fee for the entire course of hospital practice and lectures, 120 guineas if paid in one sum on entrance, or by instalments of 60, 40, and 30 guineas, payable at the commencement of the first, second, and third years respectively. General fee for members of a University who have completed one year of medical study, 90 guineas if paid in one sum, or by instalments of 60 and 40 guineas. For those who have completed their anatomical and physiological studies the fee is 70 guineas on entrance, or in two instalments of 40 and 35 guineas. The composition fee for London University students who have passed the preliminary science examination is 110 guineas. The fee for the curriculum for dental students is 54 guineas on entrance, or two instalments of 40 guineas and 20 guineas.

St. Thomas's Hospital.—This hospital with its medical school attached is situated on the southern embankment of the Thames, facing the Houses of Parliament. Its original foundation dates from the twelfth century, and the present buildings, opened in 1871, have accommodation for 572 in-patients, special wards being devoted to children under 6 years of age, diseases of women, diseases of the eye, &c. The class rooms and laboratories in the school are of the most commodious proportions, and the excellence of its staff and the practical instruction imparted has caused the entries steadily to increase of late years. In 1894 new laboratories for pathology, biology, and physics were added, also a new students' club.

Appointments.—A resident assistant physician and surgeon, two hospital registrars, each with a salary of £100, an obstetric tutor and registrar at a salary of £50, four house physicians, four house surgeons, four assistant house surgeons, and two obstetric house physicians, holding office for three or six months. One ophthalmic house surgeon, with a salary of £50, and another provided with commons only. The assistant house surgeons, the junior obstetric house physician, and the ophthalmic house surgeons are non-resident, but the other officers are provided with rooms and commons in the hospital free of expense. Clinical clerks and dressers to in-patients and out-patients, obstetrical clerks, prosectors, pathological assistants, assistants in the physiological and chemical laboratories, and assistants to the teachers of practical surgery. These are throughout open to students without extra charge.

Scholarships, &c.—Two entrance scholarships in natural science of £150 and £60 respectively; one entrance scholarship in anatomy, physiology, and chemistry, value £50; for first year's students the William Tite scholarship of £27 10s., and four college prizes, ranging in value from £10 to £20; for second year's students, the Musgrove scholarship or the Peacock scholarship, each of the value of £38 10s., and four college prizes, ranging in value from £10 to £20; for third year's students, second tenure of Musgrove or Peacock scholarship if the holder obtains first class; college prizes of £20, two of £15, and two of £10. In addition there are awarded the Cheselden medal for surgery and surgical anatomy, the Mead medal for medicine, the Beaney scholarship of £50 awarded biennially for surgery and surgical pathology, the Bristowe medal for pathology and morbid anatomy annually, the Solly medal for reports of surgical cases biennially, the Grainger testimonial prize of £15 for anatomical and physiological work, and the Treasurer's gold medal for general proficiency. The Salters' Company Research Fellowship, of the annual value of £100, tenable for three years, for the promotion of research in pharmacology.

Fees.—For the entire course of hospital practice and lectures, £150 paid on entrance, or 150 guineas by instalments. The fee for students entering in their second year is £130, and in their third year, £80, or if paid by instalments 130 and 80 guineas respectively. The fee for attendance on the subjects required for students in dental surgery is for two years £66, or by instalments, £55 for the first year, £15 for the second year. The fee payable by medical practitioners for admission to hospital practice and lectures is 15 guineas.

University College Hospital.—University College Hospital is situated in North London, not far from Euston Railway Terminus. The college where the classes are held, faces the hospital, on the opposite side of Gower Street. The number of beds available for teaching purposes is 207.

Appointments.—Eight house physicians, six house surgeons, four senior and eight junior obstetric assistants, are selected annually by examination from among the senior

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students without fee. The house physicians and house surgeons reside in the hospital for a period of six months, and the senior obstetric assistants for three months, and receive their board and lodging free.

The offices of out-patient physicians' and surgeons' assistants, clinical clerks, surgeons' dressers, and ophthalmic surgeons' assistants are filled by pupils who are also students of the college, without additional fee.

Scholarships, &c.—Entrance Scholarships: One of the value of 131 guineas, and two of 55 guineas for proficiency in science, the subjects being those of the Preliminary Scientific Examination of the University of London. The Atkinson-Morley surgical scholarship of £45 a year, tenable for three years; Atchison's scholarship, value £60, tenable for two years; Sharpey physiological scholarship, value about £105 a year, tenable for three years; Filliter exhibition for proficiency in pathological anatomy, value £30; Erichsen prize, operating case, value £10 10s., awarded for practical surgery,; Dr. Fellow's clinical medals, the Liston gold medal, Alexander Bruce gold medal, Cluff memorial prize, Tuke medals for pathology, class medals, &c.; gold and silver medals, or other prizes, as well as certificates of honour, are awarded after competitive examinations in particular branches of study. The Tufnell scholarship of £100 for chemistry, two years; and the Clothworkers' exhibitions in chemistry and physics of £30 each, can also be held in the medical faculty.

The following fees have been grouped to meet the requirements of the various examining boards:—1. For the medical examination required by the Examining Board in England and the Society of Apothecaries (exclusive of instruction in vaccination and attendance at a fever hospital): 135 gs. if paid in one sum at the commencement of the course; 140 gs. if paid by instalments, as follows: First year 65 gs., second year 50 gs., third year 25 gs. 2. For those students who do not require to attend chemistry, pharmacy, and elementary biology at a medical school (under the regulations of the examining board in England) the fee is: 117 gs. if paid in one sum; 122 gs. if paid by instalments, as follows: First year 55 gs, second year 40 gs., third year 27 gs. 3. For the courses necessary for the preliminary scientific examinations of the University of London, 35 gs. 4. For the course of instruction for the intermediate examination in Medicine of the University of London, 55 gs. paid in one sum. 5. For the course of instruction for the final M.B. examination of the University of London, 76 gs. if paid in one sum; 78 gs. if paid by instalments, as follows: First year 45 gs., second year 33 gs. This course of instruction is also suitable for the corresponding examination at the Universities of Oxford, Cambridge, and Durham. 6. Composition fee for dental students, for the courses required for the L.D.S., 65 gs., or exclusive of chemistry, practical chemistry, physics, and materia medica, 50 gs. The composition fees, 1, 2, 4, and 5, admit to attendance on systematic lectures and to hospital practice, where this is included in the fee, during five years.

WESTMINSTER HOSPITAL.—This hospital is conveniently situated, facing the Abbey, and is readily accessible from all parts of the metropolis. It contains 205 beds for general cases, and all the special departments. New school buildings have been erected close by which afford accommodation for 150 students. The class rooms, dissecting rooms, and lecture theatre are excellent samples of modern erections, affording ample scope for study.

Appointments.—Curator and pathologist, receiving respectively £40 and £50 per annum; medical and surgical registrars, each £40; two house physicians, two house surgeons, two assistant house surgeons, and resident obstetric assistant. These officers, except the four first named, are all boarded free of expense. Fourth year's students are appointed to be clinical assistants in the various departments.

Scholarships, &c.—Winter Entrance Scholarships.—The Guthrie, £30 a year for two years, and one other, value £40, subjects—Latin, Mathematics, French or German, and Chemistry and Natural Physiology. Summer—Natural science, value £60, inorganic chemistry, experimental physics and general biology, value £40, chemistry and experimental physics, two senior scholarships, value £40 each, annually in July, to members of the Universities of Oxford and Cambridge, subjects—Anatomy and physiology, including histology; also one of £20 offered for competition annually to commencing dental students. There are also an exhibition, value £10 10s, for first year's men; a scholarship in anatomy and physiology, value £21, for second year's men; prizes for clinical medicine and surgery of £5 each; the Frederick Bird medal and prize, value £15; the Chadwick prize for proficiency, value £21, and various class prizes.

Fees.—In one payment of 100 guineas, or two payments of 55 guineas each, payable on entrance, and at the commencement of second year respectively, or by six payments distributed over six sessions of 25 guineas and 15 guineas alternately. Fees for shorter periods or for single courses may be learned on application to the Dean. Fees for dental students, payable in one sum on entrance, £50, or in two instalments of £27 10s.

LONDON SCHOOL of MEDICINE FOR WOMEN AND ROYAL FREE HOSPITAL.—This school, which is situated in Handel Street, Brunswick Square, opens at the same time, and the periods of study, lectures, &c., are similar to those at the ordinary medical schools. A commodious dissecting room, physiological and chemical laboratories, and library are provided at the School, and clinical lectures are regularly delivered at the Royal Free Hospital, Gray's Inn Road, which institution is appropriated to the students at this School as a field of practical study and experience; clerkships, dresserships, and a pathological registrarship being tenable there without fee by lady students.

Scholarships, &c.—Entrance Scholarship of £30. The John Byron scholarship of £20 a year for four years, the Stuart Mill scholarship of £30 a year for four years, the Fanny Butler scholarship of £14 10s. a year for four years, are offered from time to time. The Helen Prideaux prize of £50 is offered every other year to graduates of the school. Three Evans prizes of £3 3s., £2 2s., and £1 1s., respectively, are given in the midwifery class, and two Mackay prizes of £20 each are offered annually. There are other scholarships for ladies willing to qualify themselves as practitioners in India.

Fees.—The fee for the ordinary curriculum of non-clinical lectures is £90 if paid in one sum, or, if paid in instalments, £40 for the first year, £40 for the second, £15 for the third. The fee for clinical teaching is £35. Women are eligible for the diplomas of the University of London, the Royal University of Ireland, the University of Durham, the Conjoint Examinations of the Royal Colleges of Physicians and Surgeons, Edinburgh, and Faculty of Physicians and Surgeons, Glasgow, the Royal Colleges of Physicians and Surgeons, Ireland, and the Society of Apothecaries, London, each of which gives a qualification in medicine, surgery, and midwifery.

COOKE'S MEDICAL SCHOOL.—Pursuant to recognition by the respective examining bodies, this school is prepared to admit to its supplementary work all who may wish to join, but it desires to receive, in regard to its curriculum work, earnest workers only, and not more than half a dozen in the course of the year. The curriculum students are supplied with the necessary material for dissecting the human body two or three times over, which amount of most profitable dissection is rendered easy of accomplishment by the methods of the "Dissection-Guides." Corresponding advantages are offered in regard to Physiology. The Bland Sutton Presentation (named after Mr. Bland Sutton, F.R.C.S., a former pupil of the School), is intended to meet the case of specially able and deserving men of limited means. It confers the privilege of free education during the first two years of medical studies. Gentlemen rejected at their Anatomical and Physiological Examinations (Second Conjoint, &c.), can get "signed up" from this school for the three or six months' supplementary work they are now required to put in before re examination. The school is also recognised for the special dissections for the Fellowship of the Royal College of Surgeons. The instruction is given on the dissected and undissected body, with normal and pathological specimens, microscopical preparations, chemical, physiological and surgical apparatus, splints, &c. The operations of surgery are performed on the dead body. The school possesses a collection of physiological and chemical apparatus, and gentlemen preparing for the higher examinations receive special instruction in the more difficult subjects, and have the advantage of personal use of the physiological apparatus.

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Examination Postal Institution.—There is an Institution conducted by Mr. S. Weymouth, M.A. (27 Southampton Street, Strand), at which special courses can be taken for the medical examinations of the London University, and of the Royal Colleges. Also for the Diploma in Public Health of Cambridge or the Royal Colleges. Preparatory classes for the medical Preliminary are also held, and resident pupils are received.

EXTRA-ACADEMICAL INSTITUTIONS IN LONDON.

London School of Dental Surgery.—This institution is the oldest of the Dental Colleges in the United Kingdom, and its teaching is recognised by the Royal College of Surgeons for the dental diploma. It is situated in Leicester Square, Central London, is open daily, and under the supervision of a special staff and house surgeon. The mechanical laboratory is the most perfect of its kind, and its usefulness can hardly be over-estimated. At the present time its accommodation is hardly equal to increasing requirements, and an enlarged building is in contemplation. Four demonstrators have been appointed to instruct the new students in the elements of operative dental surgery, and at the beginning of the session each demonstrator gives a course of lectures on this subject. There is the Saunders Scholarship, value £20, awarded each year, and the five house surgeoncies are filled by students of the hospital holding the L.D.S. Fee for two years' hospital practice required by the curriculum, including lectures, £50.

National Dental Hospital.—This institution is situated in North-West London (Great Portland Street), and the same teaching facilities and hospital practice are obtainable here as at the foregoing institution, special demonstrations being given by members of the staff daily. There are also a mechanical laboratory, student's common room, a metallurgical laboratory, extraction and stopping rooms, students' hall, &c, all lighted by electricity, and warmed and ventilated after the most approved requirements; in fact, this institution may be pronounced a model dental hospital and school. The winter session commences at the same time as at the medical schools, on October 1st. The medical tutors hold special classes before each College examination. The prizes include one entrance exhibition, value £15; and the Rymer prize of £5 5s. The fee for two years' hospital practice required by the curriculum, including lectures, is £31. 10s.

Medical Students are admitted to the practice at the following Metropolitan Hospitals, to which no medical school is attached. Detailed particulars will be supplied on application to the various secretaries.

Royal Free Hospital, Gray's Inn Road.—This hospital contains 150 beds. It is here that the students at the London School of Medicine for Women take out their medical and surgical practice. Clinical clerkships and surgical dresserships are held by these students. The fees payable are £28 the first, and £16 each succeeding year. The composition fee for all classes and lectures, except clinical, is £80 in one sum, or three payments of £40, £30, and £15.

West London Hospital, Hammersmith.—This contains over 100 beds, and has an extensive out-patient department. Dresserships and clinical clerkships may be obtained. Two house surgeons and two house physicians are elected every six months. Special departments have recently been opened for diseases of the throat, ear, skin, and deformities. An electrical department has also been added.

Great Northern Central Hospital, Holloway Road, N.—This Institution has been recently enlarged and now contains 155 beds. The practice of the hospital is open to practitioners and senior students, and clinical assistants are appointed in the wards and out-patient departments, as in larger hospitals.

Hospital for Consumption and Diseases of the Chest, Brompton.—The largest institution for the treatment of affections of the chest in the United Kingdom, there being 321 beds in the two buildings. Four house physicians reside in the hospital for a period of six months. Lectures and demonstrations are given by members of the medical staff on Wednesdays and Fridays at 4 o'clock, save during the vacations. Pupils are admitted to the practice of the hospital. Terms £3 3s. for three months; six months, £5 5s.; perpetual, £10 10s.

City of London Hospital for Diseases of the Chest, Victoria Park.—This is a large and well-managed hospital at the East End; containing 164 beds. Clinical lectures and demonstrations are given by the members of an excellent staff. Fee for three months' attendence on hospital practice, 2 guineas; six months, 3 guineas.

Central London Throat Hospital, Gray's Inn Road, contains seventeen beds with an extensive out-patient department now undergoing enlargement. Clinical demonstrations open free to qualified practitioners and senior students. Six clinical assistants, being qualified practitioners, are elected to assist the surgeons. Fees for the three months' attendance, £3 3s.; six months, £5 5s. Full details of this Institution will be found on reference to our advertisement columns.

Hospital for Diseases of the Throat and Chest, Golden Square, W., contains 21 beds, with branches at Newington, Walworth, and Notting Hill. Students are admitted to hospital practice on payment of fee for three months' course, £3 3s.; for six months, £5 5s.; perpetual, £7 7s.

London Throat Hospital.—This hospital is situated in Great Portland Street, W., where instruction is given to students entering for special courses. Fee for three months, two guineas; perpetual, five guineas.

The Hospital for Women, Soho Square.—The hospital contains 66 beds. In connection with this institution, there is now an organised school of gynæcology, open to qualified medical men and to students after their third year. Clinical assistants to the physicians and surgeons in the in-patient and out-patient departments are appointed every three months. Fee for the three months' course, £5 5s.

The Samaritan Free Hospital for Women and Children, Lower Seymour Street, W., offers excellent opportunities for clinical study, and the reputation of the staff is in keeping with its surroundings; 53 beds.

Hospital for Sick Children, Great Ormond Street, Queen's Square, and Cromwell House, Highgate. Fee for three months' attendance, £3 3s.; perpetual, £5 5s. There are now 125 beds in the hospital, Great Ormond Street, and 52 in the country branch. The practice of the hospital has been thrown open gratuitously to pupils of the different hospitals and medical schools of London, on conditions to be ascertained from the secretary.

Royal London Ophthalmic Hospital, Moorfields.—This is the largest hospital devoted to this specialty in Great Britain. Gentlemen are admitted to the practice daily at 9 o'clock. Operations, 10 o'clock and after. Fee for six months £3 3s.; perpetual, £5 5s. Further particulars of the Secretary, Robert Newstead.

Royal Westminster Ophthalmic Hospital, King William Street, Charing Cross, has about 30 beds, and a very large out-patient clinique. The lectures and demonstrations are arranged with special reference to the requirements of practitioners and senior students.

Royal Eye Hospital, St. George's Circus, Southwark.—There are 40 beds and 2 cots. Fees £2 2s. for 3 months, £3 3s. for 6 months, and £5 5s. perpetual. Courses are held on ophthalmoscopy, refraction and diseases of the eye, fee, £1 1s. for each course, but perpetual students may attend each course once without extra fee. Pathology class, £1 1s. extra to cover cost of materials.

Bethlem Hospital.—This hospital is open for the admission of two resident medical students who have recently obtained the diploma to practise medicine and surgery, for the acquisition of knowledge regarding the insane. The next election takes place in October at Bridewell Hospital and the elected candidates will be expected to commence residence on the 1st November.

Skin Hospitals.—These are all small institutions, the largest of which is "St. John's Hospital," in Leicester Square, with 29 beds, and which is, we understand, now under excellent management. One of the oldest institutions of the kind is the Western Skin Hospital, which was started so long ago as 1851. In recent years the number of patients has greatly increased. The practice of the hospital is open to students and practitioners. Students of this speciality have also the "London Skin Hospital,"

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in Fitzroy Square, with seven beds and an out-patients' department of over 1,400. There is also the Stamford Street Skin Hospital, in the southern part of the metropolis, with 10 beds and an out-patients department of 5,600, so that the students' needs in this direction are well catered for.

PROVINCIAL MEDICAL SCHOOLS.

BIRMINGHAM.—THE MASON COLLEGE.—This has an exceptionally fine library, containing upwards of 24,000 volumes, and special facilities are offered at the college to intending medical students to complete the preliminary scientific work, without which they cannot hope to succeed in obtaining one of the higher University degrees. Classes have been formed in chemistry, physics, biology, physiology, and practical work in all subjects is carried out in well-appointed and commodious laboratories. The fees for each course of lectures are payable in advance, and arranged on a scale of the most moderate kind varying from half a guinea to three guineas for the whole. Further particulars will be found in the Syllabus, to be obtained from the Secretary.

The School of Medicine, formerly in existence at the Queen's College, has now been united with the Mason College under the title of "Queen's Faculty of Medicine." New buildings have been specially erected for the purpose, and contain large dissecting-rooms, museums, theatres, and all the necessary accessory rooms of a large and well-equipped school. At the Queen's and General Hospitals, to which students at this college have access, there are 400 beds available for clinical instruction. Students also have admission to the City Lunatic Asylum, the City Fever Hospital, the Eye, Orthopædic, and Ear and Throat Hospitals. Students are admitted—(1) as matriculated students who enter for their entire medical education; (2) as occasional students for one or more courses of lectures. There are thirty-five resident appointments in the hospitals of the City, open to students of the school.

Scholarships, Prizes, &c.—Two Ingleby scholarships for obstetric medicine and surgery and diseases of women. Sydenham, Queen's, and Sands Cox scholarships of £31 10s. Clinical prizes:—Senior medical prize for third and fourth year's students, £5 5s.; Junior medical for first or second year's students, £3 3s. Senior surgical prize for third and fourth year's students, £5 5s.; Junior surgical for first and second year's students, £3 3s. Midwifery prize, £4 4s. Examinations are held in the various subjects at the end of each session, and medals and certificates are awarded.

Fees.—College fees for all lectures amount to £70, payable by two equal instalments. There is an entrance fee of £3 3s. Students entering for single courses have to pay entrance fee, £1 1s. for each winter, and 10s. 6d. for each summer session. All students will be required to attend at the Queen's and the General Hospitals as directed by the Clinical Board, excepting students who enter the hospital for six months only. Fees for attendance for four years on the medical and surgical practice, and on the clinical lectures at both hospitals, £42.

Special facilities are offered at Mason College to medical students for the work of the Preliminary Scientific Examination of the University of London.

The Dental Department, in conjunction with the General, Queen's, and Dental Hospitals, affords a complete curriculum for all Dental Diplomas. There is an entrance scholarship value 15 guineas, and medals and honour certificates are awarded in the classes.

UNIVERSITY COLLEGE, BRISTOL.—FACULTY OF MEDICINE.—This is the only medical school in the West of England. Hospital practice is obtainable at either the Royal Infirmary, which contains 264 beds, or at the General Hospital, 200 beds, both large and well-organised institutions.

Appointments.—At the Royal Infirmary, and also at the General Hospital, clinical clerks and dressers reside in the house in weekly rotation. A pathological clerk is appointed every three months.

Clinical lectures are given regularly at both institutions.

Scholarships, Prizes, &c.—Prizes and certificates of honour are given in University College in all the subjects of the curriculum. At the Royal Infirmary, two entrance scholarships, 35 guineas and 20 guineas. Tibbits' Memorial Prize, 9 guineas, practical surgery. Crosby Leonard Prize, 7 guineas, surgery. Suple's Medical Prize, a gold medal and £7 7s. Suple's Surgical Prize, as the medical. Clarke Prize, 15 guineas for third year's students. Midwifery prize, value £3 3s. Pathological prizes (3 or more) value £3 3s. At the General Hospital, Lady Haberfield Entrance Scholarship, 30 guineas. Second Entrance Scholarship, £20. Martin Memorial Pathological Scholarships, two of £10 each. Committee gold and silver medals, for general proficiency. Clarke scholarship, surgical, £15. Sander's Scholarship, £22 10s., medicine, surgery and obstetric medicine.

Fees.—School fees for attendance on all courses of lectures except comparative anatomy, 65 guineas, or 55 guineas. Royal Infirmary Fees—surgical practice, one year 12 guineas; perpetual, 20 guineas. Medical practice pupil, 20 guineas; perpetual, medical and surgical, 35 guineas. General Hospital—Medical or surgical practice, one year, £10; perpetual, £20; clerk or dresser, 5 guineas. Perpetual, medical and surgical, 35 guineas.

Prospectus and further information on application to Dean, Professor E. Markham Skerritt.

YORKSHIRE COLLEGE SCHOOL OF MEDICINE, LEEDS.—This school, which was founded sixty-five years since as the Leeds Medical School, forms the Medical Department of the Yorkshire College, one of the colleges constituting the Victoria University. Students of the Yorkshire College are therefore eligible for the degrees of the Victoria University as well as for those of the London, Durham and Edinburgh Universities, and for the ordinary diplomas. The new building erected on a site contiguous to the Infirmary, was opened two years ago by their Royal Highnesses the Duke and Duchess of York. It contains one of the finest dissecting rooms in the kingdom, extensive laboratories for Physiology and Pathology with the most recent improvements in fittings and apparatus, ample lecture-room accommodation, a large Library, and separate Museums for Pathology and Anatomy. Professors and Lecturers are attached, and the clinical teaching is given by the physicians and surgeons attached to the Infirmary. Ophthalmic demonstrations and demonstrations of skin diseases are given in the Infirmary by the surgeons in each department, where also are obtainable various clinical clerkships, dresserships, and other appointments: and an extern maternity charity is attached, at which the necessary attendance at labours can be taken; besides the Infirmary, there are a large dispensary, a large hospital for infectious diseases, and a hospital for women and children, all of which are open to students of the school.

Students here have also excellent opportunities of acquiring a thorough insight into psychological medicine, as the renowned West Riding Lunatic Asylum is in connection, whereat lectures on mental diseases are delivered during the summer.

Scholarships, Prizes, &c.—(1) A Gilchrist scholarship of £50 a year for three years is awarded annually, and a second biennially, to the candidate who stands highest at the June Preliminary Examination of the Victoria University, provided he passes in the first division. (2) A University scholarship of £50 is awarded annually on the results of the Second Examination for the Degree of M.B. and Ch.B., *held in March*. An entrance scholarship of 64 guineas (covering composition fee for a full curriculum of lectures) is offered every September to University students. There are also a Hardwick prize in clinical medicine, a M'Gill prize in clinical surgery, each of the value of £10, and Thorp prizes of £10 and £5 in forensic medicine and hygiene, besides silver and gold medals and other class prizes. The composition fee for attendance upon all the required courses of school lectures is 64 guineas for University students who have attended the preliminary scientific courses; and 70 guineas for non-University students, including for them chemistry and biology.

At the General Infirmary, containing 447 beds, the perpetual fee for medical and surgical practice and clinical lectures is £42 in one sum, or two instalments of £22 each. These fees are not included in the composition fees for lectures, and are payable separately. A scholarship of £42 to cover the cost of medical and surgical practice is also offered annually.

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Liverpool University College (Victoria University).—The new physiological and pathological laboratories are now in course of erection and will be ready for occupation at the opening of the coming Winter Session (1897-8). The chemical laboratories are at present being extended, so as to provide *inter alia* more complete accommodation for medical students and those engaged in laboratory work for diplomas in Public Health. It is expected that these will be completed this year. Still more recently steps have been taken to provide for the extension of the anatomical department, and structural alterations for this purpose are at present in progress. During the past year the dissecting room and theatre have been provided with the electric light. The chair of pathology has secured adequate temporary accommodation in Ashton Hall, an institute adjacent to the College, which has recently been opened, and contains ample class-room and laboratory accommodation for study and research in pathology and bacteriology. The museums of anatomy, pathology, materia medica, and public health are furnished with complete provision for the needs of students, and have recently been re-organised and revised. During the year the first instalment of new anatomical and surgical laboratories has been erected at a cost of £2,000, in the form of permanent anatomical out-buildings and court-yard. The buildings include mortuary, store-rooms, museum work-rooms, and macerating-room, along with lavatories, &c. The erection of new anatomical and surgical laboratories will be commenced as soon as practicable.

Royal Infirmary.—The Royal Infirmary which adjoins the School, contains 300 beds, with 40 special beds for the treatment of diseases of women. The Lock, Lying-in, Eye and Ear, Children's, and Dental Hospitals are in the immediate vicinity, and their practice is open to the students of the medical faculty.

Fees.—The composition fee for lectures and classes is £24; 15s. for preliminary scientific classes; £60 for the medical classes required for the Victoria University Degree; £70 for all classes required for the Diplomas of the Conjoint Boards. The medical composition fees are payable in two instalments, at intervals of twelve months. The fee for hospital attendance at the Royal Infirmary is 40 guineas, also payable in two annual instalments.

Appointments.—Three house surgeons, three house physicians, and one extern house surgeon to the Thornton Wards, are appointed for six months, after, if necessary, competitive examination. Three clinical clerks for each physician; three or more dressers for each surgeon, and two clerks to the Thornton Ward for Diseases of Women, are appointed every three months. Post-mortem clerks are appointed for six weeks. All students are required to perform this duty before the schedule for the final examination is signed.

Scholarships—(*a*) Two Holt tutorial scholarships, each of the value of £100 for one year, are awarded annually to senior students. (*b*) Two Lyon Jones scholarships, of the value of £21 each for two years are awarded annually—a junior scholarship, open at the end of the first year of study to Victoria University students, in the subjects of the first M.B. examinations; and a senior scholarship open to all students in the school at the end of the third year of study, on the subjects of anatomy, physiology, and materia medica. (*c*) The Derby exhibition of £15 for one year is awarded in clinical medicine and surgery in alternate years. Students may compete in their fourth and fifth years; in 1897 the subject will be clinical medicine. (*d*) The Torr gold medals in anatomy and physiology and numerous class prizes are awarded annually.

School of Dental Surgery. — There is a School of Dental Surgery in connection with the medical faculty. The curriculum includes lectures and demonstrations on all the subjects required for the Licences of Dental Surgery of the Royal Colleges of Surgeons of London, Edinburgh, and Dublin, and of the Faculty of Physicians and Surgeons of Glasgow. In addition, laboratory courses are conducted indental histology and dental pathology. Practical instruction in dentistry is given at the Dental Hospital in Mount Pleasant.

Fees.—A payment of £50 on entrance, or in two equal instalments (one half on entrance, and the remainder within twelve months), entitles the student to attendance on all lectures and demonstrations (medical and special) required for the Dental Licence of the College of Surgeons. The fee for two winters' surgical practice is £10 10s., and for two years' dental hospital practice £12 12s. The total expenditure for the whole curriculum is £73 2s.

School of Pharmacy.—A department of pharmacy has been instituted, comprising the necessary courses for the minor and major examinations of the Pharmaceutical Society, in chemistry, physics, botany, materia medica, and pharmacy. The composition fee is £17, and the classes may be attended in one or two years.

Further information can be obtained from the Dean of the Medical Faculty, Professor Paterson, University College, Liverpool.

Manchester.—Victoria University, Owens College School of Medicine.—The medical school buildings which include large laboratories, dissecting rooms, library and reading rooms, are on the most modern principles, and students wishing to engage in anatomical, physiological, or pathological research will find excellent opportunities for the study in the complete and well-furnished laboratories. The buildings were extended only a few years ago, but owing to the rapid growth of the school further large additions have been made, including lecture theatres and laboratories. Hospital practice is taken out at the Royal Infirmary, which contains 298 beds. The Monsall Fever Hospital, Cheadle Lunatic Asylum, St. Mary's Hospital, the Southern Hospital, and other special hospitals also afford teaching facilities of great importance.

Appointments.—The following appointments are made in connection with the Manchester Royal Infirmary: Surgical Registrar, at £80 per annum; a Pathological Registrar at £100 per annum; a Medical Registrar, at £70 per annum; two Assistant Medical Officers, each at £80 per annum; a Resident Medical Officer at the Convalescent Hospital, Cheadle, one year, £150 per annum; ditto at Monsall, one year, £250 per annum: Resident Medical Officer, one year, £150; Resident Surgical Officer, one year, £150 per annum; two Chloroformists, annually, at £50; four House Surgeons and two House Physicians are appointed every six months; a Resident Assistant at Monsall annually, at £100; and one at the Convalescent Hospital, Cheadle, for six months.

Scholarships.—Dalton Entrance Scholarship. £40 per annum for two years; Cartwright Entrance Scholarship, £35 per annum for three years; Hulme Entrance Scholarship, £35 per annum for three years; Roger's Entrance Scholarship, £40 per annum for two years; Seaton Entrance Scholarship, £40 per annum for two years; James Gaskill Entrance Scholarship. £40 per annum for two years; Kay Shuttleworth (Sir Jas. Philips) Scholarship, £30 per annum for three years; Theodore's Modern Languages Exhibition, £15; Honorary Research Fellowships; Manchester Grammar School Scholarship, £18 per annum for three years; Turner Scholarship of £20 to students who have completed four years of study in the College, Platt Physiological Scholarship, value £50, tenable for two years, open to students between the ages of 18 and 25; two Platt exhibitions, £15 each, for first and second year's students in physiology; Dumville Surgical Prize, £15, at the end of the winter session; two Dauntsey Medical Entrance Scholarships, value £35, tenable for one year; John Henry Agnew Scholarship in Diseases of Children, value about £30 awarded annually; Gilchrist Scholarships of £50 per annum, tenable for three years in the Colleges, awarded annually to the candidate gaining the highest number of marks in the first division of the Preliminary Examination of the Victoria University; the Bradley Memorial Scholarship in Clinical Surgery is offered annually in the summer session to candidates who must be fourth year students.

Fees.—Composition fee, £70, in two sums of £35 each, Hospital practice: composition fee, £40, or two instalments of £25 each.

Dental Fees.—Composition fee, £50, payable in two sums of £25 each. Hospital practice, £12 12s.

Sheffield School of Medicine.—The new school, opposite to Firth College, was opened in 1888. It is a handsome building, and contains a medical library, good class rooms, an excellent anatomical department, a recently fitted up physiological laboratory, and every provision for medical education under the most modern principles. The course of lectures and instruction is

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adapted to meet the requirements of the various examining bodies. Students at this college obtain medical and surgical practice at the General Infirmary, a well-appointed institution containing 200 beds, and also at the Sheffield Royal Hospital containing 105 beds. The fees for attendance £6 6s. each for medical and surgical practice during the winter session, and for three months £3 3s. each. Perpetual fee for medical and surgical hospital practice in a single payment of £45, or in two payments, viz., £26 on entrance, and £22 within twelve months afterwards. The Sheffield Medical School is now affiliated with the Firth College and Technical Schools, so that students have here the opportunity of engaging in other branches of service beyond those embraced in the medical curriculum. Students are also admitted to the practice of the Jessop Hospital for Diseases of Women, to the Borough Fever Hospitals, and to the South Yorkshire Lunatic Asylum at Wadsley. Some of the lecturers and other local members of the profession receive house pupils, assisting them in their studies where such arrangements are desirable. The winter session will commence on Oct. 1st, with an Inaugural Address by Sir Henry Littlejohn. Dean, Dr. W. T. Cocking, to whom applications may be addressed.

An entrance scholarship of the value of £110 will be awarded at the commencement of the session to the best candidate (if of sufficient merit) in Mathematics, Elementary Physics, Inorganic Chemistry, Latin, English. The examination will be held at Firth College, on September 24th and 25th. Applications to be sent to Secretary of the School not later than September 17th.

Composition fee, 60 guineas, or in two instalments of 35 guineas and 30 guineas for lectures and practical classes required by the Examining Board in England.

Prizes for Clinical Medicine and Clinical Surgery of 10 guineas; prizes in books and certificates awarded annually.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, Newcastle-upon-Tyne.—A very commodious and ornate new building has been erected here at a cost of about £31,000. The electric light has been installed throughout the whole of the working part of the college. The Royal Infirmary, at which clinical instruction is obtained, contains 280 beds. Pathological demonstrations are given as opportunity offers. Practical midwifery can be studied at the Newcastle Lying-in Hospital. Opportunities for practical study are also afforded by the Dispensary, City Infectious Diseases Hospital, Eye Infirmary, Children's Hospital, and Northumberland County Lunatic Asylum. Lectures are given on psychological medicine and on public health.

Appointments.—Assistant demonstrators of anatomy receiving each an honorarium; prosectors for the professor of anatomy, assistant demonstrators of physiology and pathology, assistants to the dental surgeons, clinical clerks, and dressers are appointed at regular intervals. One year attendance at the College is required on the part of candidates for the degrees in medicine of the University of Durham.

Scholarships, &c.—University scholarships, value £100, for proficiency in arts, awarded annually at the beginning of winter session to full students in their first year only. The Dickinson memorial scholarship, value £15 annually, for medicine, surgery, midwifery, and pathology, open to full students, who have passed the primary examination of a licensing body. The Tulloch scholarship, interest of £400 annually, for anatomy, physiology, and chemistry. The Charlton memorial scholarship, interest of £700 annually, open to full students entered for the class of medicine at end of winter session. The Gibb scholarship, interest of £500 annually, for pathology, at end of summer session. Goyder memorial scholarship in clinical medicine and clinical surgery, proceeds of £325 annually. The Luke Armstrong memorial scholarship, interest on £680. The Stephen Scott scholarship in surgery, interest on £1,000. The Heath scholarship in surgery, the next award will be in 1898: the interest on £4,000 is awarded every second year. The Gibson prize in midwifery and diseases of women and children; the interest on £225 is awarded yearly. At the end of each session a prize of books and honours certificates are awarded in each of the regular classes.

Fees.—(*a*) A composition ticket for lectures at the College may be obtained—1. By payment of 70 guineas on entrance. 2. By payment of 45 guineas at the commencement of the first sessional year and 35 guineas at the commencement of the second sessional year. 3. By three annual instalments of 35, 30, and 20 guineas respectively at the commencement of the sessional year. (*b*) Fees for attendance on hospital practice: For three months' medical and hospital practice, 5 guineas; for six months, 8 guineas; for one year, 12 guineas; perpetual, 25 guineas; or by three instalments at the commencement of the sessional year, viz., first year, 12 guineas; second year, 10 guineas; third year, 6 guineas; or by two instalments, viz., first year, 14 guineas; second year, 12 guineas

UNIVERSITY COLLEGE, CARDIFF—MEDICAL SCHOOL.—Owing to the very rapid increase in the population of Glamorganshire and Monmouthshire, and the consequent increase in the Infirmary accommodation the basis on which to build a medical school in South Wales is amply sufficient for every need. University College, Cardiff, has for some years past prepared students in physics, chemistry, zoology, and botany, and these students have in considerable numbers passed these subjects as part of their medical curriculum and have finished their studies elsewhere. The Council, by the appointment of a professor of anatomy, a professor of physiology, and the appointment of a lecturer on materia medica and pharmacy, now offer facilities to students who may wish to continue their studies in Cardiff to the end of their third year. Laboratories comprise large lecture rooms to seat one hundred students each, a dissecting room, anatomical museum, bone room, and preparation room, a class room for practical physiology, physiological preparation and research rooms, photographic and instrument rooms. Students preparing for the preliminary scientific and intermediate examination in medicine of the University of London, or for the corresponding examination in a Scottish University may compound for their classes by paying a composition fee of £57 10s. Students who are preparing for the examinations of the Conjoint Board or of the Society of Apothecaries, London, may compound for their classes by paying a composition fee of £35. In all cases the composition fee may be paid in instalments.

Scholarships, &c.—The following entrance scholarships may be held by students who intend pursuing their medical studies at the college:—(1) One Drapers' Company scholarship, £35 for one year; (2) One John Cory scholarship, £25 for three years; (3) One Richard Cory scholarship, £25 for three years; (4) One Caroline Williams scholarship for Women only, £25 for three years; (5) Two Brecon scholarships, £20 for three years, for residents in Brecon only; (6) Five Craddock Wells exhibitions for local competitors; (7) Twelve exhibitions of £11 1s. Examinations for above, every September. Intending candidates can obtain further particulars on application to the Registrar.

The winter session will commence on Oct. 8th. The names of the staff and the subjects taught will be found on reference to our advertisement columns.

The Infirmary within three minutes of the College where the clinical work is taken, contains two hundred beds. Attached to the hospital is a large out-patient department, and special departments for the eye, ear, and throat.

LIVERPOOL ROYAL SOUTHERN HOSPITAL.—The clinical school of this hospital is situated within convenient distance of the School of Medicine, and affords every facility for clinical and pathological study. The hospital contains 200 beds, and, in addition to the general medical and surgical cases, attention is devoted to the diseases of women and children. The medical and surgical staff visit the wards daily, and the ward instruction is supplemented by weekly clinical lectures. Additions have been made to the teaching staff so that students may now obtain instruction in diseases of the eye, ear and throat. Mr. Richard Williams, M.R.C.S., has been appointed ophthalmic surgeon; Mr. Charles G. Lee, M.R.C.S., aural surgeon and W. Permewan, M.D. Lond., F.R.C.S. Eng., laryngologist. The medical and surgical tutors attend every day to instruct the junior students in the methods of diagnosis, and to prepare the senior men for their final examinations. There is an excellent pathological department, with laboratory attached, where demonstrations are arranged for, and regular instruction is given in practical pathology. The

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practice of St. George's Hospital for Diseases of the Skin is free to students. Ample opportunity is afforded for acquiring a knowledge of dermatology. Recently a bacteriological laboratory has been added where students can obtain a practical knowledge in bacteriology. In connection with the hospital a course of instruction for gentlemen desirous of obtaining a diploma in public health is given, and with this object a chemical laboratory under Mr. Herbert Davies, M.A.Camb., B.Sc. (Lond.), has been opened. In addition to the clinical clerkships which are allotted to the students, the resident post of Ambulance Office is given to the student whom the Board may think most suited to hold it every three months. A prize of £20 is annually competed for, which affords special advantages for clinical and pathological research to the holder, and three prizes of £5 each are also awarded to the gentlemen who present the best taken series of medical and surgical cases. Fees.—Perpetual, £26 5s.; one year, £10 10s.; six months, £7 7s.; three months, £4 4s. There are rooms for a limited number of resident students; terms (exclusive of fee for hospital practice), £15 15s. per quarter. The practice of the hospital is recognised by all examining bodies.

Bristol Royal Infirmary.—This is one of the largest provincial hospitals in Great Britain, and contains 270 beds. A large ward is exclusively appropriated to children, separate wards for eye cases, and for the treatment of diseases peculiar to women, and four wards apart from the main building for cases requiring isolation. It is provided with all the necessary appliances for a complete clinical education. The resident appointments of junior house physician and junior house surgeon, each tenable for six months, are for qualified students of the Infirmary who have previously acted as medical and surgical registrars. They are chosen by competitive examination. Several scholarships and prizes are obtainable at this institution. Fees for admission to the medical practice, 6 months, 7 guineas; 12 months, 12 guineas; perpetual, 20 guineas. The same fees are payable for surgical practice. Perpetual fee for medical and surgical practice, 35 guineas. Dental surgical practice, one year, £7 7s.; perpetual, £12 12s.

Further information from the Dean of the Faculty, Dr. Prowse.

Bath Royal United Hospital.—This is a well-appointed hospital in the West of England with 120 beds, at which students can obtain clinical instruction. The hospital is recognised by the Colleges, and is licensed for dissection. It contains also an excellent museum and library. Fee for six months' attendance, five guineas; twelve months', ten guineas.

Bradford Infirmary.—The hospital contains 210 beds. Non-resident pupils are received, and abundance of clinical material is obtainable. One year's attendance is recognised by the Examining Boards. Fee, perpetual, £10 10s.

Brighton Sussex County Hospital contains 173 beds. It is recognised by the College of Surgeons and by the Conjoint Board. Out-pupils are admitted to the clinical teaching and the classes at a fee of £21 for two years.

Norfolk and Norwich Hospital.—This hospital is recognised by the Colleges, and contains 220 beds. Fees, £10 10s. for six months, £15 15s. for twelve months' medical and surgical practice. Pupils, resident and non-resident, are admitted.

Wolverhampton General Hospital.—The hospital contains 230 beds, attendance at this hospital being recognised by all the Examining Boards. Pupils are trained in clinical work by the medical and surgical staff. Fees.—Six months, £6 6s.; twelve months, £12 12s.; perpetual, £21.

THE ENGLISH UNIVERSITIES.

The English Universities are five in number—viz., Oxford, Cambridge, London, the Victoria, and Durham. Each of these "turns out" a due proportion of medical graduates every year. Those students who have means at command will probably elect to enter at either Oxford or Cambridge, where, perhaps, the social advantages arising from residence at these ancient seats of learning form the chief attraction. Of the University of London we have already spoken, and the Victoria University comprises Owens College, Manchester; University College, Liverpool; and the Yorkshire College, Leeds. With regard to Durham University, great facilities have within the past few years been provided in the matter of medical degrees.

OXFORD.

There are two degrees in Medicine, B.M. and D.M., and two degrees in Surgery, B Ch. and M.Ch.

The B.M. and B.Ch. degrees are granted to those members of the University who have passed the Second Examination. Graduates in Arts (B.A. or M.A.) are alone eligible for these two degrees. In order to obtain the degrees of B.M. and B.Ch. the following examinations must be passed:—1. Preliminary subjects: Mechanics and physics, chemistry, animal morphology, and botany. 2. Professional. (*a*) First Examination: Subjects—Organic chemistry, unless the candidate has obtained a first or second class in chemistry in the Natural Science School; human physiology, unless he has obtained a first or second class in animal physiology in the Natural Science School: human anatomy and materia medica with pharmacy. (*b*) Second Examination: Subjects—Medicine, surgery, midwifery, pathology, forensic medicine with hygiene. The approximate dates of the examinations are as follows: Preliminaries—Mechanics, physics and chemistry, November and June; Animal morphology and botany, December and March; Professional First and Second B.M., June and December.

The degree of D.M. is granted to Bachelors of Medicine of the University—(1) who took the degree of B.M. previously to the end of Trinity Term, 1886, provided they have spent three years in the practice of Medicine after taking that degree, and have composed a dissertation on some medical subject approved by the Regius Professor of Medicine before whom it must be read in public: (2) who took the degree of B.M., subsequently to the end of Trinity Term, 1886, provided they have entered their thirty-ninth term and have composed on some medical subject a dissertation which is approved by the professors in the Faculty of Medicine and examiners for the degree of B.M. whose subject is dealt with. A book published within two years of the candidate's application for the degree may be constituted for a dissertation. The degree of M.Ch. is granted to Bachelors of Surgery of the University who have entered their twenty-seventh term, who are members of the surgical staff of a recognised hospital, or have acted as dresser or house surgeon in such a hospital for six months, and who have passed an examination in surgery, surgical anatomy, and surgical operations. This examination is held annually in June at the end of the Second B.M. examination.

The First Examination for the degrees of B.M. and B.Ch., may be passed as soon as the Preliminary Scientific Examination has been completed. The subjects of this examination may be presented separately or in any combination or in any order, provided anatomy and physiology be passed together.

The Second Examination may be passed after the completion of the first.

Scholarships, &c.—Scholarships in some branch of natural science (chemistry, physics, biology) of the average value of £80 per annum, tenable for four years and renewable under certain conditions for a fifth year, as well as exhibitions of a less annual value, are awarded after competitive examination every year by some, from time to time by other colleges. Notices of vacancy, &c., are published in the *University Gazette*. In February there is competed for annually, by those who having obtained a first-class in any school (moderations or final), or a scholarship or prize open to general competition in the University, have passed all the

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examinations for the degree of B.M., one Radcliffe Travelling Fellowship. It is tenable for three years, and is of the annual value of £200. The examination is partly scientific, partly medical. The holder must travel abroad for the purpose of medical study. A Rolleston memorial prize is awarded once in two years to members of the Universities of Oxford and Cambridge of not more than ten years' standing for an original research in some biological subject, including physiology or pathology.

More detailed information may be obtained from the University Calendar: the Examination Statutes, 1894, which contain the official schedules of the several subjects of examination in both arts and medicine; from the Student's Handbook to the University; from the Regius Professor of Medicine; from the Professors in the several departments of science.

CAMBRIDGE

At the University of Cambridge five years of medical study are required for the M.B. and B.C. degrees. The candidate must have resided nine terms (three years) in the University, and have passed the "previous" examination in classics and mathematics. There are three examinations for this degree. The first is in chemistry, physics, and biology; the second in human anatomy, physiology, and pharmaceutical chemistry; and the third, in the usual practical subjects with hygiene and pathology, each examination is divided into two parts, which can be taken separately. Subsequently to the third examination an Act has to be kept, which consists in reading an original thesis, followed by an oral examination on the subject of the thesis. As the subjects for the examination for the Degree in Surgery are included in the third examination for the M.B. Degree, candidates are admitted to the degree of Bachelor of Surgery on passing the third examination for Bachelor of Medicine.

The M.D. degree may be taken three years after the M.B. An Act has to be kept, with oral examinations, and an essay has to be written extempore. There is also the degree of Master in Surgery, for which the candidate, having already passed for B.C., has to pursue extra study in Surgery, and pass a special examination or submit original contributions of merit to the science or art of surgery. The yearly expenditure of a student who keeps his terms by residence in a college is from £150 to £200 a year. This, however, may include all payments to the University and the College—all fees, as well as clothes, pocket money, travelling expenses, &c. Non-collegiate students have only to pay the University fees, which are small. They lodge and board as they like; their expenses, therefore, are entirely in their own hands.

The University now grants a diploma in Public Health without the necessity of residence, the examinations being in so much of State Medicine as is comprised in the functions of officers of health, and subject to the latest requirements of the General Medical Council in this respect. These examinations are held in Cambridge the first week in April and October. Candidates, who names must be on the *Medical Register* of the United Kingdom, and need not be already members of the University, should send in their application a fortnight in advance. Every candidate who has passed both parts of the examination to the satisfaction of the examiners will receive a testimonial testifying to his competent knowledge of the subjects comprised in the duties of a medical officer of health. Candidates who desire to present themselves for examination in October next must send in their applications, and transmit the fees (£5 5s. for each part) to the Registrary, University of Cambridge, on or before September 25th.

An abstract of the Regulations and Schedules of the range of the examinations in chemistry, physics, biology, and pharmaceutical chemistry, may be obtained upon sending a stamped directed envelope to the Assistant Registrary, Cambridge. Full information is contained in the Cambridge University Calendar.

LONDON.

Every candidate for a medical degree is required to take the degree of M.B. To obtain this degree four examinations must be passed:

Martriculation, held twice a year, in January and June. This examination consists of the following subjects:—(1) Latin, (*a*) translation of selected authors, (*b*) unseen translation, (*c*) translation of English into Latin, (*d*) Latin grammar; (2) one of the following languages: Greek, French, German, Sanscrit, Arabic, translation and grammar; (3) English grammar, history (to the end of the 17th century), and geography; (4) mathematics, including arithmetic, algebra to quadratic equations, geometry, including the subjects of the first four books of Euclid; (5) mechanics (a general acquaintance with the apparatus by which the elementary principles of physics can be illustrated and applied must be shown); (6) one of the following branches of science; (*a*) chemistry, (*b*) heat and light, (*c*) magnetism and electricity, (*d*) botany. The full text of the regulations, with schedules in each subject, can be obtained on application addressed to the Registrar of the University of London, Burlington Gardens, London, W. The candidates must be sixteen years of age.

Preliminary Scientific (M.B.) Examination.—This examination is held for Pass and Honours in July, (*a*) chemistry and physics, (*b*) general biology. The examinations are conducted by written papers, *viva voce*, and by practical tests. The two sections may be taken together or separately, and the candidate who passes in one section only, though presenting himself in both, will be credited with the one in which he is successful. Honours may be taken in (*a*) inorganic chemistry, (*b*) experimental physics, (*c*) botany, (*d*) zoology. Particulars as to the conditions of competition for honours and schedules of the subjects, both in the Pass and Honours examination, may be obtained on application to the Registrar as above.

Intermediate Examination in Medicine.—This examination is held for Pass and Honours in July, and for Pass only in January. The candidate must have completed his nineteenth year, and must, subsequently to having passed the preliminary scientific examination have been a student in a recognised medical school for at least two years, have dissected for two sessions, have attended courses of practical chemistry and practical pharmacy, and have attended lectures in a recognised medical school. The subjects of the examination are: Anatomy, physiology and histology, organic chemistry, materia medica, and pharmaceutical chemistry, The examination is conducted by written papers, *viva voce*, and by practical examinations. The examination in physiology and histology may be postponed by candidates who do not sit for Honours. Honours may be taken in any one of the subjects of the examination, under conditions stated in the *Calendar*, an extract from which containing these particulars, as well as schedules of the subjects, can be obtained from the Registrar.

M.B. Examination.—This examination is held for Pass and Honours in October, and for Pass only in May. The candidate must have passed the Intermediate Examination twenty-one months earlier, must have attended lectures and hospital practice in a recognised medical school for two years, one of which must be subsequent to the Intermediate Examination, must have conducted at least twenty labours, and have acquired proficiency in vaccination. The period between the passing of the Preliminary Scientific and the M.B. Examination must be at least four years. The examination, which is conducted by written papers, *viva voce*, and by practical examination, com-

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prises the following subjects: Pathology, therapeutics, hygiene, surgery, medicine, obstetric medicine, and forensic medicine. The candidates must pass in all the subjects. Honours may be taken in medicine, obstetric medicine, or forensic medicine.

Degrees in Surgery.—*Bachelors of Surgery* (*B.S.*), —This degree is granted to Bachelors of Medicine after an examination held annually in December. The candidate must have attended a course of operative surgery. The examinasion comprises surgical anatomy and surgery, and the candidate is examined by written papers and clinically, and is required to operate on the dead body, Candidates who pass this examination may be examined in Honours.

Masters in Surgery (*M.S.*)—This degree is granted, after examination, to Bachelors of Surgery of at least two years' standing.

Degree of M.D.—*Doctor of Medicine*—The degree of Doctor of Medicine is granted to Bachelors of Medicine of at least two years' standing. The examination comprises mental physiology and medicine, and is conducted by written papers, clinical examination, and *viva voce*. A candidate who presents a thesis approved by the examiners is excused the written examination.

Doctor of Medicine in State Medicine.—This degree is granted to Bachelors of Medicine after examination on producing evidence of having been engaged in the study of State Medicine for at least two years. The examination is the same as for the ordinary M.D., with the exception that State Medicine takes the place of medicine.

Fees and Scholarships.—The fees are as follows: Matriculation, £2; for the other examinations, in each case, £5. A rejected candidate, on again presenting himself, pays half the fee.

Exhibitions or scholarships are granted to the first six candidates in the matriculation examination, and to the first candidates in Honours at all the other examinations.

The Granville Prize.—The late Chancellor, the Earl of Derby, having given to the University the sum of £2,000 for the foundation of a prize or scholarship in memory of his predecessor, the late Earl Granville, the income of the fund will be applied for the foundation of a prize to be called the "Granville Prize," such prize to be awarded, so far as funds allow, in each of the two years intervening between the several awards of the Sherbrooke Prize. The Granville Prize, the subject for which is to be chosen alternately from subjects falling within the purview of Branches I. to IV. and V. to VIII. of the Syllabus of the B.Sc. Examination, or any subdivision thereof, will be given for the best essay, if of sufficient merit, embodying the result of an original research in, or consisting of an original report on, some branch of science chosen as aforesaid and announced not less than two years previously; the competition to be open to all graduates of the University of not more than five years' standing. In 1897 the Granville Prize will be awarded on similar conditions for the best essay on a subject falling within the purview of Branch VI. (Zoology). The subject for the Sherbrooke prize for 1898 is "The Treatment of Infectious and Contagious Diseases by the Serum Method."

The essays must be sent to the Registrar on or before May 1st, 1897, each with some motto prefixed, and with a sealed paper bearing the same motto, having the full name and address of the candidate, and his degree written within. The essays, which shall be forwarded in duplicate, may be either written or typewritten or printed.

UNIVERSITY OF DURHAM.

One diploma and six degrees in Medicine and Hygiene are conferred:—viz., the degrees of Bachelor in Medicine, Bachelor in Surgery, Master in Surgery, Doctor in Medicine, Bachelor in Hygiene, and Doctor in Hygiene, and Diploma in Public Health. These degrees are open to both men and women.

For the degree of Bachelor in Medicine (M.B.) there are four professional examinations. The subjects for the first are—Elementary Anatomy and Elementary Biology, Chemistry and Physics. For the second—Anatomy, Physiology, Materia Medica, Therapeutics, and Pharmacology. For the third—Pathology, Medical Jurisprudence, and Public Health; and for the fourth—Medicine, Clinical Medicine and Psychological Medicine, Surgery and Clinical Surgery, Midwifery and Diseases of Women and Children.

It is required that one of the five years of professional education shall be spent in attendance at the University College of Medicine, Newcastle-upon-Tyne. Candidates for the First Examination who have passed the First Examination of the Conjoint Board in England, and candidates who hold a qualification from a recognised Licensing Body in the United Kingdom, will be exempt from the First Examination of the University, except in the subject of Chemistry with Physics. [N.B.—This regulation will not apply to candidates who commenced their medical studies on or after October 1st, 1896.] Candidates who have passed the First and Second Examinations of the University will be exempt from the First and Second Examinations of the Conjoint Board.

For the degree of Bachelor in Surgery (B.S.) every candidate must have passed the examination for the degree of Bachelor in Medicine of the University of Durham, and must have attended one course of lectures on Operative Surgery, and one course on Regional Anatomy. Candidates will be required to perform operations on the dead body, and to give proof of practical knowledge of the use of surgical instruments and appliances.

For the degree of Master in Surgery (M.S.) candidates must not be less than twenty-four years of age, and must satisfy the University as to their knowledge of Greek. In case they shall not have passed in this subject at the Preliminary Examination in Arts for the M.B. degree, they must present themselves at Durham for examination in it at one of the ordinary examinations held for this purpose before they can proceed to the higher degree of M.S. They must also have obtained the degree of Bachelor in Surgery of the University of Durham, and must have been engaged for at least two years, subsequently to the date of acquirement of the degree of Bachelor in Surgery, in attendance on the practice of a recognised hospital, or in the naval or military services, or in medical or surgical practice.

For the degree of Doctor in Medicine (M.D.) candidates must be of not less than twenty-four years of age, and must satisfy the University as to their knowledge of Greek. In case they shall not have passed in this subject at the Preliminary Examination in Arts for the M.B. degree they must present themselves at Durham for examination in it at one of the ordinary examinations held for this purpose before they can proceed to the higher degree of M.D. They must also have obtained the degree of Bachelor in Medicine of the University of Durham, and must have been engaged for at least two years, subsequently to the date of acquirement of the degree of Bachelor in Medicine, in attendance on the practice of a recognised hospital, or in the military or naval services, or in medical and surgical practice.

Each candidate must write an essay, based on original research or observation, on some medical subject selected by himself, and approved of by the Professor of Medicine, and must pass an examination thereon, and must be prepared to answer questions on the other subjects of his curriculum so far as they are related to the subject of the essay.

For regulations for degrees in Hygiene and for the

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diploma in Public Health see pp. 75-81 of Calendar for 1896-97.

Candidates for any of the above degrees must give at least twenty-eight days notice to the Secretary of the College of Medicine, Newcastle-on-Tyne.

Residence can be had in separate hostels for male and female students at moderate inclusive fees for board, &c., particulars of which and any other college information will be given on application to Prof. Howden, Secretary, University of Durham College of Medicine, Newcastle-upon-Tyne.

VICTORIA UNIVERSITY.

Colleges of the University: Owens College, Manchester; University College, Liverpool; and Yorkshire College, Leeds. Only registered students of one of these colleges can matriculate, or enter their names on the Register, a step required before any classes can be counted towards the University degree.

The degrees in the Faculty of Medicine are Bachelor of Medicine (M.B.), Bachelor of Surgery (Ch.B.), Doctor of Medicine (M.D.), and Master of Surgery (Ch.M.). All candidates for degrees in medicine and surgery are required to pass the Entrance Examination in Arts, or to have passed such other examination as may from time to time be recognised for this purpose by the University.

The subjects of the Entrance Examination in Arts are—1, Latin; 2, Elementary Mathematics; 3, Elementary Mechanics; 4, English; 5, one of the following:—(a) French; (b) German; (c) Greek; (d) Italian; (e) Spanish; (f) any other modern language, permission to present which has been obtained from the Board of Studies. Notice of intention to present either Italian or Spanish must be given before March 31st in each year.

Before admission to the degrees of Bachelor of Medicine and Surgery candidates are required to send in the usual certificates of age and study as at the other Universities.

All candidates for these degrees must pass three examinations, namely—the First Examination; the Second Examination; and the Final Examination.

First Examination.—The subjects of the examination are—1, Chemistry; 2, Elementary Biology; 3, Physics.

Candidates must have attended, during at least one year, courses of both lectures and laboratory work in each of the above-named subjects.

Second.—1, Anatomy; 2, Physiology (including Physiological Chemistry and Histology); 3, Materia Medica and Pharmacy.

Candidates must have passed the First Examination, and have attended courses of instruction in anatomy for *one* winter session, in physiology for *two* winter sessions, in materia medica and pharmacy for *one* summer session. Candidates may present themselves separately in (a) Anatomy and Physiology; (b) Materia Medica and Pharmacy. Candidates presenting (a) only, or (b) only, and failing must present themselves in the same subjects again, or in (a) and (b) together.

Final.—The examination is divided into two parts, which may be passed separately or on the same occasion, but the first part cannot be taken before the end of the third year, and the second part cannot be taken before the end of the fifth year of medical study in accordance with the University regulations. The subjects of examination are as follows:—1, Pharmacology and Therapeutics; 2, General Pathology and Morbid Anatomy; 3, Forensic Medicine and Toxicology and Public Health; 4, Obstetrics and Diseases of Women; 5, Surgery, Systematic, Clinical, and Practical; 6, Medicine, Systematic and Clinical, including Mental Diseases and Diseases of Children. Candidates may select as a first part of the examination two or three of the subjects 1, 2, and 3.

The certificates required from candidates at the Final Examination are practically the same as for the corresponding examination at the London University, and only those who have previously passed the Second Examination are admitted to it. The regulations relating to the M.D. and Ch.M. degrees can be obtained on application to the Registrar.

Fees.—Entrance Examination in Arts £2, First Examination £5; for any subsequent examination £2. The fees for the Second Examination, for the Final Examination, and for the Examination for the degree of Ch.M. are the same as for the First Examination. A fee of £10 is payable on the conferring of the degree of M.D., a fee of £5 on the conferring of the degree of Ch.M.

The Entrance Examination in Arts is held in June, and about the end of September. The first M.B. and Ch.B. is held in June—Physics and Chemistry—and in July—Biology; also about the end of September. The Second and Final Examinations are held in March and July, the Examination for Ch.M. in July only.

THE ENGLISH COLLEGES.

THE Medical Corporations in England are the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries of London. The two Royal Colleges now co-operate to hold a series of examinations, on passing which the candidate receives the diploma of Licentiate of the Royal College of Physicians (L.R.C.P.), and Member of the Royal College of Surgeons (M.R.C.S.). The Society of Apothecaries grants its diploma separately.

CONJOINT EXAMINING BOARD IN ENGLAND. (a)

A candidate who desires to obtain the licence of the Royal College of Physicians of London and the diploma of Member of the Royal College of Surgeons of England is required to pass four professional examinations, and to produce evidence of having passed through a stated course of instruction at a recognised medical schoool. The candidate must pass an examination in Preliminary Education before entering the medical school, and must register as a medical student within fifteen days of entering such school. Except in the case of Chemistry and Physics, Practical Chemistry, Practical Pharmacy, and Elementary Biology, professional studies commenced before registration will not be recognised.

First Professional Examination.—The examination consists of three parts: (1) Chemistry and Physics, (2) Practical Pharmacy, (3) Elementary Biology.

A candidate referred in Chemistry or Biology will be required before being admitted to re-examination to produce a certificate that he has received further instruction in those subjects to the satisfaction of his teacher, at an institution recognised for the purpose by the examining board, for a period of not less than three months subsequent to the date of his reference.

A candidate may take this examination in three parts at different times, or he may present himself for the whole at one time. A candidate will be admitted to examination in Chemistry and Physics, and Practical Chemistry and Elementary Biology before registration as a medical student by the General Medical Council, *and he may take Practical Pharmacy as part of the Third Examination.*

A candidate is required to produce evidence of having received instruction in each of the above-mentioned subjects. A candidate referred in any part or parts will not be admitted to re-examination for three months. If referred in Chemistry or Biology, he must produce evidence of further instruction. A candidate who produces evidence of having passed an examination for a degree in medicine on any of the subjects of this examination at a university in the United King-

(a) This applies to candidates who commenced their professional education on or after January, 1892.

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dom, India, or a British colony will be exempt from examination on the subjects in which he has passed.

Second Professional Examination.—The subjects of this examination are Anatomy and Physiology, and both must be passed at the same time. A candidate must have passed the First Examination at least six months earlier, and have attended during two winter sessions and one summer session at a recognised medical school lectures on Anatomy, Physiology, and a course of Practical Physiology and Histology, and have dissected for twelve months during the ordinary sessions. If rejected, a candidate before being admitted to re-examination, must continue his studies for not less than three months.

Third or final Professional Examination.—This examination consists of three parts: Part I, Medicine, Medical Anatomy, Pathology, Practical Pharmacy, Therapeutics, Forensic Medicine, and Public Health; Part II, Surgery; Part III, Midwifery and Gynæcology. The examination may be passed at one time or in each part separately. Evidence of attendance at courses of instruction in the subjects of the three parts must be produced, and also of attendance on twenty labours. The candidates must have passed the Second Examination one year previously, and have been registered as a medical student for at least four years. A rejected candidate must produce evidence of further instruction during three months.

All applications with reference to the examinations for the Licence of the Royal College of Physicians of London and to the diploma of Member of the Royal College of Surgeons of England, should be addressed to the Secretary, Examination Hall, Victoria Embankment, London, W.C. (telegraphic address, "Conjoint," London), from whom also synopses of some of the subjects can be obtained.

Regulations for Colonial, Indian, or Foreign Candidates, and University Candidates.—A person holding a Colonial, Indian, or Foreign qualification is admissible to the Second, and the Final Examinations without any interval. Members of an English, Scotch, or Irish University are under certain conditions eligible for admission for the Third or Final Examination, two years after passing at his university the subjects included in the First and Second Examination of the Board.

A Doctor or Bachelor of Medicine or Surgery of an Indian or Colonial University recognised for the purpose, who shall have passed at his university in the subjects of the First and Second Examination, will be eligible for admission to the third or Final Examination two years after passing in the said subjects.

Fees, Dates, &c.—First Examination, £10 10s. Re-examination, Part I, £3 3s., Parts II. III, each £2 2s. Second Examination, £10 10s. Re-examination, £6 6s. Third Examination, £15 15s. Re-examination, Part I, Medicine, £5 5s.: Practical Pharmacy, £2 2s. Part II, £5 5s. Part III, £3 3s. Members of an English, Scottish, or Irish University: For each examination, £5 5s.; for the diplomas, £26 5s. The examinations are held in January, April, July, and October.

Royal College of Physicians of London.

Licentiates.—Candidates are now subject to the regulations of the Conjoint Examining Board in England.

Members.—The Membership of the College is granted after examination to persons above the age of 25 years who do not engage in trade, do not dispense medicine, and do not practise in partnership.

Medical graduates of a recognised university are admitted to a pass examination, but others must have passed the examinations required for the licence of the College. The examination, which is held in January, April, July, and October, is partly written and partly oral. It is directed to Medicine, and is conducted by the President and Censors. Candidates under 40, unless they have obtained a degree in Arts in a British University, are examined in Latin, and either Greek, French, or German. Candidates over 40 are not so examined, and the Exmination in Medicine may in their case be modified under conditions to be ascertained by application to the Registrar. The Fee for the Membership is £31 10s., but if the candidate is a Licentiate the fee is £15 15s. In either case £6 6s. is paid before examination.

Royal College of Surgeons of England.

Membership.—The candidates are now subject to the regulations of the Conjoint Board.

Fellowship.—The Fellowship of the College of Surgeons is granted after examination to persons at least 25 years of age, who have been engaged in professional studies for six years. There are two examinations—the first in Anatomy and Physiology, which may be passed after the third winter session; the second, chiefly directed to Surgery, which may be passed after six years of professional study. A graduate in Arts of a recognised university may pass the examination after five years of professional study. The Second Examination may be passed before attaining the age of 25, but the diploma is not granted until that age is reached.

Fees.—At First Examination: Members, £5 5s.; non-Members, £10 10s.; £5 5s. returned if rejected. At Second Examination: Members, £10 10s.; if not a Member, £21. In latter case £10 10s. is returned in case of rejection. Further information can be obtained on application to the Secretary of the Royal College of Surgeons, Lincoln's Inn Fields, London, W.C.

Society of Apothecaries of London.

Primary Examination.—This examination consists of two parts: Part I.—Elementary Biology, Chemistry, the Principles of the Science which bear on the study of Medicine; Chemical Physics, including the Elementary Mechanics of Solids and Fluids; Heat, Light, and Electricity; Practical Chemistry and Pharmacy. A synopsis indicating the range of the subjects may be obtained on application. The examination may be passed at any time after registration as a medical student. Evidence of instruction which may have been received prior to registration must be produced. Part II.—Anatomy and Physiology and Histology. The candidate must have completed twelve months' Practical Anatomy. A candidate rejected in one or more subjects is not re-examined in the subjects in which he passed. The examination is held in January, April, July, and October.

Intermediate Examination.—This examination consists of two parts: Part I, Surgery and Surgical Pathology and Anatomy; Part II, Medicine, Therapeutics, Pharmacology, Prescriptions, Medical Pathology, and Morbid Histology, Forensic Medicine, Hygiene, Vaccination, and Mental Disease. Part III, Midwifery, Gynæcology and Diseases of New-born Children. Part III may be postponed for the final, and candidates may enter for Parts I, II, and III, together or separately. The candidate must have been a medical student at a recognised school for not less than three winter and two summer sessions, and must have been registered for forty-five months. This examination is held monthly.

Final Examination.—This examination consists of three parts: Part I, Practical Surgery and Surgical Anatomy; Part II, Clinical Medicine and Medical Anatomy; Part III, Midwifery, Gynæcology, and Diseases of Newborn Children. This examination, which is held monthly, cannot be passed before the end of the fifth year.

Fees.—The fee for each examination is £5 5s., total for the licence, £15 15s.; Re-examination—Primary

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for each Part, £1 1s.; Intermediate for each Part, £3 3s.; Final, for each Part, £3 3s.

Further information, with particulars as to the course of study, curriculum (both of the four years and five years' curriculum respectively), and of the certificate required, can be obtained from the Secretary to the Court of Examiners, Apothecaries' Hall, E.C.

The licence is a registrable diploma in Medicine, Surgery and Midwifery, and qualifies the holder to compete for medical appointments in the Army, Navy, and Indian Services, also for Poor-law, Civil, and Colonial appointments.

Ireland.

IN our last educational number we were able to congratulate the Irish Colleges and Schools upon improved prospects, and we are now gratified to be able to report that the increased influx of students and output of practitioners still continues. A variety of circumstances had in the past five years resulted in a considerable numerical decadence of the Irish School, which was, to some extent, attributable to a succession of ill-advised alterations in the educational arrangements of the Irish School and equally ill-advised and uncalled-for changes by the General Medical Council in the period of medical study and in the subjects thereof, but that the numerical decadence to which we have referred was not the outcome of these changes alone is manifest from the fact that the Irish Universities, which were not affected by these changes to any great extent, suffered a diminution in their trade not much less than that sustained by the Colleges. The fact is that the land agitation in Ireland has effected a sort of medico-social revolution. The smaller landholders and better-class shopkeepers who sent the largest proportion of the students to the Irish Medical Schools suffered so severely from the land agitation that it was no longer possible for them to meet the expenses of medical education for their sons, who were thus compelled to idle about the country until times got better. Under the influence of the legislation of the last few years, money is becoming more plentiful or more widely diffused in Ireland, and the students are gradually returning to their work. Were it not for the imposition of the stupid fifth year of study, with its still more stupid year of idleness, and for unqualified assistancy interpolated in the middle of medical study, the Irish Schools would probably have, by this time, resumed their pristine popularity and prosperity.

THE IRISH MEDICAL SYSTEM.

The system of medical teaching in Ireland differs from that in England in important particulars. In London each clinical hospital has its attached medical school, which is fully equipped, and which educates the students of that hospital, and very seldom those of any other. In Dublin, on the contrary, the hospitals and schools are entirely separate (except that Sir Patrick Dun's Hospital is officially connected with Trinity College), and a student of any hospital is free to enter the whole or any part of his course at any school or hospital he pleases. As might be expected, religion, social rank, and locality of residence have their influence in causing certain classes of students to resort to schools and hospitals suitable to their condition. For instance, the Catholic University School is necessarily in association with the Mater Misericordiæ and St. Vincent's Hospitals, whose administration is of the same religious denomination. But scholastic or collegiate regulations impose no restrictions as to the place of study, and as the school and hospital fees are paid in detail in Dublin, and not in a lump sum, as in London, the pupil is absolutely free to do as he pleases.

In London, the student bargains with his hospital and schools, in the first instance, for a complete course of instruction, for which he pays, in whole or part, in advance, and his entire study is conducted within the one institution. In Dublin, on the contrary, the student enters for hospital and for courses of study separately, and takes the courses at any school or hospital he pleases which "gives best value," migrating from one school or hospital to another as he thinks fit.

LODGING AND LIVING OF IRISH MEDICAL STUDENTS.

There is, unfortunately, in Dublin no proper organisation for the domestic accommodation of medical students. For those who are passing through Trinity College, rooms and "commons," or meals, are provided at fixed rates. Those who can afford to pay £6 6s. or £7 7s. per month for their lodging and maintenance may find accommodation in the family of some medical man who receives boarders, in which case they become members of the family for the time being and subject to its discipline. The majority of Dublin students, however, take a lodging in some economical locality, or they "chum" with some other student for the purpose. It is usual to contract with the lodging-house keeper for board or partial board, but some students cater for themselves. On the whole, the domestic arrangements of the Dublin student are unsatisfactory, cheerless, and not calculated to encourage home comforts or home discipline, and the want of such provisions on the part of the colleges and schools places them at a great disadvantage in their competition with Trinity College and its University.

COST OF EDUCATION IN IRELAND.

The total expense of the courses of study requisite for the Conjoint Diplomas of the Colleges of Surgeons and Physicians, or the College of Surgeons and Apothecaries' Hall, including "grinding" and all the necessary professional expenses, totals up to about £140, spread over five years, and the cost of them is the same in all the Dublin Schools, but if they be taken out in the Queen's Colleges the amount is very much less.

This, with the examination fee of £42 for the Conjoint Diplomas of the College of Surgeons and College of Physicians, represents the essentials. Thus, the absolute payment will amount to somewhere about £170, taking the minimum mode of payment. Should the candidate perform operations on the subject, they will cost something extra. So that, assuming the extras or voluntary costs are incurred, the total will vary, say from £170 to £200. "Grinding" usually costs £5 5s. for each of the four examinations, but if a student needs "private grind" in special subjects he must pay extra for them.

This sum, or something like it, may be expended by the student or his parent paying for lectures, &c., and examination fees as they accrue, and there is not the least difficulty about obtaining the information needful for their guidance if they like to act independently, but if they prefer to pay a lump sum down, such payment will secure to a pupil the advantage (?) of being "apprenticed" to a teacher who will undertake all monetary responsibility for his education, and *may* be able to give him some special advantages as his own pupil at hospital, but the so-called apprenticeship is very generally a simple contract for the payment of fees, and involves but little of that special teaching which is due by a master to a true apprentice, and as it deprives the student of his independence in selecting the schools and hospitals which suit him best, we

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advise him not to be an apprentice unless he knows very well indeed the master to whom he entrusts himself. All the Dublin Schools now require fees to be paid in advance, but most hospitals will take one-half the fee in advance, and the remainder on the issue of the certificate, while some will give credit for the whole amount. Most of the apprentice-holders will accept payments by instalments.

IRISH PRELIMINARY EXAMINATIONS.

The first work of the student is to pass a preliminary examination, without which he cannot get credit for any medical studies pursued. The next is to commence medical study. This he does by entering for lectures at a medical school or hospital, or by enrolling himself as a pupil of any registered practitioner. From the School Registrar or the practitioner he gets a form of certificate, and his third act is to take it or send it to the Branch Medical Council, 35 Dawson Street, Dublin. He is thereupon placed upon the Register of Medical Students (without fee), and his period of study counts from that date. He must register at the earliest possible moment, or he will lose credit for his work.

The only preliminary examination held specially for medical students is now held conjointly by the Colleges of Physicians and Surgeons, but other examinations, *e.g.*, the public entrance at Trinity College, the matriculation of the Queen's Colleges or Royal University, the Intermediate Education passes in the required subjects, and all other examinations recognised by the General Medical Council are accepted as equivalent.

The preliminary is held on the third Wednesday in July and October, in the following subjects :—

1. English Language, including Grammar and Composition. 2. Latin, including Grammar and Translation. 3. Mathematics, comprising (*a*) Arithmetic, to Vulgar and Decimal Fractions ; (*b*) Algebra, to Simple Equations ; Geometry, First Book of Euclid. 4. Elementary Mechanics, comprising Statics, Dynamics, and Hydrostatics. 5. One of the following Optional Subjects :—A. Greek ; B. French ; C. German ; D. or any other modern language ; E. Botany ; F. Zoology ; G. Elementary Chemistry. The books specified by the Colleges for their Preliminary Examinations are :—1. Latin—the First and Second Books of the "Æneid," or the "Jugurthine Wars" of Sallust, or the Third Book of Livy. 2. Greek—The First Book of the "Iliad," the First Book of Xenophon's "Anabasis," or the Menippus Dialogue of Lucian. 3. French - Fénélon's "Telemaque," the First Three Books. 4. German—Schiller's "Wilhelm Tell." 5. Elementary Mechanics—First Three Books of Ganot's Abridgment. 6. Physics—The remainder of Ganot's Abridgment.

DATE OE ENTRY IN IRELAND.

The entry of names and commencement of study in Ireland is *supposed* to date from the 1st of October in each year, but the session really does date from the 1st of November, and the entry of names may be delayed by the dilatory to the 26th of the same month, but it should be recollected that no credit is given for studies or attendance until the entry is regularly made. The student must attend three-fourths of the lectures delivered, and if he loses a fortnight at the beginning he must "pull up" afterwards by constant attendance.

The student begins work attending hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and dissections. His vacations are a fortnight at Christmas and a week at Easter, and he finally returns home at the end of July.

MEDICAL SCHOOLS AND COLLEGES IN DUBLIN.

The clinical hospitals in Dublin are ten in number, exclusive of the Cork Street Fever Hospital, three Lying-in Hospitals, two Ophthalmic Hospitals, a Dental Hospital, the National Children's Hospital in Harcourt Street, the Orthopædic Hospital, and the other special institutions. Some of the clinical hospitals, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others, again, are without any special connection with any school. While, however, such affiliation of a school or hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the student is competent to attend any hospital or any school he wishes, and to change his place of instruction from year to year as he may see fit.

The Irish Licensing Bodies require attendance on hospital for 27 months (*i.e.*, three winter sessions of 6 months and three summers of 3 months) within the five years of study. The fee at all general hospitals is £8 in winter, and for the summer £6.

The names of the Professors, Lecturers, and Hospital Staff of the following Hospitals and Schools are not included in this column, being found in the advertisement of each Institution in another part of this issue.

The School of Physic is a medical school formed by an amalgamation of the School of Trinity College and of the College of Physicians. Some of the Professors in the schools are *ex officio* medical officers of St. Patrick Dun's Hospital. The school is freely accessible to all students, and the instruction provided occupies a high rank.

The Arts students of the University have certain advantages in attending. In their "sophister" years medical students may drop certain languages out of their Arts course. Every student of the school must be matriculated by the Senior Lecturer, for which a fee of 5s. is payable but he need not attend any of the Arts course unless he desires to obtain a university license or degree, in medicine, surgery and midwifery. No student is permitted to matriculate unless he has passed the entrance examination in Arts in Trinity College, the preliminary examinations of the Royal University, of the College of Surgeons, or some other examination recognised by the General Medical Council.

Two Medical Scholarships are given annually at the School of Physic, valued £20 per annum, tenable for two years, the examinations for which are held each year in June, in the following subjects :—Anatomy and Institutes of Medicine, zoology, chemistry, botany, and experimental physics. Three-fourths of the lectures must be attended, and a daily roll is marked by each professor.

The Royal College of Surgeons in Ireland Schools of Surgery.—By the amalgamation of the Carmichael College and the Ledwich School with the School of the Royal College of Surgeons the combined schools form the largest medical training body in Ireland. These schools are attached by Charter to the Royal College of Surgeons. They are carried on within the College Building, and are specially subject to the supervision and control of the Council, who are empowered to appoint and remove the Professors, and to regulate the methods of teaching pursued. The Buildings have been reconstructed, the capacity of the Dissecting Room nearly trebled, and special Histological, Pathological, Bacteriological, Public Health, and Pharmaceutical Laboratories fitted with the most approved appliances in order that students may have the advantage of the most modern methods of instruction.

Female Students.—Ladies are eligible for all the Diplomas granted by the College, separate rooms have

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been provided, and careful provision is made for their instruction and comfort.

Prizes.—The Carmichael Scholarship, £15; the Mayne Scholarship, £15. The Gold Medal in Surgery, and the Stoney Memorial Medal in Anatomy will be awarded at the end of the session. The "Barker" Prize, £26 5s. is also open to students of the school.

Class Prizes of £3 and £1, accompanied by medals if sufficient merit be shown, will also be given in each subject. Prospectus can be obtained on application to the Registrar.

THE CATHOLIC UNIVERSITY SCHOOL is situated in Cecilia Street, Dame Street. It prepares students for all medical examinations, particularly those of the Irish College of Physicians and Surgeons, and the Royal University of Ireland. The school has recently been rebuilt and refitted, its working space having thereby been nearly doubled, and several new laboratories, including those for the study of Bacteriology and Public Health have been added. The institution has also been recently chartered and it is now controlled by a Board of Governors.

There has been formed in connection with the School a "Medical and Scientific Society" for the discussion of medical and scientific subjects.

The following exhibitions are awarded annually:—Two First Year's, value, £12 10s. each; Two Second Year's, value £10 each; Two Third Year's, value, £12 12s. each; and Two Large Gold Medals, besides several other class medals.

A guide to students commencing medicine may be obtained free on application to the Registrar.

CLINICAL HOSPITALS.

RICHMOND, WHITWOTH, AND HARDWICKE HOSPITALS.—The accommodation of those hospitals is as follows:—Hardwicke Hospital, 120 beds; Whitworth Hospital, 82 beds; Richmond Hospital, 110 beds—total, 312 beds. These hospitals are visited each morning at 9 o'clock by the Physicians and Surgeons, and in addition to the usual bedside instruction clinical lectures are delivered on the most important cases. Special instruction is also given on various branches of medicine and surgery. The Truss Establishment, for the distribution of trusses to the ruptured poor of Ireland, is connected with these hospitals. There are very large ophthalmic, aural, throat, and gynæcological dispensaries, and instruction in these important subjects is given. Eight resident clinical clerks are appointed each half-year, and provided with furnished apartments, fuel, &c. The appointments are open not only to advanced students, as formerly, but also to those who are qualified in medicine or surgery. A house surgeon for the Richmond Hospital and a house physician for the Whitworth and Hardwicke Hospitals are elected annually, and receive a salary. The Richmond Lunatic Asylums, containing 1,600 beds, adjoin these hospitals.

MEATH HOSPITAL AND CO. DUBLIN INFIRMARY.—This hospital was founded in 1753, and now contains 160 beds available for clinical teaching. A new building for the isolated treatment of fevers has recently been added. The certificates of this hospital are recognised by all the universities and licensing bodies of the United Kingdom. Medical and surgical resident pupils and clinical clerks and dressers are appointed every six months, and a house surgeon is elected annually. A prospectus giving the complete arrangements for medical and surgical classes for the coming session may be obtained from the Secretary of the Medical Board, R. Glasgow Patteson, F.R.C.S., 20 Lower Baggot St., Dublin.

THE ADELAIDE MEDICAL AND SURGICAL HOSPITALS are in Peter Street, and occupy a central position within a few minutes' walk of the College of Surgeons and Trinity College. From October the 1st the physicians and surgeons visit the wards, and give instruction at the bedside at the advertised hours. There is a large detached fever hospital, and also wards for infants and children. Operations are performed, except in cases of urgency, at 10 a.m. on Tuesday, Thursday, and Saturday. Special hours are devoted to clinical instruction in the diseases peculiar to women, and students are individually instructed in the use of the stethoscope, ophthalmoscope, laryngoscope, and microscope. Three resident pupils are selected half-yearly and a house surgeon annually. Prize examinations, including examinations for the Hudson Scholarship, £30 and a gold medal, and a senior prize of £10 and a silver medal, in addition to surgical and medical prizes, are held at the termination of the session. The large dispensaries afford facilities for the study of eye, ear, throat, and cutaneous diseases, as well as of minor surgery and dentistry. Further particulars from Dr. Heuston, Stephen's Green North.

SIR PATRICK DUN'S HOSPITAL is situated on the south-eastern side of the city, and about half a mile from the University School of Physic. It was founded by the School of Physic Act, 1880, and is now governed by the directions laid down in that statute and in the School of Physic Amendment Act, and is officered exclusively by the professors and examiners in that school. Formerly all University students were compelled to attend this hospital, which was purely a medical institution, but some years ago the obligation was removed, and the hospital was opened for surgical cases. It is now perfectly free to all students.

THE CITY OF DUBLIN HOSPITAL.—This hospital is situated in Upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons and Trinity College. It has just been enlarged and improved to a very considerable extent. A special course of instruction is given on ophthalmic and aural disease. There are special wards for the treatment of diseases of the eye and of women, and practical instruction is given on diseases peculiar to women. Clinical assistants to the physicians and dressers to the surgeons are appointed from the most deserving of the class. A house surgeon is elected annually, and resident medical and surgical pupils are appointed from amongst the past and present students of the hospital. Operations are performed on Tuesdays, Thursdays, and Saturdays, at 10 a.m.

MATER MISERICORDIÆ HOSPITAL.—This hospital, the largest in Dublin, containing 323 beds, is open at all hours for the reception of accidents and urgent cases. Fifty beds are specially reserved for the reception of patients suffering from fever and other contagious diseases. A course of Lectures and Instruction on Fever will be given during the winter and summer sessions. A certificate of attendance upon this course to meet the requirements of the various Licensing Bodies may be obtained. Opportunities are afforded for the study of the Diseases of Women in the wards under the care of the Obstetric Physician, and at the Dispensary held on Tuesdays and Saturdays. Lectures on Clinical Gynæcology will be delivered on Saturdays at 11 a.m. Ophthalmic Surgery will be taught in the special wards and Dispensary. A special course of Instruction in Pathology and Bacteriology, as applied to medicine will be given. Connected with the hospital are extensive dispensaries, which afford valuable opportunities for the study of general, medical, and surgical diseases, accidents, &c. A House Physician and four House Surgeons will be appointed annually. Sixteen resident pupils will be elected, each to hold office for six months from the most attentive of the class. For the current session the elections will take place in the first week in November, and first week in May, at 11 o'clock a.m. Dressers and clinical clerks will be appointed, and certificates will be given to students who exhibit proficiency and punctuality in performing their duties. Leonard Prizes: One Gold and

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one Silver Medal will be offered for competition annually in the subject of Medicine, and one Gold and Silver Medal in the subject of Surgery. Junior Leonard Prizes: Two prizes of the value of £3, and two prizes of the value of £2 will be offered for competition in Medicine and Surgery respectively. They will be awarded on the aggregate of marks gained by reports of cases, and at a clinical examination to be held at the close of the summer session. Further particulars can be obtained from Arthur Chance, F.R.C.S. 90 Merrion Square, Dublin.

Mercer's Hospital, William Street, founded A.D. 1707.—This hospital educates students of all schools. It is situated in the centre of the metropolis, in the midst of a densely-crowded population, and its doors are open at all hours for the reception of accidents and acute cases. Dispensaries are held daily, and are largely attended. Special instruction is given in cutaneous, infantile, gynæcological, and ophthalmic diseases. From the large number of accidents which, from its position, come to the hospital, students are offered ample opportunities of rendering themselves familiar with the nature and treatment of disease in its various forms, and of obtaining dexterity in the dressing and manual operations of minor surgery. In addition to the new wing built some years ago, another wing, facing Stephen's Green, has been completed, which contains a new operating theatre, students' room, lavatory, dispensary department, pay wards, and nurses' homes.

St. Vincent's Hospital, Stephen's Green, Dublin, was established in 1834. The hospital has 160 beds constantly full, and in connection with it there is a largely attended dispensary, a convalescent home, and a nurses' institute. In addition to the ordinary clinical instruction, systematic courses of lectures are given in each department of Medicine and Surgery, and are illustrated by cases in the hospitals. The resident officers consist of a house surgeon, a house physician, and four resident pupils. Three clinical lectures are delivered daily in the wards, illustrated by selected cases, and beginning at 9 a.m. A special feature of this hospital is the division of the students into Senior and Junior Classes, thus providing for their systematic and appropriate instruction from the beginning to the end of the course.

Two gold medals and other valuable prizes and certificates of merit are awarded at the end of each session.

A prospectus can be had from Surgeon Tobin, 60 Stephen's Green.

The Introductory Address will be delivered by Dr. McHugh, on Tuesday, 6th October, at 4.30 p.m.

Dr. Steevens' Hospital is situated close to the Kingsbridge Terminus of the Great Southern and Western Railway, and there is accommodation for residence of two medical and six surgical pupils. The fee for privilege of residence is ten guineas for each three months, and the students, in addition to their rooms and furniture, are provided with coals and gas.

Jervis Street Hospital, Dublin.—Jervis Street Hospital is the oldest established in Dublin. The new hospital was completed in 1896, since which time it has been open for the reception of patients. The number of cases treated last year was more than 30,000. In addition to the large medical and surgical dispensaries, the out-patient department includes special departments for the treatment of diseases of the skin, eye, ear, and throat, and diseases peculiar to women. Two resident surgeons are appointed annually. Clinical clerks and surgeons' dressers are selected from among the more attentive of the advanced students without the payment of any additional fee. Twelve interns are appointed annually, and are provided with apartments, &c., free of expense. Special certificates are given to resident pupils and dressers who have performed their respective duties to the satisfaction of the physicians and surgeons. Gold and silver medals will be given after examinations held at the close of the summer session.

SPECIAL HOSPITALS.

The special hospitals of Dublin are the Rotunda, Coombe and National Lying-in Hospitals, Cork Street Fever Hospital, St. Mark's Ophthalmic Hospital, the National Eye and Ear Hospital, the Dental Hospital, the Throat Hospital, the Orthopædic Hospital, and the Children's Hospital in Harcourt Street and in Temple Street.

The Rotunda Hospital.—This, the largest and best-known lying-in hospital of the United Kingdom, is every year becoming more appreciated as a school of midwifery, and of late, more especially, as affording peculiar advantages both to the student and to the practitioner, for acquiring a thorough knowledge of gynæcology. It contains two distinct departments—viz., the lying-in hospital, into which 1,570 cases of labour are admitted annually; and the hospital for the treatment of diseases peculiar to women, into which some 500 patients are now admitted during the course of the year. The present master, Dr. W. J. Smyly, was previously well known as Gynæcologist to the City of Dublin Hospital. There is a large extern maternity in connection with the hospital, more than 2,000 women being attended during the past year at their own homes, and also a large daily dispensary for the treatment of the diseases peculiar to women. Every facility is afforded for the study of the special departments of medicine to which the hospital is devoted, and both students and midwives are granted a diploma on passing an examination. A clinical clerk, at a salary of £50 per annum, is appointed every six months from among the students who have attended the full course of instruction in the hospital. A considerable number of female pupils are also yearly trained as nurse-tenders and midwives.

National Maternity Hospital.—This institution, under the mastership of Dr. Barry, is situated in Holles Street, close to Sir Patrick Dun's, the City of Dublin, and St. Vincent's Hospitals, and within a stone's throw of the Trinity College School. Though only three years old it has made rapid progress, its work having steadily and quickly increased. The fees payable by students are six guineas for six months, extern; four guineas for three months, extern; and three guineas for one month intern practice. The extern work is large and affords an excellent opportunity of studying the obstetric speciality.

Coombe Lying-in Hospital.—This hospital, which was rebuilt and considerably enlarged, and contains 65 beds, was founded in 1826 by Mrs. Boyle, and was incorporated by Royal Charter in 1867. This hospital is situated in the centre of a district densely populated by the lower orders, and thus affords the amplest opportunities for practice. It receives about 800 labour cases within its walls, while those attended as extern amount to more than 2,000 in number. Moreover, the chronic hospital for the reception of cases of the diseases of females gives admission to about 200 to 300 patients annually. The fee for attendance is £8 8s. for six months as extern, and £18 18s. as intern pupil. During that period the pupil attends on given days and nights in each week, and takes charge in his turn of any case that may be admitted to the labour wards, or may call for his assistance outside. Two resident pupil midwifery assistantships and a clinical clerkship are obtainable half-yearly by all pupils who have obtained their midwifery diploma from the hospital, and special certificates are given. Lectures are delivered in the hospital, and clinical instruction is given daily at the bedside. Nurses who take out the usual hospital course of six months receive special instruction in midwifery, and can obtain their diplomas on the termination of the course.

Cork Street Fever Hospital and House of Recovery is the only special Fever Hospital in Dublin. It is supported mainly by an annual Government Grant. All particulars may be obtained on application to the Registrar and Resident Medical Officer.

Dublin Orthopædic Hospital, Great Brunswick Street, containing 40 beds for the treatment of every class of deformities and practice of orthopædic surgery. This institution is under the management of Mr. Swan.

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NATIONAL CHILDREN'S HOSPITAL for the treatment of all non-infectious diseases peculiar to children, 87 and 88 Harcourt Street, Dublin. The hospital, with which the Pitt Street Children's Hospital, founded in 1821, was amalgamated, is capable of containing 50 beds for the reception of cases of deformity and all other forms of surgical disease. There is a large general dispensary for extern patients held daily from 10 to 11. Operations are performed on Saturday at 12 o'clock. Practitioners and students can attend on application to Mr. Ormsby.

ST. MARK'S OPHTHALMIC HOSPITAL AND DISPENSARY.—This hospital was founded by the late Sir William Wilde, and contains fifty beds. Clinical lectures are delivered on the mornings of Mondays, Tuesdays, Thursdays, and Fridays at 11 o'clock, and operations are performed on Wednesdays and Saturdays at the same hour. In this hospital, which is the largest of its kind in Ireland, about 900 operations are annually performed.

NATIONAL EYE AND EAR INFIRMARY, Molesworth St.—This hospital contains 30 beds. Clinical instruction in diseases of the eye, including the use of the ophthalmoscope, and a systematic course of lectures is given daily. Operations at 12 o'clock. Instruction in aural surgery is also given. The certificate in clinical ophthalmology from this hospital is recognised by the licensing bodies. Students may enter their names for the three months' course any day from 1st October to 1st April. Afternoon classes for practical instruction in the use of the ophthalmoscope, &c., and for the demonstration of cases, are formed from time to time by the assistant surgeons.

QUALIFICATION IN IRELAND.

THE Medical Licensing Bodies of Ireland are five in number, and, as a rule, students gravitate into one or other of four classes :—*a.* Those who enter Trinity College, and take a full graduation in Arts in addition to their professional degrees. *b.* Those who take the licence of the College of Surgeons with that of the College of Physicians. *c.* Those who take their qualifications at the Royal Irish University, because graduation in Arts is not necessary at that institution. *d.* Those who pursue their studies in Ireland, but who migrate to Edinburgh or Glasgow for their licences. Almost all these emigrants come from the Queen's Colleges, and the greater number of them from Belfast, while the Dubli students qualify, as a rule, in Dublin.

The Irish Licensing Bodies are as follows :—

THE UNIVERSITY OF DUBLIN,

which grants the degrees of M.B., B.Ch., and B.A.O. to students who have obtained their Arts degree, and the higher degrees of M.D. and M.Ch. to those who have held for at least three years the grade of M.B. and M.Ch. It does not grant degrees to any but full graduates in Arts, consequently its degrees hold the highest rank of social and educational qualifications, and are sought for by those who look forward to occu pying the best positions in the profession. But it grants a few diplomas in Medicine, Surgery, and Midwifery, to candidates who have put in two years in Arts.

The expense of obtaining the degrees of M.B., B.Ch., and B.A.O. is approximately as follows :—Lectures, £68 15s. ; Hospitals, £55 13s. ; Degree Fees, £27.—£151 8s.

The expense of the B.A., amounting altogether to £83 4s., should be added, making the total cost £234 2s.

QUALIFICATIONS FOR DEGREES AND LICENCES.

Candidates must be graduates in Arts, and have taken out the following courses :—

Winter Courses.—Anatomy, physiology, two courses, practical anatomy, three courses, chemistry, practice of medicine, heat, electricity, magnetism, light, sound, pathology.

Summer Courses.—Botany, zoology, materia medica and pharmacy, practical histology, medical jurisprudence, practical pathology, hospital attendance, 27 months, mental science, three months, vaccination, one month. Three months' laboratory instruction are required. The course may be attended in any recognised medical school. The total fees for the degree of M.B., B.Ch., and B.A.O. are £27.

Doctor in Medicine.— A Doctor in Medicine must be M.B., or qualified to take that degree for three years. Total fee for this degree, £13.

Master in Surgery.—A Master in Surgery must be a Bachelor in Surgery of the University of three years' standing, and must produce evidence of having been engaged for two years in the practice of his profession. He must then pass an examination in clinical surgery, operative surgery, surgical pathology, surgery, and surgical anatomy (on the dead subject). Fee for the Degree of Master in Surgery, £11.

Master in Obstetric Science.—A Master in Obstetric Science must have passed the M.B. and B.Ch. examinations, and have completed in addition to the courses for M.B. and B.Ch. a course in obstetric medicine and surgery. Fee for the degree of M.A.O., £5.

Diplomate in Medicine, Surgery, and Midwifery.—The course and examination is the same as for the degrees, except that the lectures and examinations in botany and zoology need not have been taken out or passed. Fee for the diplomas in Medicine, Surgery, and Midwifery, £21.

Qualification in State Medicine.—The candidate must be a M.D. of Dublin, Oxford, or Cambridge.

The candidate must have completed, subsequent to registration, six months' practical instruction in a laboratory, and also have studied practically outdoor sanitary work for six months, under an approved officer of health. This condition does not apply to medical practitioners, registered, or entitled to be registered, on or before January, 1890.

THE ROYAL UNIVERSITY OF IRELAND.

This institution entered on its work as a licensing body in 1882. The degrees of the University are granted on one year's Acts, *i.e.*, the matriculation examination of this University (none other will suffice) and a "first University examination" at the termination of the first year. The cost of the M.B. and M.Ch. of the University, with all the necessary curriculum, is about £125. Some of the Arts examinations are conducted, not only in Dublin, but at certain local centres.

The University confers the following medical degrees :—

M.B. ; M.D. ; B.Ch. ; M.Ch. ; B.A.O. ; M.A.O. ; in Sanitary Science, a special diploma ; in Mental Diseases, a special diploma.

All degrees are open to persons of either sex.

The University examinations are held in the spring, beginning about May 1st, and in the autumn beginning about September 24th.

All candidates for any degree must pass the Matriculation examination and the first University examination.

The course for the degree of M.B., B.Ch., B.A.O., extends over five years.

Students will be admitted to the First University Examination after one year from Matriculation. Fee £1.

First Examination in Medicine :—Subjects—*a.* Zoology ; *b.* Botany ; *c.* Natural Philosophy ; *d.* Theoretic Chemistry. Fee £1.

Second Examination in Medicine :—Anatomy, Physiology, Practical Chemistry, and Practical Anatomy. Fee £1.

Third Examination in Medicine :—Anatomy, including the whole nervous system and the organs of sense. Physiology, especially practical work in the Labora-

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tory, showing practical acquaintance with the more important apparatus employed in physiological research, materia medica. Fee £1.

Examination for the Medical Degrees :—*a.* Medicine, Therapeutics and Pathology, Mental Diseases, Medical Jurisprudence, and Hygiene. *b.* Surgery, Theoretical, Clinical, Operative ; Surgical Anatomy ; with Ophthalmology and Otology ; *c.* Midwifery and Gynæcology ; with Diseases of Children. Fee £2.

The fee for the certificate is £10.

Examination for the Diploma in Sanitary Science :—Conferred only on graduates in Medicine of the University of one year's standing. Fee £2. Subjects :—Climatology, Chemistry, Geology, Physics, Vital Statistics, Hygiene, Sanitary Law.

The M.D. Degree :—Conferred only on graduates in Medicine of the University of three years' standing. Fee £5. The examination will comprise Medical Diseases, and the Theory and Practice of Medicine, including Pathology.

The M.Ch. Degree :—Conferred only on Graduates in Medicine of the University of three years' standing. Fee £5.

The Examination comprises Surgery, both Theoretical and Operative ; Surgical Anatomy ; Ophthalmology and Otology.

The Mastership of Obstetrics :—Conferred only on Graduates in Medicine of the University of three years' standing. Fee £5.

Examination comprises Midwifery and Diseases of Women and Children.

Honours, &c.—First Examination in Medicine :—Two First Exhibitions of 20*l.* each, and two Second of 10*l.* each.

Second Examination in Medicine :—Two First Exhibitions of 25*l.* each, and two Second of 15*l.* each.

Third Examination in Medicine ;—Two First of 30*l.* each, and two Second of 20*l* each.

Medical Degrees Examination :—Two First of 40*l.* each and two Second of 25*l.* each. One Travelling Medical Scholarship of 100*l.* One Medical Studentship of 200*l.* per annum, tenable for two years.

Medical Degrees Examination :—Two First of £40 each and two Second of £25 each. One Travelling Medical Scholarship of £100. One Medical Studentship of £200 per annum, tenable for two years.

ROYAL COLLEGES OF PHYSICIANS (L.R.C.P.I.) AND SURGEONS (L.R.C.S.I.).

All information may be obtained from the Secretary of the Committee of Management, College of Physicians.

Five years' course is obligatory on all candidates commencing after Jan. 1st, 1892.

Fees.—The fees payable for each examination are hereinafter set forth.

Fees are not returned to any candidate who withdraws from or is rejected at any examination.

The fee for re-examination is £1 1s. to £3 3s.

Preliminary Examination.

Every candidate shall produce evidence of having before entering on medical studies, passed a recognised preliminary examination.

Professional Examination.

Every candidate must pass four professional examinations—first at end of first winter session ; second, at end of second winter session ; third, at end of fourth winter session ; final, at end of fifth year of medical study.

First Professional Examination.

Every candidate must produce evidence—1. Of having passed a preliminary examination ; 2. Of having been registered as a student by the General Medical Council ; and 3. Of having attended a course of—(a) Demonstrations and Dissections ; (b) Theoretical Chemistry ; (c) Practical Chemistry ; (d) Elementary Biology ; (e) Physics. (Biology and Physics may be studied either before or after registration.) (f) Practical Pharmacy. 1. Evidence of attendance for three months in the compounding department of a clinical hospital ; or 2. A course of Practical Pharmacy in a recognised medical school ; or 3. A full apprenticeship of three years, or as paid assistant for one year with a Licentiate Apothecary or Pharmaceutical Chemist. Fees £15 15s.

Subjects of Examination.

The subjects—1. Chemistry ; Physics. 2. Practical Pharmacy. 3. Elementary Biology. 4. Anatomy, viz. : Bones, with attachments of muscles and ligaments—Joints. Candidates may take this examination as a whole at one time, or in four parts.

Second Examination.

Certificates required of—1. A Medico-Chirurgical Hospital, for nine months. 2. Demonstrations and Dissections, six months. 3. Practical Histology, three months. 4. Lectures :—(a) Anatomy, six months ; (b) Physiology, six months ; (c) Materia Medica, three months. Fees £10 10s.

Subjects of Examination.

1. Anatomy.—The Anatomy of the whole Human Body. 2. Histology. 3. Human Physiology. 4. Materia Medica.

Third Examination.

Candidates are not admitted to this Examination before the end of the Fourth Winter Session. Certificates required of—1. A Medico-Chirurgical Hospital for eighteen months, in addition to that required for Second Examination. 2. Midwifery Hospital, six months. 3. Instruction in Mental Diseases, three months. 4. Operative Surgery, six months. 5. Demonstrations and Dissections, six months. 6. Vaccination. 7. Practical Pathology. 8. Lectures :—(a) Medicine, six months ; (b) Surgery, six months ; (c) Public Health and Forensic Medicine, three months ; (d) Midwifery, including Diseases peculiar to Women and to New-born Children, six months. Fee 9*l.* 9s.

Subjects of Examination.

1. Medicine. 2. Surgery. 3. Pathology. 4. Therapeutics. 5. Public Health and Forensic Medicine.

Final Examination.

Candidates are not admissible before the end of their Fifth year of medical study. Every candidate must produce evidence of—1. Clinical Instruction in Ophthalmic and Aural Surgery, three months. 2. Midwifery Hospital, six months. 3. Vaccination, if not taken in the third year. 4. Mental Diseases, if not taken in the fourth year.

Subjects of Examination.

1. Medicine, including Medical Anatomy and Mental Diseases. 2. Surgery, 3. Operative Surgery and Surgical Anatomy. 4. Ophthalmic and Aural Surgery. 5. Midwifery, including Diseases of Women and New-born Children, and the Theory and Practice of Vaccination. Fees £6 6s.

Re-examination.—Candidates who have been referred shall present themselves at a subsequent examination in the subjects in which they have failed.

In the case of candidates so referred, the examiners shall be authorised to consider for what period, and in what subjects, each candidate shall be referred back to his studies.

Exemptions.—Candidates who have pased in any of the required subjects at recognised examinations may be exempted from further examination in such subjects under this Conjoint Scheme.

ROYAL COLLEGE OF SURGEONS (L.R.C.S.I.) AND APOTHECARIES' HALL (L.A.H.) CONJOINT EXAMINATIONS.

This scheme has now ceased for New Entries. Only

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those Students whose names are already on the books can enter for examination. It is, therefore, unnecessary for us to publish the regulations.

THE PHARMACEUTICAL SOCIETY OF IRELAND.

THE above Society grants the diplomas of Pharmaceutical Chemist and Assistant to Pharmaceutical Chemists, and of Registered Druggist. The pharmaceutical chemist is not entitled by the Society's licence to prescribe. In this respect he differs from the apothecary. All persons who keep open shops for compounding prescriptions must hold the license of the Pharmaceutical Society or the Apothecaries' Hall. Pharmaceutical chemists under the Act are entitled to hold the office of apothecary to district lunatic asylums, county jails, and by a recent order of the Local Government Board, may also hold similar office in workhouses and dispensaries. The registered druggist is entitled to sell poisons, but not to compound prescriptions. The Society, according to the Calendar, which was corrected to December, 1895, had the names of 501 pharmaceutical chemists, 306 chemists, and druggists, 379 registered druggists, and 12 assistants to pharmaceutical chemists—in all 1,198 persons—on its registers.

Lectures are delivered on materia medica, and botany and chemistry, in the Society's schools, which will re-open in October.

The Introductory Lectures in Botany and Materia Medica will be delivered on the 1st of October by Professors Falkiner and Dixon, and that on Chemistry by Professor Tichborne on the 2nd October.

THE QUEEN'S COLLEGES—BELFAST, CORK AND GALWAY.

THESE three important academic institutions were the special schools of the Queen's University. They have ceased to have any such relation to a central examining body, but educate students for all colleges and degrees, and are maintained, as hitherto, by a handsome Government grant. The same curriculum as that heretofore adopted will be continued. The various exhibitions and scholarships will still be available. Each college has the disposal of about £1,500 per annum in scholarships and prizes. The curriculum is generally well adapted for preparation for the new university examination. The colleges are well adapted for high-class technical education, having lecture rooms provided with every appliance necessary in the modern training of a medical student. The great want in the Colleges of Cork and Galway is a summer session. This necessitates the loss to the student each year of three available working months and deprives him of his practical hospital work in the summer session, both general and special. The course of lectures in the winter session must be diligently attended, no student obtaining a certificate who has not put in three-fourths of a course. The winter medical session commences on Oct. 29th and ends about Easter. The scholarships examinations are held in October. A detail of the prizes and exhibitions in medicine, the names of the professors, and other information may be found in the advertisements of this issue, and full details may be had on application to—

Belfast, John Purser, LL.D., Registrar.
Cork, Alexander Jack, M.A.
Galway, Edward Townsend, M.A.

SCIENTIFIC EDUCATION.

DEPARTMENT OF SCIENCE AND ART.

ROYAL COLLEGE OF SCIENCE, STEPHEN'S GREEN, DUBLIN.

THIS College supplies a complete course of instruction in science applicable to the industrial arts, especially those which may be classed broadly under the heads of Chemical Manufactures, Mining, Engineering, Physics, and Natural Science. A diploma of Associate of the College is granted at the end of the three years' course. There are four Royal scholarships of the value of £50 each yearly, with free education, including laboratory instruction and drawing, tenable for two years. Two become vacant every year. They are competed for by the associate students with certain restrictions at the end of the first year. The chemical, physical, zoological, and botanical, geological and mineralogy laboratories and drawing schools are open daily for practical instruction. The session commences on Tuesday, October 6th.

The course of chemistry, physics, botany, geology and mineralogy, and zoology are recognised by the Royal University of Ireland, and certificates of attendance are granted to medical and other students attending these courses, as also the courses of chemical, physical, zoological, and botanical and geological laboratories.

Scotland.

ALTHOUGH, in common with the other medical centres of Great Britain, the number of students attending the Universities and Extramural Schools of Medicine in Scotland has in the last few years slightly decreased, still large numbers of our future practitioners are trained in this division of the United Kingdom. The majority of these students are by no means of Scottish extraction, for the United States, the Colonies, and India are large contributors, and many go from England and Ireland to take their curriculum in Scotland, and this for one or two very cogent reasons: One being that the cost of living is somewhat less than in the principal cities of England, and the educational fees are in many cases less. It is also well known that in the magnificent Universities and Schools of Scotland the medical education is both solid and extensive, and that there is a vast amount of material available for the acquisition of practical knowledge and experience, both from the living and in a less degree from the dead. The healthy competition kept up between the Universities and the Schools is of the greatest importance in maintaining the high level of excellence in teaching on both sides. We confess that we do not think enormous classes, with the consequent scarcity of subjects, are likely to furnish in some respects so good a field for individual and personal training as those in some of the smaller schools. Looked at in another way, however, it may be readily inferred that the larger schools, with a more extensive choice, have better opportunities of securing the services of abler teachers, and possibly are better equipped for teaching the many and varied special subjects, even although the classes be somewhat unwieldy. At present specialism cannot be ignored, and this is not to be wondered at, seeing that in the medical profession, as in other sciences, facts have so multiplied and diverged, that subdivision of labour, and ultimate restriction of the sphere of study and practice, have come to be recognised as, not only justifiable, but absolutely necessary. Medical students, then, while at their College or University, will do well to

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keep in view the direction in their profession towards which their tastes and capabilities tend. But as the subjects of Anatomy and Physiology are all important, whatever department of Medicine is the ultimate goal, students should select the school which offers the best facilities for the study of these subjects. At all the Scottish Universities and Colleges, too, increased facilities are now being afforded for the study of the different specialities, and for the prosecution of original research. Lately, considerable changes have been made in the Scotch curriculum, and many alterations have been made by the University Commission. We indicate the most important below. Suffice it to say here that the changes are in the right direction, that of suppressing superfluous lectures and of splitting up the larger classes. While it is unfortunate that to a great extent the examination of candidates for entrance into the profession is retained by the teacher, more liberty is now permitted to the student in the exercise of his choice of teacher, and he would do well to be guided in this matter by some of his reliable senior student-friends if he does not possess the acquaintance and friendship of qualified members of the profession.

UNIVERSITY OF EDINBURGH.

Four degrees in Medicine are now granted in place of three as heretofore. Bachelor of Medicine (M.B.), Bachelor of Surgery (Ch.B.), Doctor of Medicine (M.D.), and Master of Surgery (Ch.M). The first two must be taken together, the last two may be taken separately.

No one is admitted to the degrees of Bachelor of Medicine and Bachelor of Surgery who has not been engaged in medical and surgical study for five years after passing a preliminary examination in general knowledge in accordance with the medical ordinances. The degree of M.A. of a British University is held to supersede such preliminary examination. The subjects included in this general examination are English grammar and composition, English history and geography, Latin, arithmetic, and the elements of mathematics, and in addition, as optional subjects, Greek or French, or German.

The *annus medicus* of each year is held to be constituted by at least two courses of not less than one hundred lectures each, or by one such course, and two courses of not less than fifty lectures each, with the exception of the clinical courses, in which lectures are to be given twice a week during the prescribed periods.

During the first four the student must attend elementary botany, elementary zoology, physics, practical chemistry, practical physiology, practical pathology, and medical jurisprudence and public health during courses of not less than 2½ months each; practical anatomy during two courses of not less than five months each; chemistry, anatomy, physiology, pathology, surgery, materia medica and therapeutics, medicine, and midwifery and the diseases of women and children, during courses of not less than five months each. He must attend a course of 25 meetings on practical pharmacy in a University or recognised school of medicine, or have dispensed drugs for a period of three months in a hospital or dispensary or in an establishment recognised by the Pharmaceutical Society. He must attend a nine months' course in clinical medicine and in clinical surgery. During the fifth or final year he must be engaged in clinical study for at least nine months. In all, before graduation he must have attended for at least three years, a hospital which accommodates no fewer than 80 patients, and possesses a distinct staff of physicians and surgeons, and he must have acted as clerk in the medical and dresser in the surgical wards of such a hospital, or the practice of a dispensary, or of a physician or surgeon. He must have had approved opportunities of studying at a hospital, *post-mortem* examinations, fevers, diseases of children, ophthalmology, vaccination, and mental diseases.

He must attend at least twelve cases of labour under the superintendence of a registered medical practitioner, or six such cases, and, for at least three months, the practice of a midwifery hospital in which practical instruction is regularly given.

Every candidate must deliver before the 31st day of March of the year in which he proposes to graduate to the Dean of the Faculty of Medicine—

1. A declaration in his own handwriting that he has completed his twenty-first year (or that he will have done so on or before the day of graduation), and that he will not be, on the day of graduation, under articles of apprenticeship to any surgeon or other master. (This declaration, along with a statement of studies, is appended to the schedule for the final examination, and must be signed before the schedule is given in.)
2. A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates.

Each candidate is examined both in writing and *viva voce*:—

1. Zoology, botany, physics and chemistry.
2. On anatomy, physiology and materia medica, and therapeutics.
3. On pathology, medical jurisprudence, and public health.
4. On medicine, surgery, and midwifery.

The examinations in anatomy, chemistry, physiology, botany, and zoology, materia medica and pathology, are conducted, as far as possible, by demonstration of objects placed before the candidates.

Candidates who are ready to submit to an examination in the subjects comprised in the first division, viz., botany, zoology, physics, and chemistry, may be admitted to examination in all or any two of these subjects at any examination held after they have attended a full course in each of the subjects professed.

Candidates who have passed their examination in the subjects in the first division may go up for examination in those of the second division at the end of their third winter session, but may postpone their examination in materia medica and therapeutics until the close of the summer session following.

They may, in a similar way, go up for the subjects of the third division at the end of their fourth winter session, and may postpone their examination in medical jurisprudence and public health until the close of the following summer session.

Candidates who have passed their examinations in the subjects comprised in the first, second, and third divisions may be admitted to examination in the fourth or final division, when they have completed the fifth year of study.

The degree of Doctor of Medicine may be conferred on any candidate who has obtained the Degrees of Bachelor of Medicine and Bachelor of Surgery, and who is of the age of twenty-four years, and who produces a certificate of having been engaged, subsequently to his having received the degrees of M.B., and Ch.B., for at least two years in attendance on a hospital, or in scientific work bearing directly on his profession, or in the Military or Naval Medical Services, or in medical or surgical practice. The candidate shall submit to the Faculty of Medicine a thesis, certified by him to have been composed by himself, and which shall be approved by the Faculty, on any branch of knowledge comprised in the professional examinations for the degrees of Bachelor of Medicine and Bachelor in Surgery, which he may have made a sub-

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ject of study after having received those degrees. The candidate will also be examined in Clinical Medicine and in some of its special departments.

The Regulations for the degree of Ch.M. are very similar, the candidate being examined in surgical anatomy, operations on the dead body, clinical surgery and some of the special branches.

Candidates settled abroad, who cannot appear personally to receive the degree, may, after satisfying the Senatus to that effect, have the degree conferred on them *in absentiâ*.

FEES.—The fee to be paid for the Degrees of Bachelor of Medicine and Bachelor of Surgery is twenty-two guineas, and the proportion of this sum to be paid by a candidate at each division of the examination is registered from time to time in the University Court. The fee for the degree of Doctor of Medicine or of Master of Surgery is ten guineas.

BURSARIES and Scholarships open for Session 1896-97.—Among the many of the above are two Sibbald Bursaries of £30 a year, tenable for three years. Two Dr. John Aitken Carlyle Bursaries, £28 each, for one year, for proficiency in class examinations in Anatomy and Chemistry or Physiology. Two Mackenzie Bursaries, each £20, for proficiency and skill in Practical Anatomy. Three Vans Dunlop Scholarships of £100 each, tenable for three years; *one* awarded at the beginning of the winter session to the fourth year's student, who having passed his second professional, and attended within the University the courses on anatomy and physiology, shall obtain the highest number of marks at a special examination on October 7th, names to be sent in before September 28th; *one* awarded similarly in materia medica and pharmacology; and *one*, to the fifth year's student after passing the third professional, who shall obtain the highest marks in an examination in pathology to be held on the same date. The Buchanan Scholarship of £40 10s. annually, in midwifery and gynæcology. Four Vans Dunlop Scholarships on the same terms as those mentioned above, are open to science students on various subjects. Notification of the other prizes, with the conditions, will be found in the University Calendar (published by Mr. Thin, South Bridge, Edinburgh, price 3s., post-free 3s. 6d.) or the Medical Programme, price 2d., from the same publisher.

UNIVERSITY HALL, EDINBURGH.—In an educational number it is worth while to call attention to the advantages now offered to students coming to Edinburgh to study, in the shape of social residences akin to, though very much less pretentious than, the English University Colleges. During the last seven years several buildings have been acquired in Edinburgh for this purpose, in which students can live in a self-governing community. In each house there are private studies with or without bedrooms, and common sitting and dining rooms. The charges vary from 7s. 6d. to 22s. 6d. per week. The residents elect a treasurer from among their number, who acts as intermediary between them and the housekeeper or servants. It is a satisfactory indication of the comfort of the Hall that several graduates now live in it and are willing to help or coach the undergraduates for moderate fees. To gain admission two references must be produced from past or present residents. These are considered and voted on at a house meeting. In all disputed points Professor Geddes is the referee, while Dr. Ricardo Stephens is the rent treasurer, who will supply any further information required. The Hall is an admirable place for parents to send their sons to. Any unruly member may be expelled by a meeting of the residents similar to that held for elective purposes.

Graduation in Science.—The University of Edinburgh also possesses a Faculty of Science, which may confer two degrees—Bachelor of Science (B.Sc.) and Doctor of Science (D.Sc.) These degrees are given in pure science and in applied science. Candidates for the degree of B.Sc. in pure science must attend at least seven courses of instruction in the subjects selected by them during the course of not less than three academical years. Three of these courses must be on subjects prescribed for the First Science Examination, and four on those for the Final Examination. Four of these courses must be taken in the University of Edinburgh. Among the subjects recognised are chemistry, human anatomy, physiology, zoology, and botany. Graduates as B.Sc. may, after five years, proceed to the degree of D.Sc., undergoing an examination in the subjects chosen, and presenting a thesis founded on original work.

Graduation in Public Health.—Similar degrees are conferred in Public Health. Candidates must be graduates in medicine of a university recognised by the University Court, and must matriculate for the year in which they appear for examination. Before proceeding to the first examination they must produce evidence that (1) they have worked for at least twenty hours a week during a period of not less than eight months, after taking their medical degree, in a recognised Public Health Laboratory. Five of these months must be spent consecutively in the Public Health Laboratory of the University of Edinburgh, and (2) have attended a course of lectures on physics and one, of at least three months' duration, on geology, such as the Senators may approve of.

Candidates for the Second Examination for B.Sc. in Public Health are not admitted until at least eighteen months have elapsed after having passed M.B., Ch.M., or sooner than six months after the First Examination. They must have attended two separate courses of Public Health, of at least forty lectures in each, one dealing with medicine, the other with engineering, each in its relation to public health, in such manner as the Senatus shall determine. They must also have studied practical sanitary work under a Medical Officer of Health for six months, have had three months' clinical instruction in a recognised fever hospital and three months' instruction in mensuration and drawing.

Full details of the subjects included in the different courses are given in the Official Programme of the Faculty of Science, which may be obtained from the University (price 2d.).

In a similar manner to that described under Degrees in Pure Science, a B.Sc. may after five years proceed to take the degree of D.Sc. in Public Health.

Fees for Science Degrees.

B.Sc. First Examination	£3 3 0
B.Sc. Second Examination	3 3 0
D.Sc.	10 10 0
Total	£16 6 0

UNIVERSITY OF GLASGOW.

The University of Glasgow is both a teaching and an examining body but admits to examination only those candidates whose course conforms to its own regulations. Within certain limits provision is made for accepting instruction given by recognised medical schools and teachers, but eight of the subjects other than clinical must be taken in this or some other recognised University entitled to confer the degree of M.D., and at least two years of the course must be taken in Glasgow University. Under the new regulations, laid down in Ordinance No. 14, Glasgow No. I, of the Commissioners under the Universities (Scotland) Act, 1889, four degrees, open both to men and to women, are conferred—M.B. and Ch.B. (always conjointly), M.D. and Ch.M. A preliminary examination must be passed in (1) English, (2) Latin, (3) Elementary Mathematics, and (4) Greek, French, or German, with possible options to students whose native tongue is not English in the case of the fourth subject, and on

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passing students must register in the books of the General Medical Council. For M.B and Ch.B. a curriculum of five years is required, in each of the first four of which the student must attend at least two five months' courses, or alternately, one five months course and two courses of two and a half months. The minimum of attendance in the first four years includes five months' courses in the following subjects: Anatomy, practical anatomy (two courses), chemistry, materia medica and therapeutics, physiology, practice of medicine, surgery, midwifery, and diseases of women and infants, and pathology; and courses of two and a half months in the following: Practical chemistry, physics, botany, zoology, practical physiology, practical pathology, medical jurisprudence and public health. Candidates must attend at least three years the medical and surgical practice of a recognised hospital accommodating not less than eighty patients, and having a distinct staff of physicians and surgeons. At least nine months' hospital attendance is required on each of the clinical surgery and clinical medicine, and the student must have acted as clerk in medical, and dresser in surgical, wards, and must have had six months of out-practice; must also have attended a course on mental diseases and on practical pharmacy (twenty-five meetings), must have been properly instructed in vaccination at a public vaccination station, and must have attended at least twelve cases of labour or three months of the practice of a lying-in hospital, six cases being personally conducted. The University is also empowered to require further study in post-mortem examinations, fevers diseases of children, ophthalmology, and other special subjects. A candidate who has completed, in a University of the United Kingdom, a course of study and passed an examination in botany, zoology, physics, or chemistry qualiying for a degree in science or in arts is held to have passed the examinations in such subject or subjects.

There are four professional examinations, the first comprising botany, zoology, physics, and chemistry, to be taken after completion of included courses (candidates being at liberty to take two subjects at a time); the second comprising anatomy, physiology, and materia medica and therapeutics, to be taken at end of third winter session; the third, comprising pathology, medical jurisprudence and public health, to be taken at end of fourth winter session; and the fourth or final, comprising surgery, clinical surgery, practice of medicine, clinical medicine and midwifery, to be taken on completion of fifth year of study.

The degrees of M.D. (Doctor of Medicine) and Ch.M. (Master of Surgery) are higher degrees in Medicine and Surgery respectively, and candidates (not under 24 years of age) who have previously obtained the double bachelorship may be admitted to either M.D. or Ch.M. on completing the after course prescribed, including an examination in clinical medicine for M.D., and in surgical anatomy, operations on the dead body, and clinical surgery for Ch.M. The fees for M.B. and Ch.B. are £23 2s., and the class fee in each subject of the curriculum is £3 3s., while the present fee for hospital attendance is £21. The fee for M.D. is £10 10s. and for Ch.M. £10 10s. There is a course of instruction (fee £10 10s.), and an examination (fee £5 5s.) leading to a Diploma in Public Health.

The great majority of the students take their hospital course at the Western Infirmary, which contains 400 beds for medical and surgical patients, and in which clinical instruction is given by professors of the University and other physicians and surgeons. Clinical instruction on fevers is given at Belvidere Hospital, and students have access to the Eye Infirmary, the Maternity Hospital, and the Royal Asylum, Gartnavel, Queen Margaret College, hitherto conducted as a separate institution for the higher education of women, has now been made over to the University, and in it systematic and laboratory medical classes for women are conducted under University professors and other lecturers appointed by the University Court, and lady students are admitted to the Royal Infirmary, where 110 beds are reserved for their clinical instruction.

Bursaries and prizes to the annual amount of about £780 are appropriated to medical students, including an Arthur bursary (women), £25 for three years; a Brisbane bursary, £42 for 4 years; a Davidson bursary, £40 for 3 years; n Gibson bursary, of annual value of £30 (tenure undetermined); a Glasgow Highland Society bursary, £20 for 4 years; a Logan bursary, £16 for 4 years; two Lorimer bursaries, £25 for 3 years; two Lorimer bursaries, £20 for 3 years; a Macarthur bursary, £20 for 2 years; a Macfarlane bursary, £40 for 3 years; a Mackintosh bursary (Insanity), £30 for 1 year; a Marshall bursary, £17 for 4 years; two Merchants' House bursaries, £25 for 3 years; two Monteith bursaries, £21 for two years; four Paterson bursaries, £30 for 4 years; four Paterson bursaries, £15 for 4 years; two Rainey bursaries, £20 for 2 years; a Walton bursary (with preference to English students), £36 for 4 years; a Weir bursary, £18 for one year; two Arnott prizes, £15 and £25, for an Examination in general and physiological physics respectively, and a Brunton prize of £10 to the most distinguished medical graduate of the year. Several bursaries open to students in any faculty are not infrequently held by medical students, and scholarships and fellowships, to the annual amount of about £1,600, may be held by medical students who have gone through the Arts course.

The Universities Commissioners have issued a supplementary Ordinance which contains an important provision designed to enable those who graduated as M.B. and C.M. under the regulations of the 1858 Commissioners to proceed to the degree of M.D. by a further examination in Clinical Medicine and by presenting a thesis, in the same manner as is prescribed for those holding the degrees of M.B. and Ch.B. under the new regulations. Candidates would thus be freed from the necessity of passing in Greek as a preliminary subject.

Queen Margaret College for Women.—Founded in 1873 (by the Glasgow Association for the Higher Education of Women, which was formed in 1877 with the object of bringing university instruction, or its equivalent within the reach of women), Queen Margaret College in 1890 added to its Faculty of Arts a School of Medicine for Women. This was organised entirely on university lines, and with the view of preparing for university degrees; and when, in 1892, in consequence of the Ordinance of the University Commissioners authorising the Scottish Universities to admit women to instruction and graduation, Queen Margaret College became the Women's Department of the University of Glasgow, its classes in Medicine taken previously to its incorporation with the University were recognised as preparing for the degree. There is now a Hall of Residence for the students.

UNIVERSITY OF ABERDEEN.

The University of Aberdeen possesses under its charters the amplest privileges claimed or enjoyed by any academical institution. It confers degrees in the five faculties of Arts, Science, Divinity, Law, and Medicine. It also grants the Diploma in Public Health. It is, moreover, a teaching body, equipped with twelve distinct chairs in the various branches of medicine and surgery. The majority of the professors devote their whole time to the work of their chairs. There are fully-equipped laboratories, the accommodation for which has recently undergone considerable extension. The degrees of M.B. and Ch.B. are conferred together, they cannot be obtained separately. The curriculum of study is nearly the same as in the University of Edinburgh; the regulations in the preceding columns will therefore apply here. Two years

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must be passed at Aberdeen. With regard to fees, each candidate for the degrees of M.B. and Ch.B., must pay a fee of £5 5s. in respect of each of the first three professional examinations and £7 7s. for the final examination. Class fees £3 3s. each. Total cost, exclusive of the fees for degrees, is about £90. Besides the Royal Infirmary, students have the opportunity of attending several other local institutions where special courses of instruction are given. Perpetual fee for hospital practice is only £6. The professional examinations are held twice in each year, namely, in March and July, directly after the close of the winter and summer sessions. Through the liberality of Dr. Chas. Mitchell (recently deceased) students will be privileged to commence work in the coming session in the magnificently equipped extension buildings of the University.

BURSARIES.—Bursaries, Scholarships, and Fellowships, to the number of forty-two, and of the annual value of over £1,000, may be held by students of Medicine. See University Calendar.

THE DEGREE OF M.D.—The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degrees of M.B. and C.M. (Old Regulations), is of the age of twenty-four years, and has been engaged subsequently to his having received the degree of M.B. for two years in attendance in a hospital, or in military or naval medical service, or in medical or surgical practice, and has presented a thesis which has been approved of by the Medical Faculty. Candidates for the Degree of M.D. (New Regulations) are required to pass an examination in clinical medicine in addition to presenting a thesis. Similar regulations apply to the Degree of Ch.M. (Master of Surgery).

A Diploma in Public Health is conferred after examination on Graduates in Medicine of any University in the United Kingdom.—Regulations may be seen in the Calendar, or obtained on application to the Secretary of the Medical Faculty.

UNIVERSITY OF ST. ANDREWS.

This University confers the degree of M.D. (certain exemptions being made for ten practitioners yearly), M.B. and Ch.B. Two yearsof study of each candidate must be in one or more of the Universities, viz.,—the University of St. Andrews, Glasgow, Aberdeen, Edinburgh, Oxford, and Cambridge; Trinity College, Dublin; Queen's College, Belfast; and Queen's College, Galway. The degree of M.D. is conferred on any registered practitioner above the age of forty whose professional position is such as to entitle him to that degree, and who shall on examination, which is not severe, satisfy the examiners of the sufficiency of his professional knowledge; provided always that degrees will not be conferred under this section to a greater number than ten in any one year. The examinations are held yearly towards the end of March, and are much sought by practitioners who have not taken the degree in early life and are unable on account of the exigencies of general practice to devote the time for examination at other universities.

We may mention that these regulations are under revision and that the exemptions in favour of registered practitioners may soon be withdrawn.

THE COLLEGES.

The Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow have made arrangements by which, after a series of examinations, the student may obtain the diplomas of the co-operating bodies.

The holders thereof are enabled to register three diplomas under the Medical Acts, viz., Licentiate of the Royal College of Physicians of Edinburgh, Licentiate of the Royal College of Surgeons of Edinburgh, and Licentiate of the Faculty of Physicians and Surgeons of Glasgow. The diplomas are also recognised by the Army, Navy, and other public bodies.

The three co-operating bodies grant their *single* qualifications only to candidates who are already registered as possessing another and opposite qualification in medicine or surgery as the case may be.

REGULATIONS OF THE CONJOINT BOARD OF THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH AND THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH, AND THE FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.—The candidate must produce certificates of having attended the following separate and distinct course of lectures, the certificate distinguishing the sessions and the schools in which the courses were severally attended.—Anatomy, one course, six months. Practical Anatomy, twelve months. Chemistry, one course, six months. Practical or Analytical Chemistry, one course, three months. Materia Medica, one course, three months. Physiology, one course, six months. Practice of Medicine, one course, six months. Clinical Medicine, nine months. Principles and Practice of Surgery, one course, six months. Clinical Surgery, nine months. Midwifery and the Diseases of Women and Children, one course, three months. Medical Jurisprudence, one course, three months. Pathological Anatomy, one course, three months. The candidates must also produce the following certificates:—(*a*) Of having attended not less than six cases of labour under the superintendence of the practitioner who signs the certificates, who must be a registered medical practitioner. (*b*) Of having attended, for three months, instruction in practical pharmacy. The certificate to be signed by the teacher, who must be a member of the Pharmaceutical Society of Great Britain, or the Superintendent of the laboratory of a public hospital or dispensary, or a registered practitioner who dispenses medicine to his patients, or a teacher to a class of practical pharmacy. (*c*) Of having attended for twenty-four months the medical and surgical practice of a public general hospital, containing on an average at least eighty patients, and possessing distinct staffs of physicians and of surgeons. (*d*) Of having attended, for six months, the practice of a public dispensary specially recognised by any of the co-operating bodies; of having been engaged for six months as visiting assistant to a registered practitioner. (*e*) Of having been instructed in vaccination.

First Examination, Fee £5.—The first examination shall embrace chemistry, embracing the following particulars:—Chemical physics, heat, light, and electricity, the principal non-metallic and metallic elements, and their more common combinations, also the leading alcohols, organic acids, ethers, carbohydrates, and alkaloids the candidate will also be examined practically in testing. Physics and elementary biology, which shall take place not sooner than the end of the first year, including a winter and summer session. Candidates who desire to pass the first professional examination must apply to the Inspector of Certificates on or before the Friday preceding the day of examination, and must produce certificates of attendance on one course of chemistry, one course of practical chemistry, one course of anatomy, and six months' practical anatomy.

Second Examination, Fee, £5.—The second examination shall embrace anatomy and physiology, and shall not take place before the termination of the summer session of the second year of study. Candidates must produce to the Inspector certificates of attendance on the prescribed courses of anatomy, practical anatomy, and physiology.

Third Examination, Fee £5.—Comprises the subjects of pathology, materia medica and pharmacology, and advanced anatomy.

Final Examination, Fee, £15.—The final examination shall embrace the principles and practice of medicine (including therapeutics, and medical anatomy, clinical medicine; the principles and practice of surgery (including surgical anatomy and surgical pathology); clinical surgery; midwifery and gynæcology, medical jurisprudence and hygiene; and shall not take place before the termination of the full period of study.

Subject of Preliminary Education.—(1) English language, including grammar and composition; (2) Latin, including grammar, translation from specified authors, and translation of easy passage not taken from such authors; (3) elements of mathematics, comprising A. arithmetic, including vulgar and decimal fractions; B. algebra, including simple equations; C. geometry, including the first two books of

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Euclid; (4) elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics; (5) one of the following optional subjects:—A. Greek; B. French; C. German; D. Italian; E. any other modern language; F. logic; G. botany; H. zoology; I. elementary chemistry.

Qualification in Public Health.—The College of Physicians, in association with the Royal College of Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow, confers a certificate of competency in Public Health. The examinations are held in April and October. Fee, £10 10s.

For the special regulations of the Royal College of Surgeons of Edinburgh, intending candidates should apply to Mr. James Robertson, 1 George Square, Edinburgh, and for those of the Royal College of Physicians, to Dr. R. W. Philip, 4 Melville Crescent. Edinburgh.

The Fellowship of the Royal College of Physicians of Edinburgh is conferred only by election, and the candidate must have been a member of the College for at least one year previously, and have attained the age of twenty-five years.

The Membership is conferred only on Licentiates of the College or Graduates of a British or Irish University after an examination in medicine and therapeutics, and in any other branch of medical science to be selected by the candidate. Under certain conditions as to age and professional standing, candidates may, however, be admitted without examination to the licence of R.C.P.

The Licence, or Single Qualfication in Medicine is conferred on candidates who already possess a recognised qualification in surgery. The examinations of this licence are held on the first Wednesday of each month, save those of September and October, on medicine, materia medica, midwifery, and medical jurisprudence. The fee is £15 15s., and intending candidates should communicate with the Secretary of the College at least eight days before the date of examination.

The Fellowship of the Royal College of Surgeons of Edinburgh is conferred (except under certain conditions as to age and professional standing), only on candidates who have passed a special examination, and have previously obtained a diploma from the College, or from either of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, or the surgical degrees of the Universities of Great Britain, and who are twenty-five years of age. The subjects for examination for those who are already Licentiates of the College are on the principles and practice of surgery, clinical and operative surgery, and one optional subject.

Those who are not Licentiates of this College: On principles and practice of surgery, clinical and operative surgery, surgical anatomy, and one optional subject; and in such supplementary subjects as have not, in an adequate manner, been included in the examination for the registrable surgical qualification possessed by such candidates and which are required in the examination for Licentiates of this College.

The optional subjects shall embrace:—A. surgery, special branches; B. advanced anatomy and physiology; C. surgical pathology and morbid anatomy; D. midwifery and gynæcological medicine and surgery; E. medical jurisprudence and hygiene; F. practice of medicine and therapeutics. The examinations are written, oral, and practical. Three weeks' notice must be given to Mr. James Robertson, from whom full particulars as to certificatee required may be obtained. The fee is £30 for those who hold the diploma of Licentiate of the College, and £45 to others (no stamp duty is payable on the diploma). Registered practitioners, aged not less than 40, and who have been in practice for not less than ten years, and who have highly distinguished themselves by original investigations, may under special circumstances be elected without examination. Women are not admitted to the Fellowship.

Licence.—The examination embraces the principles and practice of surgery (including operative surgery and surgical pathology), clinical surgery, and surgical anatomy, and shall not take place before the termination of the full period of study. Fee, £15 15s.

Dental Diploma.—Every candidate for the dental diploma must have attended the general lectures and courses of instruction required at a university or an established medical or dental school recognised by the College as qualifying for the diploma in surgery. The fee is £10 10s.

Edinburgh Royal Infirmary.—Clinical instruction is afforded at this institution under the supervision of professors of the University and the ordinary physicians and surgeons of the Infirmary. Special instruction is given on diseases of women, physical diagnosis, and diseases of the eye, ear, throat, and teeth. Separate wards are devoted to venereal diseases, diseases of women, diseases of eye, also to cases of incidental delirium or insanity, and three wards are specially set apart for clinical instruction to women students. Post-mortem examinations are conducted in the anatomical theatre by the pathologists, who also give practical instruction in pathological anatomy and histology. The perpetual fee, on one payment, £12; the annual fee, £6 6s.; half-yearly, £4 4s.; quarterly, £2 2s.; monthly, £1 1s. Separate payments amounting to £12 12s. entitle the student to perpetual ticket. No fees are payable for any surgical or medical appointment.

The appointments are as follows:—

1. Resident physicians and surgeons are appointed, and live in the house free of charge. There is no salary. The appointment is for six months, but may be renewed at the end of that period by special recommendation.

2. Special non-resident clerks (in the special subjects, and for out-patient work) are appointed for six months. These also may be similarly renewed.

3. Clerks and dressers are appointed by the surgeons and physicians. Those are open to all students and junior practitioners holding hospital tickets

4. Assistants in the pathological department are appointed by the pathologists to conduct post-mortem examinations in the anatomical theatre.

School of Medicine of the Royal Colleges, Edinburgh.—This school, established in 1505, is constituted by the fifty-nine lecturers especially licensed by the Colleges.

The lectures at this School qualify for the University of Edinburgh, and other Universities, the Royal Colleges of Physicians and Surgeons of Edinburgh, London, and Dublin, and the other medical and surgical boards.

The minimum cost of the education in the School of Medicine for the Triple Qualifications of Physician and Surgeon from the Royal Colleges of Physicians and Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow, including the fees for the joint examinations, is about £115, which is payable by yearly instalments during the period of study.

St. Mungo's College and Glasgow Royal Infirmary.—This College was incorporated in 1889 under its new title, being formerly known as the Glasgow Royal Infirmary School of Medicine. The Medical Faculty occupies new buildings erected for the purposes of the medical school in close proximity to the hospital, and the laboratories, museums and lecture-rooms are of the most approved description.

The Royal Infirmary, which is at the service of the College for teaching purposes, is one of the largest general hospitals in the kingdom. It has nearly 600 beds available for clinical instruction, and it has special wards for diseases peculiar to women, for venereal diseases, erysipelas, burns, and diseases of the throat. At the dispensary special advice and treatment are given in diseases of the eye, ear, teeth, and skin, in addition to the large and varied number of ordinary medical and surgical cases—nearly 38,000 per annum—which in a great industrial centre daily require attention. Students at the College and hospital get the benefit of dispensary experience free of charge, and no better or wider field for seeing hospital practice and receiving clinical experience can be found than in the Glasgow Royal Infirmary. All appointments are open. There are five physicians' and seven surgeons' assistants who board in the hospital and act in the capacity of house physicians and house surgeons. These appointments are made for six months, and are open to gentlemen who have a legal qualification in medicine and surgery. Clerks and dressers are appointed by the visiting physicians and surgeons. From the large number of cases of acute diseases and accidents of varied character received, these appointments are valuable to students. In the pathological department assistants are also appointed by the pathologist. Attendance on the classes in St. Mungo's College qualifies for the medical degrees of the universities and

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the medical and surgical colleges, in accordance with their regulations.

The fee for each curriculum class is 2*l.* 2*s.*, except for anatomy, which is 4*l.* 4*s.*, pathology, 4*l.* 4*s.*, zoology 4*l.* 4*s.*, botany 3*l.* 3*s.*, and certain extra classes, of which the fee is 1*l.* 1*s.* The hospital fee (including clinical lectures) is 21*l.* for a perpetual ticket, and is payable either in one sum or by two instalments of 10*l.* 10*s.* each. Further particulars can be obtained on applying to Professor R. T. Kent, 86 Castle Street, Glasgow.

ANDERSON'S COLLEGE MEDICAL SCHOOL, GLASGOW.—New and excellently equipped buildings were opened in October, 1889, in Dumbarton Road, immediately to the west of the entrance to the Western Infirmary and within *four* minutes' walk of the University. Extensive laboratory accommodation, is provided for practical anatomy, practical chemistry, practical physiology, practical pharmacy, operative surgery, and hygiene and public health. There are also provided a library and reading room, and a students' recreation room. The buildings are constructed upon the most approved modern principles. The dissecting room is open in winter from 9 a.m. to 6 p.m., and in summer from 6 a.m. to 6 p.m. These students are assisted in their dissection by the professor and demonstrators, by whom daily examinations and demonstrations on the parts dissected are conducted. The supply of subjects is ample, and students are consequently provided with parts as soon as they may be ready for them. The dissecting room is provided with a complete series of dissected specimens mounted in plaster of Paris illustrating the anatomy of the human body. There is also a large Bone Room furnished with a complete set of painted and unpainted bones.

Dental Curriculum.—Students studying with a view to the Dental Diploma can obtain instruction in the following subjects:—Anatomy, chemistry, physiology, surgery, practice of medicine, and materia medica. The special dental courses may be obtained at the Dental School.

Fees for hospital practice and clinical lectures, first year, 10*l.* 10*s.*; second year, 10*l.* 10*s.*; afterwards free. For six months, 6*l.* 6*s.*; three months, 4*l.* 4*s.* Students who have paid 20 guineas at another hospital for its perpetual ticket are admitted six months for 2*l.* 2*s.*; or one year for 3*l.* 3*s.* Vaccination certificate, recognised by Privy Council, 1*l.* 1*s.* Lectureships on Physics, Zoology, and Mental Diseases have been recently instituted.

UNIVERSITY COLLEGE, DUNDEE.—The Medical Classes qualify for the Degrees of the Scottish Universities, for the University of London, and the Royal University of Ireland, as well as the Licences of the Royal Colleges. Equipment is at present provided for the first three years of the curriculum.

Clinical work is taken out at the Royal Infirmary, Dundee.

The Infirmary contains 296 beds, with a special ward for the treatment of Diseases of Children. Two resident qualified assistants are appointed annually. Clinical clerks and dressers are attached to the physicians and surgeons; and students are appointed to assist in the post-mortem room. Instruction in practical pharmacy is given in connection with the dispensary. Out-patients are seen daily at 9 a.m. The instruction given at the Infirmary is recognised for purposes of graduation by the Universities of Edinburgh and Glasgow, and by the Royal Colleges of England and Scotland. Further information may be had on application to the Medical Superintendent.

Scholarships. — First year: — (*a*) Three Armistead Scholarships of £20 each, tenable for one year. (These Scholarships were founded and endowed in 1883 by George Armistead, Esq., M.P.) (*b*) Three Scholarships of £15 each, tenable for one year. Second year:—Three Armistead Scholarships of £20 each, tenable for one year, to be awarded to day students entering upon their second year. Candidates must have attended not less than two regular courses at the College during the year immediately preceding the competition. (*c*) Two bursaries of the annual value of £25, and tenable for three years, either "at University College, Dundee, or at any Scottish University."

Clinical instruction is also given at the Royal Asylum, Dundee, where there is an average of 400 resident in-patients; the fees vary here from two to three guineas per term for each subject. The session commences on Tuesday, October 13th.

ABERDEEN ROYAL INFIRMARY.—This is a well equipped institution, containing 213 beds, and affords excellent opportunities for clinical study to students at the Aberdeen University. The city, moreover, offers inducements in the way of cheaper living and comparative quiet to that obtained in Edinburgh and Glasgow, and will doubtless be preferred by some on this account.

ROYAL MEDICAL SOCIETY, EDINBURGH.—Students commencing their medical studies in Edinburgh should not neglect to join this fine old Society. It still fulfils the purposes for which it was founded as far back as 1737; namely, to facilitate intercourse between medical students of different years of study, to afford them the use of a large medical and scientific library, and to promote the discussion of medical matters apart from the supervision of the professors or teachers. The post of Senior President of this Society is one of the highest honours to which an Edinburgh student may attain. The list of eminent men in the profession who have filled the presidential chair from time to time would be hard to parallel. Intending members should apply to the sub-librarian at the Society's Hall, 7 Melbourne Place, Edinburgh. The annual subscription is two guineas. Payment of eight guineas at once renders the student a life member.

THE OPENING OF THE MEDICAL SCHOOLS.

THE following list comprises the dates with reference to the opening of the various Medical Schools throughout the United Kingdom, with names of Introductory Lecturers where given.

LONDON.

Charing Cross Hospital Medical School—Monday, Oct. 5th.
Guy's Hospital Medical School—Thursday, Oct. 1st.
King's College, London, Medical Faculty—Thursday, Oct. 1st.
London Hospital Medical College—Thursday, Oct. 1st.
Middlesex Hospital Medical School—Thursday, Oct. 1st, at 3 p.m., introductory address by Dr. Essex Wynter.
St. Bartholomew's Hospital and College—Thursday, Oct. 1st.
St. George's Hospital Medical School—Thursday, Oct. 1st, at 4 p.m., introductory address by Mr. Wm. Adams Frost.
St. Mary's Hospital Medical School—Thursday, Oct. 1st, at 4 p.m., introductory address by Mr. Morton Smale.
St. Thomas's Hospital Medical College—Wednesday, Oct. 2nd, at 4 p.m., distribution of prizes by The Right Hon. Lord Justice Lindley.
University College Medical School—Thursday, Oct. 1st, at 4 p.m., introductory address by Prof. Sidney Martin.
Westminster Hospital Medical School—Thursday, Oct. 1st, at 4 p.m., introductory address followed by the distribution of prizes.

PROVINCES.

Birmingham, Mason College—Thursday, Oct. 1st.
Bristol, University College—Thursday, Oct. 1st.
The Yorkshire College—Thursday, Oct. 1st, introductory lecture by Prof. Victor A. H. Horsley.
Liverpool, University College—Thursday, Oct. 1st.
Manchester, Owens College—Friday, Oct 2nd.
Sheffield School of Medicine, Firth College—Thursday, Oct. 1st, 5 p.m., introductory address by Sir H. Littlejohn.

IRELAND.

Adelaide Medical and Surgical Hospitals, Dublin—Thursday, Oct. 1st. The Hudson Scholarship and Prize, with medical and surgical prizes for session 1895-6, will be presented to the successful students.
Catholic University Medical School, Dublin—Monday, Nov. 2nd.
City of Dublin Hospital—First week in October.
Dublin University—Thursday, Oct. 1st.
Jervis Street Hospital, Dublin—Thursday, Oct. 1st.
Meath Hospital—Thursday, Oct. 1st.
Mercer's Hospital—Friday, Oct. 2nd.
St. Vincent's Hospital—Tuesday, Oct. 6th. Introductory lecture by Dr. McHugh, 4.30 p.m.
Queen's College, Cork—Monday, Oct. 26th.
Royal College of Surgeons, Dublin, Schools of Surgery—Thursday, Oct. 1st.
Trinity College School of Physic, Dublin, Dissecting Rooms and Chemical Laboratories—First week in October; lectures begin first week November.

SCOTLAND.

Aberdeen University—Tuesday, Oct. 13th.
Dundee University College—Tuesday, Oct. 13th.
Edinburgh University—Middle of October.
Edinburgh School of Medicine, Rooms and Laboratories—Thursday, Oct. 1st; lectures, Tuesday, Oct. 6th.
Edinburgh School of Medicine for Women—Tuesday, Oct. 13th.
Glasgow University—Thursday, Oct. 15th.
Glasgow, Anderson's College Medical School—Thursday, Oct. 15th.
Glasgow, Queen Margaret College School of Medicine for Women—Wednesday, Oct. 21st.
St. Andrew's University—Tuesday, Oct. 6th.

END OF EDUCATIONAL NUMBER.

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Notes on Current Topics.

Election of Direct Representatives on the General Medical Council.

The expenditure of a good deal of pent-up eloquence may be confidently expected at the approaching meeting which we are asked to announce, and which will be held under the auspices of the Manchester Medico-Ethical Association in the Albert Memorial Hall, Albert Square, Manchester, on Thursday evening next (Sept. 17), for the purposes of giving *all the candidates* for seats on the General Medical Council an opportunity of placing their views before their constituents. It is understood that no resolution committing the meeting to support any one candidate or any set of candidates will be proposed, and although the circular announcing the said meeting will be distributed only in a limited area, the committee are desirous that as many members of the profession as can make it convenient to be present will do so, and further hope that those receiving this notice will make the meeting known to as many as they possibly can. The chair will be taken by Mr. James Taylor, of Chester, at 7 o'clock precisely. Each candidate will be allowed a quarter of an hour for his address, and no question must be put from the audience until all the candidates have spoken, when questions, plainly written on forms which will be supplied, may be put. The following candidates have intimated their intention of addressing the meeting:—Dr. J. G. Glover (London), Dr. Dolan (Halifax), Mr. George Brown (London), Dr. R. R. Rentoul (Liverpool), Dr. Sam. Woodcock (Manchester), Dr. Alderson (London), and Dr. Lovell Drage (Hatfield, Herts).

Mrs. Maybrick.

Those worthy people who, in season and out of season, agitate for the release of Mrs. Maybrick are once again strongly in evidence. This time they make their appeal on the firmer ground of the convicted woman's ill-health. A harrowing picture is drawn of the solitude of the prison infirmary in which her unhappy lot is cast. Of course, the punishment is a heavy one, but the fact cannot be overlooked that it replaces a far more terrible penalty, which is meted out to many others for crimes less odious than a deliberately planned murder by poison. That is a plain statement of the case, which appears to be ignored by the upholders of Mrs. Maybrick. They think their own judgment as to her innocence is more likely to be right than that of the jury who found her guilty after a patient and prolonged trial. Most common-sense folk think otherwise and, so long as society exacts a penalty for such misdeed, swill be content to let the law pursue its own path without further question. Meanwhile to assert that Mrs. Maybrick is being slowly tortured to death, as one public newspaper said last week, is to strike wide of the mark. There are thousands of convicts, we have not a shadow of a doubt, who are on various grounds far more deserving of release than the prisoner in question.

The New Samaritan Hospital, Glasgow.

This institution was formally opened last week, it having taken two years to build. The hospital and administrative offices are distinct, but connected by a corridor. The hospital block consists of two floors, on each of which there is one ward capable of accommodating ten patients, a couple of other wards having accommodation for two patients each. There are besides convalescent room, ward scullery, linen room, and complete sanitary accommodation. It may be stated that, in keeping with modern notions of such institutions, the principle of small wards has been kept in view in designing the hospital. The smaller wards will be utilised for the more serious cases, and the arrangements also permit of the larger wards being divided if necessary. The beds in the wards merit some notice (being the invention of Dr. Stuart Nairne, the surgeon of the hospital). The bed is so constructed that the sides and foot are movable, thus allowing the attendants free access to the patient from every side without alteration of the position, and when the sides are replaced all danger of falling out through restlessness is prevented. The heating and other arrangements are excellent, and in the well-equipped administrative block are the offices, the rooms of the matron, nurses, and servants, a lecture room, an operating room, and an instrument room, the kitchen being on the top storey. The hospital is opened free of debt, a most unusual occurrence nowadays.

The Irish Drug Contract System.

After a coma of thirty years the Irish Local Government Board has wakened up to consciousness of the scandalous abuses attending the Union Drug Contract system, to which we have called attention about a hundred times. But, *more suo*, it approaches the subject at the wrong end and proceeds to worry the Medical Officers and to withhold from the sick-poor the medicines needful for their efficient treatment, while it maintains its patronage of the system of fraud perpetrated by the drug contractors upon the ratepayers. The doctors of the Castlecomer Union (Co. Kilkenny), ordered recently some chlorodyne, antipyrin, phenacetin, and hazeline. Of course they did. No practitioner who knows his business treats his patient without these preparations, but the Local Government Board considers it quite shocking that paupers should have the benefit of such medicines, and proceeds to deliver a lecture on materia medica to the Board of Guardians. Regarding the first article named—viz., chlorodyne—it states that the B.P. preparation known as tincture chloroformi et morphinæ was a much better preparation, because its composition was known, and the Board would not object to the tincture chloroformi et morphinæ (which was practically chlorodyne) being used. Antipyrin could be ordered under its proper name as given in the "additions to the British Pharmacopœia." The Board say they would not object to phenacetin being ordered, having regard to the reasons set forth by the Medical Officers, and the same observation applied to hazeline; but the Local Government Board presumes that the Medical Officers were aware

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that the "additions" contained extractum hamamelidis, a preparation of the hazel-bark, and extractum hamamelidis liquidum, a preparation of the hazel-leaves; and all preparations authorised by the British Pharmacopœia were to be preferred to those not so authorised. We humbly suggest that the Local Government Board should mind its own business, which we take to be, that it shall ensure to the Guardians honest value for the ratepayers' money. The Poor-law Medical Officer of Ireland will scarcely learn much by pharmaceutic instruction from the Custom House, but they would benefit a great deal, and so would their poor clients, if the Local Government Board would devote its new-born energy to securing that the drugs ordered by the doctors and paid for by the Guardians, are not fraudulent rubbish made up for consumption by the unions and charged at dishonest prices.

The Metropolitan Asylums Board.

THE deficiency of infectious hospital accommodation in London has again come to the fore. Hitherto, although the supply of money at command has been practically unlimited, the Asylums Board has nevertheless failed to keep pace with the public requirements. The increasing popularity of the fever hospitals may be gathered from some recently published official statements. We learn that in the earlier years of its history about 11 per cent. out of the total number of cases notified sought admission to the institutions in question. On the other hand, in the first six months of 1895, nearly 70 per cent. of cases reported were admitted. When the new hospitals are built, in, perhaps, a couple of years' time, the accommodation for fever and diphtheria patients will be raised from the 2,100 beds of 1891 to 5,400. The already enormous expenditure will, of course, be proportionately increased. There are, no doubt, many hindrances in the path of the Asylums Board, such as the difficulty of obtaining sites. On the whole, although it has done a great deal of good work, it seems probable that it would gain in strength if it were made a more representative body, and in that way more amenable to the voice of popular control. The need of some reform is more than suggested by the fact that the Local Government Board has rejected as extravagant the proposal of the Asylums Board to spend £54,000 for a site on the Embankment for the erection of new offices.

Prophylactic Serotherapy.

A CRITICAL study of the effects of serum-injections in various diseases seems to show that, as a whole, the prophylactic effects are generally more marked than the therapeutical. Although vaccination by serums appears to possess the advantage over vaccination by attenuated cultures or their soluble products of producing an immediate effect, this beneficial effect is nevertheless only ephemeral. Prophylactic injections of the appropriate serum have been recommended to prevent puerperal infection in lying-in women who have been exposed to the risk of contagion, and also in patients suffering from the effects of traumatisms involving the danger of infection by tetanus. It is, however, more particularly in diphtheria that these preventive inoculations have been recommended and practised, but the results have not been by any means uniformly successful. Moreover, as they are not unfrequently followed by more or less severe constitutional disturbance it is not surprising that the prophylactic method of treatment is but little resorted to. Among the symptoms referable to serotherapy we get abscesses with more or less localised lymphangitis, cutaneous eruptions of various kinds, pyrexial manifestations and joint pains followed in some instances by purpuric and other hæmorrhages. As a general rule these ill-effects, when of a serious nature, make their appearance at a late date. They are usually ephemeral, but it is unquestionable that in certain cases death has been caused thereby. These accidents, which it would be unwise to ignore, point to the necessity for devising a means of freeing the serum from the substances by which these collateral effects are caused. They are probably due to albuminoid bodies foreign to the remedial substance contained in the particular serum, resulting from decomposition or from the presence in the cultures of other organisms.

The Coroner and the Chemist.

AT an inquest held last week on the body of an engineer, Mr. Braxton Hicks, the coroner, made some strong remarks upon the conduct of a chemist concerned in the case. It appears that deceased, who suffered from gout, obtained some medicine and belladonna liniment from a chemist named Dee, of Earlesfield Road. Owing to some unfortunate mistake he swallowed the liniment and was poisoned. As Dee did not attend the court Mr. Hicks adjourned the inquiry in order to hear what he had to say upon the matter. At the same time he made some severe comments upon the practice of chemists in prescribing medicines to their customers. This is not by any means the first time that the same gentleman has taken up the cudgels in defence of the safety of the public and the rights of the medical profession, as regards the objectionable and illegal custom of counter prescribing. The subject was discussed at the late meeting of the British Medical Association,

Baking Bread on Sundays.

Two bakers were convicted and fined last week for unlawfully baking bread on Sunday in contravention of an Act passed in the reign of George IV. In one of these cases the bakehouse windows were boarded up in the attempt to exclude unwelcome inspection. Health reformers will be glad to find that the agitation with regard to this unwholesome trade has not been allowed to lapse. The strain of excessively long hours of labour upon the bread producer is often terrible. In one notorious instance, two years since, a journeyman baker fell down dead, and it was admitted by his employer that he worked for an average of ninety-two hours of each week. By all means let the local authorities avail themselves to the utmost of existing legislation to protect both bread producers and bread consumers.

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The Guild of St. Luke.

It has long seemed curious that there is no function for medicine similar to the one which occurs with law when Her Majesty's Judges attend St. Paul's Cathedral in state, but this year there will be such a ceremony. The Archbishop of Canterbury at the request of the Guild of St. Luke has consented to preach before the profession at 7.30 p.m., on October 21st, being within the octave of St. Luke's day. An influential committee comprising a large number of the leading members of the profession has been formed and the Lord Mayor of London, has signified his intention of attending in state. All medical practitioners are invited, and those who are graduates are asked to wear academical dress.

The Retirement of Dr. Fenwick.

At a recent meeting of the Governors of the London Hospital a vote of thanks was passed to Dr. Samuel Fenwick on the occasion of his retirement from the post of Physician. Dr. Fenwick was appointed Assistant Physician of the Hospital twenty-eight years ago, and has acted as full Physician for the last seventeen years. He has been now unanimously elected Consulting Physician to the Institution which he has so long and faithfully served. His best known work is that on "Clinical Diagnosis," which has reached its seventh edition.

We regret to have to announce that Dr. Cunningham, the distinguished Professor of Anatomy in the University of Dublin, has been laid up with typhoid for the past three weeks. We learn with gratification that the course of the disease has been favourable and that it is probable that the Professor will be again fit for work before the opening of the Dublin winter session.

Surgeon Colonel M. Cogan, now Principal Medical Officer in the Belfast District, has been selected for duty in India.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Sept. 12th, 1896.

Chlorosis and Marriage.

Dr. Gosset has studied the above question in a short opuscule, with much detail, and in which he has concluded that there existed no serious reason for depriving chlorotic girls of marriage. For a long time it was considered that these persons were little apt to conceive, and that if conception did take place, the offspring were neither strong nor healthy. Such was the opinion of Astruc, while Meissner on the other hand took a directly opposite view; he affirmed that chlorotic women became more easily pregnant than those of a sanguine temperament. The truth might be found between these extremes. The author treated also the question of the offspring of chlorotic patients. It was well known that the girls of a chloritic woman were frequently chlorotic, and that in spite of the surrounding influences. M. Hayem who had also studied the question, declared that if this heredity was possible it was not fatally so, he only found it in the proportion of one to twenty, and never witnessed one case of death as a result of the malady. Chlorotic women do not miscarry and their children seem to be almost refractory to tuberculous disease.

Granular Conjunctivitis.

At the Quinz-Vingts hospital, M. Trousseau considers that the application of tincture of iodine is the best treatment for granular conjunctivitis. He uses a solution of the tincture and glycerine in equal parts and paints the inflamed parts with it once a day or once every two days according to the degree of irritation. The conjunctiva under the influence of this treatment becomes smooth and presents a varnished aspect; the pannus also disappears quickly.

Carcinoma of the Stomach.

The following treatment is followed by the leading authority on the subject here:

A glass of milk every two hours.
Naphthol iv grs.;
Benzonaphthol iv grs.
For one wafer 3 daily No. 20.
Ext. of Belladonna
Powd. leaves of Belladonna } iv.
Divide into 20 pills, one night and morning.
Chlorate of soda ʒvi.;
Syrup of opium ʒj.;
Water ʒx.
Four tablespoonsful a day.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, September 11th.

Experimental Inquiry into Some Theoretical Point in Connection with Immunity.

Dr. A. Wassermann, well known for his studies on the subject of his paper, has an article in a recent number of the *Zeitsch. f. Hygiene and Infectionkr.* The points selected for inquiry are of considerable importance, and have formed the subject of discussion during recent months, one of them being the mode of action of immunising serum.

Up to the present the principal experiments have been made with the *Bac. pyocyaneus* or its poisonous products. The germ was selected for various reasons. It is strongly infective for guinea-pigs; it forms a specific poison under certain conditions, the poison is not destroyed by boiling, and the bodies of the bacilli themselves are only slightly poisonous.

The preliminary investigation was to ascertain what was the most suitable and successful method of providing immunity. The experiments showed that animals treated with living bacteria were only protected against bacteria and not against the poison, but that animals treated with the poison were protected, both as regarded the living bacteria and the poison elaborated by them. Further research showed the author that the first low grade of immunity was produced by a single injection of pyocyaneus poison. This was proved to exist as early as the second to the fifth day, and it rose no higher subsequently; in other words, there was no gradual increase of the protective powers. It was further shown that the onset and the degree of basal immunity were not proportional to the quantity of material used in the preparation. The higher degrees of immunity were not reached by a large dose, nor by frequent repetitions of the initial dose, but by continued progressive increase in the dose of the poison. The possibility of increased immunity, both as regarded the bacteria and their poison was a limited one. The conclusion he arrived at in his experiments on two goats, continued over several months, he gives very tersely:—

1. By immunising with increasing doses of poison, the serum acquires bactericide and antitoxic properties.

2. By further immunising with similar doses the degree of immunisation is not increased.

3. By further immunising with increasing quantities of living cultures the bactericide action of the serum is very much increased, much more so than by immunising with

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the poison, but the antitoxic property of the serum is diminished.

4. If powerful antitoxic bodies are required in the serum the immunisation must be by the poison in solution.

5. Antitoxic and bactericide bodies are distinct substances in spite of their identical behaviour on boiling, and chemically, as their increase and diminution in the serum are independent of each other.

6. As soon as, in consequence of immunisation with sterilised bouillon cultures, antitoxic properties are present in the serum the bactericide function is also present, but the converse of this is not true. The serum may have a powerful bactericide action without possessing any antitoxic power.

Sometimes a large invasion of bacteria will overcome any protective power present. The antitoxic property of pyocyaneus immune serum requires the living system to actuate it, so that it will overcome the toxines. Sometimes also when the quantity of poison is excessive, the most powerful serum may give as little protection as in the case of an overpowering invasion.

At the meeting of the Balneological Society Hr. Mendelsohn described a case of

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Sept. 11th, 1896.

PSYCHOLOGICAL DEAFNESS.

THIS subject has been keenly discussed for some time past by teacher and critics, and could not escape a long history of a case for the general information of the meeting. The subject of interest was a young female teacher, æt. 22, who had come from Russia to Vienna seeking medical relief. Eight years ago she began to hear badly without any assignable cause, except a nervous condition she could not explain. She went to Königsburg, and was treated with galvanism for two months with considerable success, but, owing to some inexplicable cause, she soon after became worse, becoming depressed and irritable, till temporary states of insensibility set in. She believed human flesh was boiled in her food, which she put away, to be followed by emaciation, delirium, &c.

Galvanism was again tried, but with negative results, as she had been told that nothing would do any good.

About the beginning of the present year she came to the "Poliklinik." Both tympani were normal, although a little retracted and hyperæmic on the labyrinthic wall. Hearing vocal sounds was quite lost unless by means of a trumpet, and with this only one word could be caught from a sentence. The sounds of the tuning fork could be heard when free in the air, as on the head. "Rinne's" test was negative on both sides. The watch could not be perceived away or pressed against the ear.

A peculiarity in the case was the ease with which she could distinguish the tones of harmony. Galton's musical pipe was intelligently followed through the different scales. Galvanism showed hypersensitiveness in both acoustic nerves. This contrast led Urbantschitsch to inquire if the cause were not a misunderstanding of vocal sounds rather than deafness due to any morbid condition of the auditory apparati. On communicating with the patient by writing he learned from her that she could hear the human voice at a great distance when speaking moderately low, but could not understand the vocables.

The mode of treatment evidently lay in teaching the oral sounds correctly. One word at a time was taught in a low voice, then two, and so on till a sentence could be constructed, such as "Wir werden heute einen warmen Tag bekommen," would be understood by the patient as "wir werden heute . . . . bekommen," but after a few seconds she would exclaim, "einen warmen Tag," which she had recovered after time had been given her. Sometimes a short sentence, could not be understood, but if the component words were constructed in other sentences every one of them could be easily grasped, although the original sentence when again repeated, could not be understood or heard. The same difficulty was experienced at the beginning with the Russian language, although it was her mother-tongue. She is now able to converse slowly in a moderate tone, but some sentences require to be whispered near the ear before understood. At an earlier period the different tones in a piece of music could only be recognised, but now she is able to name a melody when played.

In the discussion that followed Prof. Gruber said that psychical deafness must be recognised under a variety of forms owing to the different grades of mental capacities and previous cultivation. There are some who hear well and who could not follow intelligently a few words, while others may follow a long series of sounds and fail to distinguish one or two. This can be exemplified in daily life where whole lines of letterpress can be read over without distinguishing a letter in the words read. It is, therefore, not surprising that many are treated for deafness who should be first taught how to understand a spoken language.

At this point he related the case of a boy, æt. 9, that came under his care, after four years' treatment by an eminent member of the profession, and who gave it as his opinion that the boy was incurable. Recognising the psychical defect, and the rational method of treating it, the boy was soon able to talk easily with his companions.

A HOLIDAY TOUR IN THE PYRENEES.

II.—PAU FOR WINTER RESIDENCE.

[FROM OUR OWN CORRESPONDENT.]

September, 1896.

THIS is a most convenient head-quarters for Pyrenean tourists. Branch lines of railway run to the principal summer resorts in the mountains and at the seaside.

Having been for fifty years a prominent British winter residence. Pau has naturally acquired a decided Anglican aspect. English "notions" and habits are all around one here English signboards, shops, lodgings, apartments, boarding-houses, hotels, reading-rooms, excellent libraries, golf-links, tennis-lawns, fox-hounds, stables, schools, clubs, chapels, and churches of all kinds and of every shade of opinion.

Hotels abound on every hand, and in equally abundant styles and qualities. Cafés, restaurants, auberges, in every variety, Provincial, Parisian, and Anglo-American. As you step out of your railway carriage, you see on the heights above the station a line of really handsome hotels, which almost throw into the shade the historic chateau of "white-plumed" Henri Quatre alongside of them. Prominent in the centre is the old-time favourite Hotel de France, quiet and aristocratic, and, what is more, admirably kept. At the other end of the town is the smaller but most comfortable Hotel de Londres, which has a steady English patronage. And near it a well recommended English pension. Pau affords every facility for its various visitors. Those who seek gay life and social independence can find it here, while they who prefer a quieter existence can be perfectly suited at Pau. People can live here as they choose; and even in these latter-days of higher prices can live at Pau most economically, if so inclined. Rents are low, and both agents and landlords well know English wants and wishes, and how to meet these in all respects. The markets are good, amply supplied daily, and prices reasonable. Beef and mutton as good as English, veal better, poultry, eggs, bread, milk, butter, groceries, good; even good tea—a rari y in France!

The "Grands Bazars" and "Maisons Universelles" at Pau are so moderate in prices, and so comprehensively cosmopolitan in the assortments of their wares, that none need send to Paris or London for any supplies. From every point of view, Pau is a very pleasant and unusually convenient place of residence. It is the more surprising that with such evidence all around of an "English occupation" of Pau for many years past as "winter quarters," so very few British and American summer "voyageurs" are met in the Pyrenean mountains only a score or so of miles away!

Thirty years ago a well-known American traveller wrote:—"How comes it to pass that when the American people think it worth while to pay a visit to Europe almost exclusively to see Switzerland and Italy, so few should think

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it worth while to visit the Pyrenees? It is certainly the only civilised country we have visited without finding Americans there before us! Is it accident, or caprice, or part of a system of leaving it to the last, which 'last' never comes? The feast is provided, where are the guests? The French Pyrenees form one of the loveliest gardens in Europe, and a perfect place for a summer holiday. 'La beauté est serene et le plaisir est pur!'"

Quoting the above, another prominent American author has recently written:—"The query is still unanswered to-day! The stream of summer journeyings to Europe has swollen to a river; it has overflowed to the Arctic Ocean, to the Baltic, to the Black Sea, and to the Mediterranean. The Pyrenees—a garden not only, but a land of sterner scenery as well—almost alone remain by our nation of travellers unvisited and unknown."

And this is to-day as true of the English as of the Americans!

But warned of the great pressure for space in the columns of the "Annual Double Number" of the Medical Press, I postpone comments on the advantages of the climate of Pau and its other attractions to "a more convenient season." In closing for to-day, however, permit me to advise those visiting France (either temporarily or permanently) to make their financial arrangements, whether great or small, through the Crédit Lyonnais.

This substantial Banking Company has an office in London at 40 Lombard Street, and branches in the principal French cities. These Branch Banks are much safer and more convenient than the Postes-Restantes for correspondences and remittances to be addressed to; and are very handy for the deposit of valuables, the exchanging of money, cashing of checks, and such-like often annoying little matters, especially to ladies and those not much accustomed to travelling in foreign countries. They give one a welcome place of call in a strange land, and trustworthy sources of information and assistance. From personal experience, I can speak of the invariable and genial politeness of the Managers and all officials of the Crédit-Lyonnais at Pau, Bayonne, Biarritz, and many other places.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

DR. BATEMAN VERSUS DR. KINGSBURY.

We have received the following for publication:—

To the Editor of the Medical Press and Circular.

Sir,—As solicitors for Dr. A. G. Bateman, we will ask you to be good enough to publish in the next issue of your journal the accompanying "apology and withdrawal," signed by Dr. G. C. Kingsbury.

We are, dear Sir, yours faithfully,
Hempsons.

35, King Street, Cheapside, London, E.C.,
September 9th, 1896.

"Apology and Withdrawal.

"Whereas I, the undersigned, George Chadwick Kingsbury, of No. 8, Brighton Parade, Blackpool, Doctor of Medicine, recently published and circulated a pamphlet written by me, entitled 'Editorial Ethics,' with special reference to the recent medical libel action, 'Kingsbury v. Hart,' and whereas such said pamphlet contained libellous imputations upon the honour and integrity of Dr. A. G. Bateman, of 49, Devonshire Street, Portland Place, London, W., who appeared as a witness in the said action of Kingsbury v. Hart on behalf of the *British Medical Journal*, of which journal the defendant (Mr. Hart) was sued as editor, now I hereby declare that I am satisfied that there is absolutely no foundation whatever for any of these imputations, and I, therefore, hereby unreservedly withdraw and contradict them. I also sincerely apologise to Dr. Bateman for having made such imputations, and for having caused the pamphlet containing them to be printed and published. I also desire to express my great regret for the annoyance which the publication of the said pamphlet must have caused Dr. Bateman, and I have agreed to print this apology and withdrawal at my own expense in this journal, and the *Lancet*, the *British Medical Journal*, and the *Medical Times and Hospital Gazette*, as the best amends which it is in my power to make to Dr. Bateman. At the same time I beg to be allowed to state that I did not intend to make any imputations upon the honour or integrity of Dr. Bateman, and had not realised that the pamphlet could be so interpreted until my attention was called to the matter.

"Dated this 29th day of August, 1896.

"Geo. C. Kingsbury.

"Witness to the signature of
Dr. George Chadwick Kingsbury,
"Arthur Newman, Solicitor, Manchester."

"A HOLIDAY TOUR IN THE PYRENEES."

To the Editor of The Medical Press and Circular.

Sir,—In reply to Dr. Martin's letter in your last, I would say that the readiest route to the Pyrenees is *vid* Bordeaux; which city can be reached by railway through Paris, or by steamers from London and Liverpool. Sometimes also by steamers from Southampton. Bradshaw's Continental Railway Guide gives fares and particulars. The General Navigation Company's steamers are good. They leave London on Saturdays. Two months return tickets, £4; not including meals. Moss and Company's steamers from Liverpool are also good; fare as stated by Dr. Martin.

The French "Compagnie Général Transatlantique" run also a line twice a month from Liverpool to Bordeaux. I have always found the boats of this company good, and their officials most obliging. Full information can be got from their London office (Gracechurch Street) or their Liverpool office (28, Chapel Street).

The French Railway Company, "Du Midi," have their headquarters at Bordeaux, and issue admirably arranged cheap circular tickets throughout the Pyrenees. So do the railway company, "D'Orleans," whose chief office is at Paris. Letters addressed to "Le Chef d'Exploitation, des Chemins de Fer d'Orleans, Paris," and "Le Chef d'Exploitation des Chemin de Fer du Midi, Bordeaux," would be promptly answered with particulars. Also, Messrs. Thomas Cook and Son, and Messrs. Gaze, of London, will gladly give information, and supply tickets if so requested.

Travelling in the Pyrenees is most expensive in July and August, when the health resorts are crowded with visitors from Continental nations, French and Spanish especially. Many come, also, from South America. Very few are here from England and the United States, which is most surprising, for these mountains are really magnificent, the travelling and accommodation excellent, and the medicinal waters unsurpassed. A trip could be made economically in June and October, when the hotels are only partially filled, and guests are welcomed at low prices. Hotel charges vary according to the months, the rank of the hotel, the time of the year, and the length of the sojourn. Excepting from about July 15 to September 15 (when the whole Pyrenean country is *en fête*, and the principal resorts full of guests), ten francs a day should cover hotel costs in the Pyrenees. But, of course, as the hotels widely vary, so do their rates. Some of the Pyrenean hotels are most luxurious. In my first letter I named two very good hotels at Cauterets. At Bordeaux I found the old favourite hostelry, the "Chapon Fin," very comfortable. Its rooms are good and reasonable, and meals *à la carte*, or at a price fixed, as you may prefer. Its restaurant-hall, with flowers, palms, fountains, and cool grottoes, is "a dream," and its table unsurpassed anywhere. I may say, in passing, that at Paris the Hotel Chatham cannot be too highly commended. Everywhere in France travellers should make their hotel arrangements on entering the house, and have it understood the rate per diem includes the early breakfast, as well as the midday breakfast, and the dinner. The economic tourist should carry his own soaps and candles.

In the Pyrenean resorts amusements are manifold. Out-of-door concerts twice daily. Best seats in the theatres and opera-houses about half-a-crown. The music and performances are usually very good. In my second letter (in another column of the present issue) I have given some information about Pau, the most convenient centre for all who visit the Western Pyrenees, and where the hotels are reasonable and excellent. Dr. Martin will also find some Pau advertisements in your pages (page 51) which may be useful to him.

I am, Sir, yours, &c., Your Own Correspondent.

Pau, September 5th, 1896.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price 1s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

NOTICE TO HOSPITAL AND COLLEGE DEANS.

THE Editor desires to thank those gentlemen attached to the various Medical Schools and Hospitals for supplying him with the information from which the foregoing pages have been composed.

NOTICE TO OUR READERS.

AS this number is mainly devoted to information necessary for students intending to join one or other of the various Medical Colleges, and for those who, having passed their curriculum, are about to enter the ranks of the profession, much of the ordinary matter which usually fills our columns is necessarily deferred till next week. Should any of our readers desire to present this number to a patient or friend who contemplates sending his son to a medical college, our Publisher will be happy to supply him with a duplicate free of cost on receipt of address.

DR. J. CHRISTIAN SIMPSON'S paper on "Oxygen Inhalations in Some Heart and Lung Cases" is marked for early insertion.

DR M. D.—We have discussed the matter so fully in our columns of late, that we are unable to afford further space, and must decline your paper in consequence.

DR. VIVIAN MACKENZIE.—We hope to have space for your paper on "Criminal Responsibility in Mental Disease" the first week in October.

THE ETHICS OF PROFESSIONAL ADVERTISING.

A CORRESPONDENT sends us a small bag, which contained a biscuit and was placed as an advertisement on the top row of biscuits in a tin. On the bag is printed a testimonial from a medical man, with his hospital appointment appended. In answer to our correspondent's question as to whether such a proceeding is consonant with the dignity of the profession, we at once answer emphatically that it is not. We have handed the offending document to the Medical Defence Union, and have no doubt that the hospital physician in question will have an opportunity of disclaiming his responsibility in the matter.

DR. J.E. NIELD (Melbourne).—Communication received with thanks. The suggested material will be quite acceptable.

LETTERS TO THE EDITOR.

THE following are unavoidably crowded out of our present issue, and will appear next week:—

DR BATEMAN, on the subject of "How the Law Protects the General Practitioner."

A REFORMER, on the same subject.

DR. WALSH, on "The Sanitation of Paris" by our Special Commissioner.

DR. D. CAMPBELL BLACK, on "What is Listerism."

HOW THE LAW PROTECTS THE GENERAL PRACTITIONER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The General Medical Council does nothing to protect the general practitioner, and your able leader a week ago proved up to the hilt that the law of the land allows the quack to poach in medical preserves with nothing short of brazen impunity. Why do we not as a profession meet together and enter a solemn united protest against this state of affairs? Let the Medical Defence Union call a mass meeting in London for the purpose, and let every general practitioner who can possibly be present, whether in London or elsewhere, be there to add his voice to the outcry and his influence to the movement. Unity, agitation, protest, all are needed, before we may look for light and legislation.

I am, Sir, yours, &c.,

G. R.

East London, Sept 10th, 1896.

DR. DARNELL (Queensland).—Your letter has been handed to the authority concerned, who has promised to look into the matter and report.

MR. J. R. W. (Bristol).—We are unable to refer to the subject in our present number, but hope to do so next week.

DR. R. (Liverpool).—We were so crowded with material last week that it was quite unavoidable.

Vacancies.

Blackburn and East Lancashire Infirmary.—Senior House Surgeon. Salary £100 per annum, with board, washing, and lodging. Applications, with testimonials, to Nathan A. Smith, Secretary, not later than Thursday, 24th inst.

Cornwall County Asylum, Bodmin.—Junior Assistant Medical Officer. Salary £100 per annum, with furnished apartments, board, washing, and attendance. Applications, with testimonials, to the Medical Superintendent not later than Sept. 22nd.

Dorset County Hospital, Dorchester.—House Surgeon. Salary £70. Testimonials to the Chairman of the Committee on or before Sept. 23rd.

Fulham Union.—Assistant Medical Superintendent. Salary £120 per annum, increasing £10 yearly, with board, furnished apartments, attendance, and washing. Full particulars of T. Aplin Marsh, Union Offices, Fulham, London, W.

Hants County Asylum.—Third Assistant Medical Officer (unmarried). Salary £100 per annum, increasing to £125, with board and lodging. Applications and testimonials to the Committee of Visitors, Knowle, Fareham.

Owens College, Manchester.—A Senior and a Junior Demonstrator in Physiology. Salary £150, rising to £200, and £100 rising to £150 respectively. Applications to the Registrar on or before Sept. 22nd.

Somerset and Bath Lunatic Asylums, Western Joint Asylum, Cotford, near Taunton.—Medical Superintendent. Salary commencing at £450 per annum. Applications and testimonials to the Clerk to the Visiting Committee by Oct. 1st.

Appointments.

ALLISON, S. H. B., B.A., M.B., C.M.Ed., Medical Officer and Health Officer for the Claudy District of the Londonderry Union.

FINN, G. TAAFFE, L.R.C.P.& S.Ed., L.F.P.S.Glasg., Assistant Medical Officer to the County Asylum, Newport, Isle of Wight.

HUNT, J. H., M.B.Lond., Assistant House Surgeon to the Halifax Infirmary.

HUTTON, JAMES ALFRED, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H., Surgeon to the Scarborough Borough Police Force.

KNAPP, H. H. G., M.B., B.Ch.Oxon., House Physician to St. Mary's Hospital.

MORGAN, C. A., M.R.C.S., L.S.A., Medical Officer of the Thorncombe District of the Beaminster Union.

RAY, JOHN HOWSON, M.B., M.S.Vict., F.R.C.S.Eng., L.R.C.P.Lond., Resident Surgical Officer to the Manchester Royal Infirmary.

RUBEL, JOHN L., M.R.C.S., L.R.C.P.Lond., Medical Officer of the Second Division of the Houghton District of the Dover Union.

SANDFORD, G. CALROW, M.D.Edin., Resident Medical Officer to the York Dispensary.

SPEARS, JOHN J., L.S.A., Medical Officer of the Abrewas District of the Lichfield Union.

STOKES, J. WILFRED, M.R.C.S.E., L.R.C.P.Lond., House Surgeon to the Children's Hospital, The Wicker, Sheffield.

WILLIAMS, J. W., M.D.R.U.I., Medical Officer to the Dungarvan Dispensary District.

Births.

BURD.—Sept. 10th, at Okehampton, Devon, the wife of George V. Burd, M.R.C.S., L.R.C.P., of a son.

HUNT.—Sept. 10th, at Brookfield, Borrowash, Derby, the wife of J. Aspinall Hunt, M.R.C.S., L.R.C.P.E., of a son.

OPIE.—Sept. 13th, at Winchester House, Worthing, the wife of Edward A. Opie, M.B., of a son.

OXLEY.—Sept. 13th, at Forest Villa, Buckhurst Hill, the wife of Fredk. J. Oxley, M.R.C.S., L.R.C.P., of a son.

SMYTH.—Sept. 6th, at Ningpo, China, the wife of Richard Smyth, M.B. (C.M.S. Medical Mission), of a son.—(By telegram.)

Marriages.

ADAMS—B. STOCK.—Sept. 10th, at the parish church, Beckenham, Charles Edmund Adams, M.R.C.S., &c., of West Norwood, second son of Capt. Adams, J.P., Plas L'ysayn, Montgomeryshire, to Ethel Alice, eldest daughter of B. F. S. Bostock, Langdale, Beckenham.

CAVE—STOLLAND.—Sept. 10th, at St. Peter's Church, Farley, Staffordshire, Francis William Cave, M.R.C.S., L.R.C.P., of Ashford, Kent, son of the late John O'Connell Cave, of Weston-super-Mare, to Lilian, daughter of James Stolland, of Clayeross, Derbyshire.

HORROCKS—LAW.—Sept. 9th, at Horton Lane Congregational Church, Bradford, William H. Horrocks, M.B., F.R.C.S., to Leonora, third daughter of the late James Law, J.P., of Bradford.

HOVENDEN—PHILLIPS.—Sept. 12th, at Holy Trinity Church, Selhurst, S.E., Gerald Stanley Hovenden, M.B., B.S.Lond., son of the late Thos. H. Hovenden, Esq., of South Norwood, to Frances Edith Sara, elder daughter of the late William Phillips, Esq., of Finsbury.

MANNERS-SMITH—BERTHON.—Sept. 10th, at St. Mary's, Bathwick, Bath, Alfred Egerton Manners-Smith, M.R.C.S., L.R.C.P., son of the late Deputy Surgeon-General C. Manners-Smith, F.R.C.S., to Ellen Gwendda, daughter of the late Major General J. F. Berthon, Bombay Staff Corps.

Deaths.

HAYLE.—Sept. 9th, at Bournemouth, Fanny Eliza, daughter of the late Thomas Hayle, M.D., Roehdale.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII WEDNESDAY, SEPTEMBER 23, 1896. No. 13.

Original Communications.

NOTES ON GYNÆCOLOGICAL CASES. (a)

By H. MACNAUGHTON JONES, M.D., M.Ch., M.A.O., F.R.C.S.I. & E.

THE notes of the few cases that I record to-night (a) are read because of their clinical and pathological, rather than their operative, importance. One of the inherent difficulties met with in clinical therapy lies in the fact that there is in reality no stereotyping of any diseased condition. Each type is influenced by so many associated quantities, that change not only the features of the original series, of which it is an example, but also the progressive phases of the developments in relation, course, and effects, through which the morbid process runs. The terms "diathesis," "temperament," and "constitution," so commonly referred to, are a few of those extraneous forces exerting their subtle influences in these modifications of type which are manifested in symptomdtology and histological characteristics. As no two human faces can be found, on critical investigation, exactly alike in feature and expression, so no two examples of the same disease run through precisely identical phases. As this is true in speaking of the comparison between individual instances, so is it in regard to certain collective groups of disease which at different times have varying racial differentiations in their course and terminations. Such distinctive attributes are stumbling blocks in the way, not only of accurate classification, but also of systematic treatment. And they likewise throw a light on the unavoidable differences in the description and treatment of affections apparently similar, which are constantly found to emanate from equally reliable and eminent authorities. Many of the disputations between gynæcologists, arise from the want of recognition of this dissimilarity in type constantly operating in affections of the pelvic organs of women. Pain, local and general distress, reflex consequences, disturbances in ovulation, disorders of locomotion, power of conception, sexual appetite, vary considerably under what appear to be precisely similar pathological appearances, the consequence being that the management and treatment correctly adapted to one case, has to be altered or modified in another. In the case of drugs, this need for the recognition of such clinical distinctions is further increased by the individual idiosyncracy to their therapeutical and physiological effects. Indications for treatment are dependent upon the position in life, the surroundings and social responsibilities of the patient. Nor is the operative department of this branch of surgery free from the influences which this diversity in type produces. An operation that, on pathological grounds, is both expedient and justifiable in the instance of one woman, may be inexpedient and unjustifiable in another. It cannot be gainsaid that pain which is constant in its presence, severe or wearing out in its nature, thus interfering with sleep, capacity for locomotion, mental activity, and the proper discharge of the digestive functions, is one of the foremost incentives to operative interference. Yet it is a matter of the most common clinical observation that pathological changes in the pelvic viscera frequently bear no proportion whatever to the amount of suffering attendant upon their presence. This is not only true of the organ primarily involved, but applies to those abnormal conditions so commonly associated in pelvic disease.

In fact, the most important clinical symptoms are here usually dependent upon such associations. It is impossible to differentiate them, and to isolate in the connecting links in the chain of morbid pelvic change the particular spot in uterus, tube, or ovary that starts the perverted nervous impulse. The gynæcologist has yet to be found who, before an operation, can be so certain of the limitation and nature of disease in the annexa and their surroundings, that he would stake his reputation on a correct prophetic determination of it. An American onlooker, I heard, recently exclaimed to the operator in the case of a spinal differential prognosis, when the dogmatic assurances as to the position of a growth were not accurately verified by operation, "I guess you feel pretty bad now." The diagnostician who is over-confident as to the nature and extent of the disease of the appendages, must, I should say, oftentimes have a similar experience when the ovaries and tubes are exposed to view. One fact is certain, that the pain and distress caused by ovarian and tubo-ovarian disease, have been repeatedly shown to have no correlation with the extent or character of the morbid changes present. This is exemplified through a case, the notes of which I shall read.

In operative procedures on the pelvic viscera the ever-varying and complex conditions found on opening the abdomen admit practically of no fixed rule in dealing with them. The true surgical artist is he who, while conforming to broad and unalterable surgical principles, deals with each case and its complications as it presents itself to him at the time of operation, his resources limited by no rigid theoretical consideration, and his hand not held by any authoritative *ipse dixit*. Through such freedom of action can we alone hope for progress, and in no part of the human body is such liberty demanded more than it is in the surgery of the female organs of generation. It were well to bear this in mind in discussions, often futile, on this or that method of procedure, and in disputations over steps of operations, the bearings of which, in actual practice, when face to face with unexpected and novel difficulties, vanish, and where the surgeon has to fall back on his individual judgment and surgical instinct for guidance.

You will pardon these few comments introductory to the cases which I bring before you to night. They are intended rather as of an apologetic nature, for these cases, viewed broadly, possess no features strikingly unusual in character, so far as their operative surgery is concerned. But each affords in clinical diagnosis and treatment a lesson that the most experienced gynæcologist may profit somewhat by, for is it not safe to assert that every time an abdomen is opened and the pelvis explored, he is a poor student who does not

(a) Read before the last meeting of the British Gynæcological Society.

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derive some fresh instruction, manipulative or pathological, as the case may be?

I shall not unnecessarily weary you with superfluous details of these cases, but confine myself to those important points that I consider it right to touch on, and which are salient to their consideration. I have to thank Mr. Bland Sutton for his invaluable co-operation in four of these somewhat obscure cases.

In another interesting case to which I refer (case 5) Dr. Heywood Smith gave me his kind assistance at the operation. The administration of ether was faultlessly carried out in three instances by Dr. Dudley Buxton, thrice by Mr. G. F. Bailey, and once by Mr. Carter Braine.

CASE I.—LARGE OVARIAN CYST, WITH EXTENSIVE ADHESIONS TO OMENTUM AND BOWEL, TWISTED PEDICLE, AND SANGUINEOUS CONTENTS.—REMOVAL AND RECOVERY.

The following short notes are furnished by Dr. Midwinter, the medical attendant in the case.

Mrs. S,—., First noticed that there was a swelling on one side of the abdomen at Christmas, 1895, but attached no importance to it; has had three children, aged at the time of operation, 11 years, 6½ years, and 3 years 10 months, and had one miscarriage between the first and second months of pregnancy in March, 1895. The last period was three weeks before the operation, and was normal in colour and quantity. The periods previous to this had been normal, ever since the miscarriage in March, 1895.

On February 22nd, 1896, she was suddenly (with no previous warning and without making any exertion) seized with acute pain, radiating all over the abdomen, but which later on was more localised in the right lumbar and iliac regions. She became pale, with white lips, faint, sighing, and the pulse was scarcely perceptible.

When she recovered from this condition the pain was severe. The temperature rose to 104°, and she had indications of peritonitis. Her condition remained critical for three weeks, chiefly on account of her very feeble heart action. The pulse was weak, and from 120 to 130. As the abdomen became less distended and painful a mass could be detected occupying the right side. This gave the sensation of possessing fluid contents."

When the patient saw me in April, 1896, I found a swelling, occupying principally the right side of the abdomen, and extending as high as the right lumbar region. This evidently contained fluid. On vaginal examination a swelling was detected in Douglas' pouch, the uterus was enlarged, the cavity measuring some three inches, the fundus being felt well above the pubes. The cervix was soft, and the os patulous, admitting the point of the index finger. The breasts were enlarged and sensitive, the nipples turgid, and there were dark areolæ studded with prominent follicles. The diagnosis lay between a possible tubal fœtation with ruptured sac, or an ovarian cyst. The condition of the uterus and the state of the breasts, added to the suddenness of the symptoms referred to on February 22nd, made me suspicious of the former, while the regularity of the catamenia, added to the fact that the symptoms might also be due to hæmorrhage into an ovarian cyst, pointed to the latter. She had a history of a previous affection of the kidneys, and the presence on and off of albuminuria. Operation was determined upon, and carried out in April. The tumour proved to be an ovarian cyst, reaching from the broad ligament to the right hypochondrium. The omentum was closely adherent to its upper third, and the small intestine was also attached to its anterior surface by adhesions, as low as its pedicle. There were soft adhesions fixing the tumour posteriorly. The omentum and bowel were carefully detached. The pedicle was found rotated through three revolutions on its axis. The cyst was full of blood, partly fluid, partly coagulated. The pedicle was untwisted and secured, and the cyst removed, as was also that portion of omentum which had been adherent, and which was somewhat injured in its detachment. The patient made an uninterrupted recovery from the operation. About three weeks subsequently there were some symptoms of cystitis, but these rapidly subsided. The twisted pedicle, the adherent omentum and bowel, and the sanguineous contents of the cyst, accounted for the symptoms present on Feb. 22nd.

CASE II. OVARIES AND TUBES REMOVED FOR PERSISTENT OOPHORALGIA. CYSTIC DEGENERATION OF OVARIES. ABNORMAL FALLOPIAN TUBES WITH IRREGULAR OSTIA.

Mrs. H.—This specimen I exhibit rather for its histological than its clinical features. The patient, a widow, æt. 40, suffered for years from severe ovarian pain. She had been, on and off, seen by me, and had been under various treatment for chronic endometritis and cervical erosion. The uterus I curetted, and, notwithstanding the cure of the endometritis, the pain persisted. The left ovary could be felt behind the uterus, very sensitive to the touch. The patient herself insisted upon operation for the relief of the incessant pain, which was so agonising at times that her mental condition caused considerable alarm to her friends, and suicide was apprehended. These ovaries and tubes were removed, the pathological report being as follows:—

Right Uterine Appendages.—The Fallopian tube, its osteum and fimbriæ are normal. Attached to the posterior surface of the meso-salpinx are two pedunculated bodies nearly half an inch long. The extremity of one of these bodies is dilated into a small cyst, so that it resembles a hydatid of Morgagni. The other body has a stouter pedicle, becomes dilated towards its free extremity, and terminates in a minute osteum and fimbriæ. A bristle can be inserted into the ostium for about an eighth of an inch. The body has, therefore, the structure of an accessory Fallopian tube. The seats of attachment of these

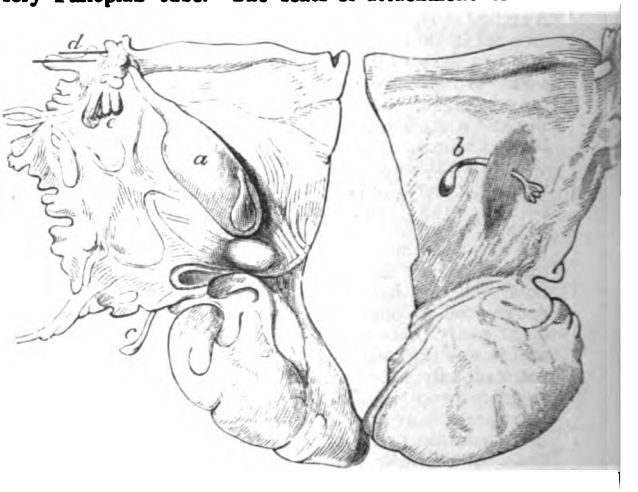

FIG. 1.—Ovaries; meso-metria, and Fallopian tubes, viewed from behind. (*b*) Right meso-salpinx showing pedunculated cyst resembling hydatid of morgagni (persistent end of Wolffian duct); accessory Fallopian tube (cyst in ovary not seen on the anterior surface); (*d*) three distinct ostia of left Fallopian tube; (*a*) cyst with pedunculated cyst springing from it, similar to that at the right side; three other small cysts are in this meso-salpinx (vide text), one (*c*) pedunculated.

pedunculated bodies are very close together, and correspond in position with the horizontal tubules of the parovarium; their development is probably associated with these tubules, and the fimbriated body may be regarded as the persistent end of the Wolffian duct. The ovary shows much wrinkling of its surfaces at the upper pole, but the rest of the exterior is smooth and healthy. On section, an oval thick-walled cyst is displayed which measures inch in chief diameter. It contains a little blood-stained fluid, but had ruptured during removal, hence the greater part was lost.

Left Uterine Appendages.—The Fallopian tube and its fimbriæ are healthy; there are three distinct ostia leading out of the ampulla. The fimbriæ on the edge of the meso-salpinx are numerous, but appear healthy. Between the layers of the meso-salpinx there are four small cysts. The largest has an elongated outline, its long diameter measures nearly one inch, and is placed almost at right angles with the axis of the Fallopian tube. From the sur-

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face of this cyst springs a small pedunculated cyst like a hydatid of Morgagni, and this resembles the structure described in the right appendages. The remaining two cysts in the meso-salpinx are the size of a pea; they do not seem to be connected with the vertical tubules of the parovarium, one being close on the edge of the meso-salpinx, and the other crossed by these tubules. But with regard to the elongated cyst, the abdominal end of the horizontal tubules can be traced up to it. Hence it may have arisen in connection with the extremity of the Wolffian duct.

The naked eye appearance of the left ovary does not differ materially from that of the right. Its surface is less wrinkled, and on section a similar cyst is to be seen at one end of the organ. This had ruptured during removal. There is another small cyst in the substance of the ovary.

The result of the operation has been to remove the pelvic pain, but the patient's mental condition, which had been considerably weakened before operation, has not as yet materially improved.

Alban Doran and Bland Sutton are the investigators in this country to whom we are most indebted for our knowledge of such irregularities in the ostia of the Fallopian tubes as are here referred to. Let us contrast the pain and the pelvic distress experienced in this case with the following:—

Case III.—Severe Hæmorrhage from Uterine Fibroid. Oophorectomy. Persistent Menstruation, with Relief of Hæmorrhage.

Mrs. P—., æt. 44, widow, no children, consulted me in August, 1895, for profuse menorrhagia which had commenced in 1894. Had never suffered any pain or pelvic distress, save slight dragging at the left side, and was not aware of any uterine affection until she consulted her medical adviser for the hæmorrhage, who then discovered that she had a uterine fibroid. I found on examination a fairly large fibroma, fixed in the pelvis, and immobile. The ovaries could not be felt. The patient had an extremely blanched appearance. I advised immediate oöphorectomy. On operating I found low down a pedunculated sub-peritoneal fibroid about the size of an orange, sprouting from the large tumour. This was removed. The uterus was quite fixed by adhesions, and with great difficulty the enlarged and diseased left ovary, as shown (now greatly contracted by keeping), was removed. On seeking for the right ovary there was considerable difficulty in finding it, and it was impossible to remove the annexa of this side satisfactorily so bound down were they by adhesions, and so compressed by the uterus. The patient made an uninterrupted recovery, but I was disappointed to find that menstruation still continued, though in a much less degree than before the operation, which was performed in August, 1895. I examined this patient on the 24th of last June. She was quite an altered woman in appearance and general health. The uterus is smaller, and is now quite movable. Menstruation continues, and though still somewhat in excess is in no way dangerous. Here was a woman who, as she herself expressed it to me, never had the least suspicion that there was anything amiss, and had never had any pain worth speaking of, yet in which all the morbid changes referred to were present.

Case IV.—Fibroma of Left Ovary in a Young Woman, æt. 22.

The following is another and most interesting case to which I recently briefly referred in a discussion on Mr. Alban Doran's paper on Fibroma of the Ovary, at the Obstetrical Society.

Miss H—., æt. 22. Consulted me for persistent sickness associated with periodical epigastric pain and considerable anæmia in April of this year. She had had various medical opinions, and had been subject to a variety of treatment. For eighteen months previous to seeing me the catamenia had been absent. These were the only symptoms present. I made a careful examination of the lungs, heart, and abdominal viscera, with a negative result. I suggested a Weir Mitchell course, and a careful examination of the urine and blood, as I was apprehensive that the anæmia might be of a pernicious character. Her medical attendant acquiesced in this view, and accordingly she entered a medical home for treatment. The morning subsequent to her admission I determined to make another abdominal examination, and was surprised to find a movable tumour about the size of a small orange in the left inguinal region. The patient herself was unaware of its existence, nor had she suffered any pain other than the epigastric. I immediately notified to her parents and medical adviser the discovery of the tumour, and my determination to examine her under an anæsthetic the following morning. Going casually to the Home to arrange for the examination which was to be made early the next day, I thought that I would again palpate the left side, when to my astonishment I found that the tumour had disappeared and was nowhere to be found. Surmising that it might possibly have been a fæcal accumulation in the sigmoid flexure, and finding some scyballæ in the rectum, I ordered an injection, thinking that I might possibly have dispersed a mass by manipulation. The following morning, under ether, I made a vaginal examination, and discovered a tumour lying between the uterus and bladder in the middle line hard and movable. The choice lay between a dermoid cyst or a fibroma of the ovary. I determined its freedom from both bladder and uterus, though it was evident that by the distended bladder on the previous morning it had been raised from its pelvic position, to which it sunk when the bladder was empty. Two days afterwards I removed the tumour in the presence of Mr. Bland Sutton, who has himself examined it carefully, and is satisfied of its purely fibrous nature. It was encapsuled, and when cut across presented a pearly white and glistening appearance, showing to the naked eye wavy fibres. Sections of the tumour are shown under the microscope, and the following is the report received from the Clinical Research Association:—

"The ovarian tumour, shows microscopically nucleated spindle-celled tissue which is arranged in very definite interlacing bundles. The coarseness of the tissue, the distinct formation of fibres, and their wavy arrangement are good reasons for regarding the tumour as a fibroma rather than a sarcoma. Sections have been made from different parts, and they all show the same appearances. The vessels in the tumour are numerous and well formed."

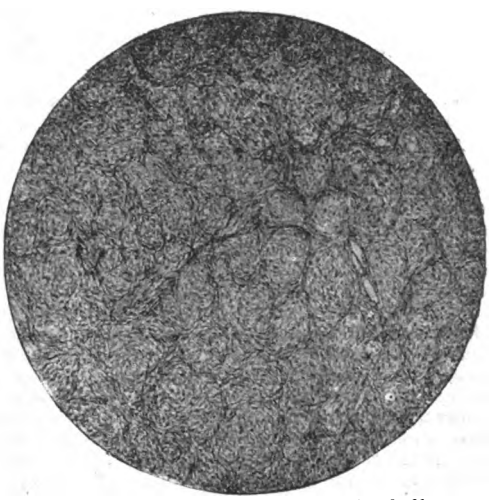

Fig. 2.—Microscopical section ⅛-in. *obj.* of fibromatous tumour of the ovary.

The tumour, when cut across, I placed under running water for 36 hours, and then it was sent to the Clinical Research Association. The cut surfaces had then a pearly white fibrous appearance. Unfortunately, owing to a misunderstanding, the specimen was not mounted for exhibition.

"The naked eye appearance of the small fragments of the ovarian tumour which have been preserved is somewhat like that of uterine fibroid. The cut surface shows white fibrous strands which interlace but are not arranged in whorls. Here and there small grey areas may be seen distributed among the white strands. There is a distinct capsule composed of thick white peritoneum and a subjacent layer of cellular tissue traversed by numerous vessels, some of which are of considerable size. Septa pass from this capsule into the tumour for a short distance,

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indicating that the tumour has a tabulated outline. The serous surface of the fragments is quite free from adhesions. The tumour as a whole feels firm and elastic, but less dense than the common fibroid."

The other ovary was not typically healthy, as there was some cystic proliferation, and it was very slightly enlarged. However, there was nothing to demand its removal. Note

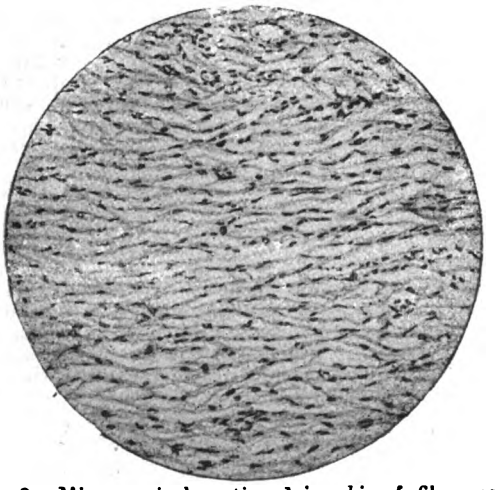

FIG. 3.—Microscopical section 1-*in. obj.* of fibromatous tumour of the ovary.

in connection with this case, the youth of the patient, the absence of menstruation, the painlessness of the tumour, its extreme hardness to the touch, its freedom and mobility, and associated movement with the bladder.

Fibroma of the ovary is a rare pathological condition, and there are few such typical cases on record as the one I have cited, which, when I referred to it at the recent discussion at the Obstetrical Society, Mr. Alban Doran described as unique and typical of its kind.

The patient subsequently passed through her Weir Mitchell course, menstruated naturally after the operation, and left the Home in good health.

CASE V.—INTERESTING CASE OF PREGNANCY AFTER OOPHORECTOMY AND REMOVAL OF AN OVARIAN BLOOD CYST.

On April 13, 1893, at this Society, I exhibited an ovarian blood cyst, which I had removed from a patient under peculiar circumstances. She was thirty years of age at the time of operation, and had been married for seven years, never having conceived. In 1883, at the age of 20, she had an attack of pelvic peritonitis. In 1884, she had a recurrence, which spread into general peritonitis of a most alarming character, and which nearly proved fatal. This was in January, 1884, and six months later, there was another attack. On and off after this, she suffered from abdominal and pelvic pains, but gradually improved. In 1886, she was married; in 1889, she consulted me for a severe cervical erosion, and there was then decided enlargement of the left ovary. I treated her, cured the uterine affection, and sent her for a course to Woodhall Spa. During 1892, the recurrent pains from which she had suffered more or less for years became more constant, and at last, especially at the right side, were incessant. In February, 1893, I performed oophorectomy. On opening the abdomen, the peritoneum was found extensively adherent to the bowel, which latter was opened for a short distance in trying to make the peritoneal incision. Another peritoneal opening had, in consequence, to be made in the left inguinal region. The sac of the left ovary was found about the size of an orange, and full of blood, completely bound down by adhesions, which were separated with difficulty. The cyst with the left tube was removed entire. On seeking for the right ovary it could not be found, and it was only after considerable searching that it was detected attached to the pelvic wall, to which it was firmly fixed by adhesions, and considerably reduced in size. The prudence of removing it was discussed, but in the face of the protracted operation, and the exhausted condition of the patient, it was considered wiser not to subject her to any additional shock, which the attempted removal of the firmly adherent, and, apparently, atropied ovary, would involve. A drainage tube was inserted after operation, and she made an uninterrupted recovery. Menstruation continued, and, on and off, she suffered again from pelvic pains in the right side, and in 1894, there was a distinct swelling to be felt in the right broad ligament. This disappeared, but there was always more or less distress and pain, especially with the menstrual periods. Towards the end of 1895, menstruation ceased, and I found that she was pregnant. She was delivered of a male child by Dr. Taylor, of Richmond, on the 31st of May, 1896. The case carries its own lesson.

CASE VI.—CHRONIC SUPPURATIVE ENDOMETRITIS WITH SALPINGITIS, CURED BY CURETTAGE, CHROMIC ACID, AND IODOFORM DRAINAGE OF THE UTERUS.

I shall condense the facts of this case, quoting it simply to show the effects of thorough curettage with iodoform packing of the uterus in the case of inveterate suppurative endometritis with salpingitis.

Mrs. H., æt. 48, widow. Had suffered for years from an enlarged and retroverted uterus. Had also two or three attacks of pelvic perimetritis. There had always been more or less endometric discharge from the birth of her child twelve years previously. In November, 1891, she had an attack of pelvic perotinitis. This subsided under treatment, and subsequently she had a slight operation for hæmorrhoids and a small fistula of the rectum. The periods were always excessive.

Suddenly in January, 1893, having been subjected to a chill during menstruation, she had a severe attack of perimetritis, during which there was rather profuse hæmorrhage for a few days. This was attended by considerable fever, which lasted for nearly three weeks. The perimetric effusion was considerable. The uterus was forced down almost to the vaginal outlet. I feared at the time that there might be hæmatocele complicating the perimetritis. In the following month the purulent discharge recurred, and this continued, notwithstanding various forms of intra-uterine medication, and on two occasions a prolonged course of the bromo-iodine waters of Woodhall Spa. The general health remained good, and there was little pain, but the discharge was at times most profuse, requiring the change of four sanitary towels in the twenty-four hours. As these recurrences of discharge continued until the beginning of 1895, I determined to thoroughly dilate and curette the uterus. This I did on the 20th of April, 1895. The uterus at the time of operation was enlarged, the cavity measuring four inches, retroverted and retroflexed, in which position it was fixed. On free dilatation a quantity of pus poured from an enlarged fundal cavity. Curettage was conducted with every antiseptic precaution. A solution of chromic acid ℥j, ad ℥j, was applied subsequent to the use of the curette. The large cavity was packed with iodoform gauze, and this, after the first few days, was renewed from day to day, the cavity each time being wiped out with 1 in 5,000 perchloride of mercury solution, and the vagina packed with tampons of 1 in 5,000 of the same. Some slight discharge appeared at the end of the third week, but intra-uterine dressings were continued until it had completely disappeared.

The final result of this case was complete cure of the discharge, the reduction of the uterus to about one-half its size, and the restoration of mobility. The statement of the patient, in writing to me this month, over a year after operation, was: "Present state of health excellent—never felt better in my life."

CASE VII.—CASE OF TUBAL GESTATION. OPERATION AND RECOVERY.

Mrs. S., æt. 38. Four pregnancies, one miscarriage two years previously. Youngest child, æt. 15 months. The catamenia were regular after the birth of this child. The patient had menstruated during previous pregnancies for several months. During the last pregnancy the catamenia continued for five months. A menstrual period commenced on April 5th, the regular time, but did not terminate as usual, and there was a constant show for two weeks, during which period she complained of violent pain in the left iliac region, with constant nausea and attacks of faintness, and with pain in defæcation. On May 6th she was admitted into Stanmore Cottage Hospital, complaining of pain, especially over the left side.

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There was a swelling in the left inguinal and hypogastric regions, and still more hæmorrhagic discharge from the uterus, the bowels moving with difficulty. I saw her in consultation with Dr. Allen on May 14th, and found the condition of things as mentioned. There was then considerable fulness in the left fornix. The os uteri was patulous, and there was sanious discharge from it. It was decided to dilate the uterus and explore the cavity. This was done, with a negative result. At the same time the friends were told that an operation would in all probability be necessary. I saw her again with Dr. Allen on the 19th, and decided that if there were any change for the worse, abdominal section should be performed. From the 20th to the 22nd, pain and distension increased, and the temperature range which previously had been nearly normal, varied from 100 deg. to 102 deg. The bowel could not be moved by enema. On the 23rd she was operated upon. Mr. Bland Sutton was present, rendering me valuable aid during the operation. On opening the abdomen, a large sac, extending above the umbilicus, was discovered. To the anterior surface of this the bowel was adherent in parts, and also the omentum. It was firmly fixed posteriorly, and quite impossible to separate. On tapping the sac, after careful protection of the bowel with sponges; it was found to contain semi-coagulated blood. The sac wall was, therefore, freely opened, and the contents turned out. The edges were pared, and the sac was stitched by interrupted fishing-gut sutures all round to the peritoneum, which was then brought together and sutured, leaving sufficient space for a drainage tube. The abdomen was closed by three sets of sutures, and a drainage tube left in. The temperature remained normal after the operation, and the tube was removed on June 1st. The patient made an uninterrupted recovery. My first impression on seeing this case was that it was one of extra-uterine fœtation, the date of which could not be determined upon from the previous history. I thought also that there might be a pelvic hæmaotcele caused by the rupture of a hæmato-salpinx, and possibly due to an early miscarriage. I certainly was astonished on seeing the size of the sac, the thickness of its walls, and the extent of the adhesions. The contents were afterwards carefully examined for the presence of a mole, but such could not be found. No tube or ovary could be detected on the left side. There had evidently been recurrences of hæmorrhage, and a recent bleeding within the few days prior to the operation explained the symptoms from which she then suffered and the sudden increase in the size of the swelling.

Case VIII.—Case of Vaso-Motor Coloration of the Face, with Pigmentary Changes Associated with Menstruation.

The drawing I show was taken from a young woman, æt. 22. The patient suffered from the most severe dysmenorrhœa and oophoralgia. This has lasted for some three years, and first came on after a shock. I saw her last November, being indebted to Dr. Roe Carter for the case. There was a conical cervix with the ordinary pin-hole aperture external os. I divided the cervix, and she wore an intra-uterine stem for a short time. The operation had no material effect on the dysmenorrhœa. Subsequently I tried both faradisation and galvanism, also without effect. But what I wish to draw attention to specially is the curious discoloration of the face, much more marked than in ordinary menstrual chromodrosis or pigmentation of the lids. I have not seen any case recorded exactly like the one I refer to. On two occasions I have seen the cheek ecchymosed exactly as if it had had a severe contusion from a blow, passing subsequently through the various phases of coloration. The circles under the lids, extending below the malar bones, often varied in hue, and these changes were frequently very rapid, varying from purple to a deep greenish black. Sometimes the forehead became involved, and the whole face would assume a purplish colour, the conjunctivæ sharing in the suffusion. These changes generally preceded the catamenial epoch, becoming intensified during its occurrence, and disappearing slowly after its close.

The Pharmaceutical Society of Ireland completed its twenty-first year of existence on the 10th of this month.

TONICS AND CALOMEL IN CHOLERA.

By CHARLES R. FRANCIS, M.B., M.R.C.P.Lond., Surgeon-General (retired).

There is one indication in the treatment of cholera which is, I fear, likely to be sometimes overlooked, viz., the necessity for tonics. Be the original cause of the disease what it may, it is evident that a profoundly debilitating effect is produced upon the sympathetic system, depriving it, for a time of its inhibitory influence. The organs, whose functional activity depends on this influence, cease to perform their functions. This is especially manifest in those which derive their innervation from the solar plexus (and pneumogastric). The biliary and renal secretions, with digestion and absorption, &c., are in abeyance. The water of the blood is poured forth in various parts of the body—witness the serosity and œdema in some, and its abundance, in many cases, with some of the salts, in one especially—the intestinal canal; the congestion of veins, including the right side of the heart; the cutaneous exhalation, often considerable, causing a clamminess which, in algid cases, is very characteristic; together with the incomplete performance of the respiratory function and the consequent imperfect aëration of the blood, augmented by the arrest (from spasm or thrombosis) of this fluid through the pulmonary artery into the lungs.

That loss of inhibitory control in the sympathetic is the immediate cause of the intestinal discharge in cholera seems to be shown by the result of an experiment made by a Continental physiologist. He divided the sympathetic immediately below the solar plexus, and shortly afterwards, the intestine became distended with a fluid resembling the liquid discharges in cholera. A similar experiment was made on dogs in Calcutta by my colleague, Mr. Charles Macnamara, with a like result. After exposing a yard or more of the intestine he divided the mesenteric nerves leading to it, and ligatured the former above and below. After a short time the enclosed gut was distended with serous fluid. The same loss of inhibitory control is seen in other disorders and conditions, but never to such an extent as in cholera. The desirability, therefore, of adopting a tonic plan of treatment seems evident. Quinine, where it agrees with the patient, is undoubtedly the best of all tonics. When it does not, arsenic or strychnine may answer the same purpose. A combination of two or three of these drugs is sometimes more efficacious than one, alone. The practice of employing quinine as a prophylactic has been successfully adopted in India. During an epidemic of cholera at a station in the Punjab, Surgeon-Major (now Surgeon-Major-General) Ross, then in medical charge of a regiment of European Hussars, administered it twice a day to the men, and, so far as I remember, he did not have a single case. As quinine in the treatment of malarial fevers is usually found to be more effective if combined with opium, the combination should be equally effective now. Similarly, I would always endeavour, by giving quinine in the stage of reaction after an attack of the disease, to prevent a relapse. This was the practice which I adopted when officiating physician to the Medical College Hospital in Calcutta, the opium being at that stage of the attack of course omitted; and, though many cases passed through my hands, there was no relapse in any. As a prophylactic I would prescribe:—

℞ Quinæ sulph., gr. iv;
Liq. arsenicalis, ♏ x;
Nepenthe or Tinct. opii., ♏ x;
Aqua. ʒj;
Morning and evening.

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Sterilisation and filtration of the drinking water are of course essential.

If the disease be developed, the first point, as is now the almost universal practice, is to stop the discharge; and, for this purpose, there is nothing better than an aqueous solution of opium, administered, if there be much irritability of stomach, hypodermically. The delightfully soothing effect, with the general sense of comfort experienced by the patient and lasting for six or eight hours, so different to alcohol whose effects are transitory, cannot be described. It is customary to combine it with castor oil. but I believe olive oil would do as well, if not better. This oil is greatly relied on by Spanish practitioners in the treatment of cholera. A single administration of opium is often sufficient. In the worst cases, however, the progress of the attack cannot be arrested, even with repeated doses of the drug.

The striking efficacy of acetic acid, as recorded by some practitioners, is probably due to the fact that microbes do not flourish in acids, a point in favour of the germ theory. I have had no experience of the treatment, but it seems worthy of consideration.

COLLAPSE.

The appearance of a patient in collapse, when seen by the young practitioner, for the first time it may be in his career, is, undoubtedly, very appalling, leaving an impression that is not readily effaced. Half a century ago, it would sometimes be said—"let the poor fellow die in peace; why torture him with further treatment?" Now, be the collapse ever so extreme, if the constitution be good, the nursing judicious, and the treatment appropriate, the physician need never despair.

There are three primary indications of treatment in this condition:—1. *To sustain the flagging powers of Nature.* 2. *To equalise the circulation*, and thus to stimulate the secretions. 3. *To supply deficiencies in the blood.* When I first went to India (1844), alcohol, in the form of brandy, was looked upon as the physician's sheet-anchor. Of its true action upon the body—now, thanks to the researches of Sir B. W. Richardson, made so intelligible,—the medical profession knew as little as the public. They believed, with it, that alcohol was a genuine stimulant, its essentially narcotic character and tendency to aggravate the morbid condition which the physician seeks to remedy, being quite lost sight of. The stimulants best suited for the collapse stage in cholera are ether, sal volatile, liquor ammoniæ and camphor, either given by the mouth in small doses frequently repeated, or, better still, by hypodermic injection.

To *equalise the circulation* there is, in my experience, no drug equal to calomel. When attached to the Medical College in Calcutta (1865) my attention was drawn to its value by the late Professor of Military Medicine at Netley, Dr. B. D. Smith; and I at once gave it a trial, with marked success. A ward in the hospital had, for some time past, been given up to cholera patients, one half being assigned to the second physician—a very able man—the other to myself. Nearly all—European sailors naturally strong and vigorous, dissipated Eurasians, and feeble Bengalees—were in a state of collapse more or less profound. In the treatment I relied, as to drugs, for the most part upon calomel; my colleague upon astringents and stimulants, the usual plan. The death-rate on his side was above 50 per cent.—the ordinary percentage; with an occasional case of uræmic poisoning: on mine it was uniformly from 15 to 20 per cent. less, without any secondary complication whatever. Sir Joseph Ewart, in his Vital Statistics of the Army in India, has shown that the mortality from cholera was equally low in former years when calomel was more freely prescribed. Some medical officers, attached to European regiments, have, at my suggestion, adopted the practice with equally effective results. On referring to the older writers on the disease it is seen that, wherever venesection was resorted to *in addition* to the calomel, the results were less satisfactory than when it was omitted.

My practice was to give 20 grs. of calomel on first seeing the patient, following it up, at intervals of an hour, by 10 grs. doses up to 80 or 100 grs., till bile appeared in the stools. No more was given even if it did not. I am bound to say that some medical officers to whom I recommended the plan, hesitating to give such heroic doses, had equally satisfactory results with smaller quantities.

There is no reason to suppose that the disease was less severe in days gone by than it has been subsequently. Epidemics of cholera, as described by writers, have always had the same character—virulent, and especially fatal at first, but diminishing in intensity, with a decreasing death-rate, towards the close. The treatment by calomel was introduced into this country, if I remember right, by Dr. Ayres, of Hull, who advocated small doses frequently repeated. Dr. Ewart's testimony as to its value was confirmed by Dr. Alderson, who, in 1867, wrote to the *Lancet*, pointing out that statistics showed it to be the best.

I know that many practitioners condemn it, saying that, as the drug lies inert in the intestines, one might as well give so much whitewash. In reply, I can but point to my own experience. During thirty years of active service in India, in administrative as well as executive grades, it has been my misfortune to see a great deal of cholera in various parts of the Bengal Presidency; and, after witnessing different kinds of treatment, that with alcohol being about the worst, feel more disposed to pin my faith on this than on any. If, unfortunately, I should ever be thus prostrated, I should wish for the same. Of course, extreme care must be taken to remove the superfluous calomel with a dose of castor oil the moment the dejecta are tinged with bile, or if the urine reappears: or, in the absence of any apparent effect, two or three hours after the last dose.

To supply deficiencies—the salts which pass with the evacuations and the inadequate oxygen—intravenous saline injections, first recommended more than fifty years ago by Dr. Stevens, warmed to the temperature of the blood, and the gas, easily available in metallic cylinders fitted with india-rubber mouth-tubes supplied by Brin, should never be omitted. Though the patient may relapse again and again, after giving promise of recovery with each saline injection, perseverance with the remedy may be rewarded by permanent recovery at last.

It need hardly be added that continuous watchfulness, with a cheerful countenance and discouragement of depression, though it is remarkable how unconcerned patients often are about their condition whatever their friends may be, and the frequent administration, in small quantities, of light liquid nourishment—almost whatever the patient may fancy—are essential to the successful management of an attack of cholera.

Except as a means of alleviating the spasms, for which, however, I think frictions with warm flannel and turpentine or spirits of camphor are better, my experience is not in favour of a warm bath. I once saw this treatment, combined with blood-letting it is true, adopted in a battery of artillery during an epidemic of cholera; and the death-rate was exceptionally high.

DR. FRANCIS WARNER, Assistant Physician to the London Hospital, has been appointed full Physician in the place of Dr. Samuel Fenwick, whose retirement we referred to in our last. The post of Assistant Physician thus becomes vacant, the election for which takes place on Oct. 19th. Applications must be sent in before the 12th prox.

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"WHOLE-TIME" SERVICE OF MEDICAL OFFICERS OF HEALTH *VERSUS* "PART TIME." (a)

By F. J. WALDO, M.D.Cantab.,
Medical Officer of Health, the Temples and St. George's, Southwark, London.
AND
DAVID WALSH, M.D.Ed.,
Physician to the Western Skin Hospital, London.

The ground covered by this subject is so wide, and the issues raised are so varied and complex, that the writers have attemped little more than to outline some of the main features of the position.

The term "whole time" is used here to mean that all the time of the Medical Officer is at the disposal of the Sanitary Authority.

"Part time" is taken to mean that the Medical Officer of Health devotes only a part of his time to the Sanitary Service.

"Whole time" service does not necessarily debar the Medical Officer from holding other posts, such as lectureships or tutorships; the position of public analyst or vaccinator, or of honorary or paid appointments to fever and general hospitals.

For present purposes, "whole time" will be taken to refer to men who devote the whole of their time to the duties of the Medical Officership of a particular district, and who may also fill other posts connected more or less directly with public health, not necessarily in the same district.

"Part time" will be taken to mean those Medical Officers of Health who are engaged partly in the Sanitary Service and partly in private medical practice.

"Whole Time."

The "whole-time" Medical Officer is likely to become more skilled and competent, because his energies are not distracted by the cares of private practice from the highly technical duties of his post. In this way, both the Sanitary Authority and the public will get a more efficient officer. The special knowledge of the Medical Officer can be gained only by actual administrative work, the opportunities for which will be obviously much greater and more continuous for the man who is, so to speak, always on duty. The "whole time" Medical Officer, moreover, is far more likely to be popular with the general medical practitioners of his district, who will not see in him a possible rival. The last point, in our opinion, is one of the most vital in the whole question. From the point of view of the Medical Officer, the "whole-time" man is free from the harassing and exacting demands of private practice, and is able to keep abreast of scientific advances in his own particular branch of applied medicine.

"Part Time."

A "part-time" Medical Officer obviously costs less money to the ratepayers and to the sanitary authorities, but on the other hand he is not likely, as a general rule, to be so efficient as the "whole-time" officer. One of the great objections to the "part-time" system is that the Medical Officer comes into active competition with the general medical practitioners of his district. This undesirable position is brought about not only by the attempt to secure private patients, but by the prominence attached to the constant advertisement of the name of the Medical Officer in connection with the duties of his post, such as notification and disinfection.

By paying a Medical Officer of Health a small income and then allowing him to eke it out by private practice, in our opinion, a sanitary authority admits that it is offering the Medical Officer an inadequate salary.

From the point of view of the Medical Officer he is of course more tied down by the duties of "whole time." Moreover, unless he receives an adequate salary he does not make as much money as he would were he engaged in private practice.

It is a self-evident fact that there is a great difference of conditions between urban and rural sanitary districts. In towns over a certain size, say 30,000 inhabitants, we think the Medical Officer of Health should always be a "whole-time" man with a salary of at least £600 per annum, and a decent security of tenure. In the country we would advocate a system of conjoint districts. Each sanitary union of the kind being placed in charge of a Medical Officer with a staff of assistants. If such a scheme were adopted small existing appointments might be absorbed upon a compensation basis or allowed to fall in as they became vacant. The subordinate assistant posts would form a valuable training ground for future county or rural Medical Officers of Health.

Conclusions and Suggestions.

1. The Medical Officer of Health should be, except under a few imaginable but rare cases, a "whole-time" man.
2. That whenever possible he should always have some previous experience of actual medical practice.
3. That the "whole-time" man is more likely to be in touch with his brother medical practitioners.
4. Plural appointments are, generally speaking, to be condemned on much the same grounds as "part-time" service.
5. That an adequate salary is necessary for the Medical Officer of Health, and that security of tenure must be absolutely secured for competent officers.
6. That in scattered rural and small urban districts the sanitary authorities may be centralised and united into a county sanitary authority.
7. That no existing "part-time" posts be abolished without compensation.
8. That the matter of "whole" or "part-time" employment of Medical Officers of Health is worthy of most careful investigation and report by a special subcommittee of your society.

(a) Abstract of Paper Read at the Sanitary Congress, Newcastle-upon-Tyne, Sept. 1896.

Therapeutic Notes.

By GEORGE FOY, F.R.C.S.,
Surgeon to the Whitworth Hospital, Drumcondra; Hon. Fellow to the Southern Surgical and Gynæcological Association, U.S.A.

Chronic Bronchitis.

Dr. Jose Ramon de Torres (*Gaceta Médica de Cadiz*) publishes the following prescriptions for the treatment of chronic bronchitis. Where there is much catarrh he gives pills or capsules of

Terebine, 0·20 gramme;
Codeia, 0·01 gramme.

Mix. Send 80 such. One four times a day.

He then prescribes:—

Eucalyptol, 0·20 gramme;
In capsule. One four times a day.

To scrofulous patients he gives—

Guiaicol, 20 to 50 centigrammes,

either in cod liver oil or in capsules, after each meal; when given in capsules, he gives cod cod-liver oil with each dose. He also gives tar and balsam of tolu in old standing cases, and sometimes adopts Dujardin-Beaumetz formula of tar and balsam of copaiba. With these he prescribes natural sulphur waters.

Monol.

Under the name monol (*El Siglo Médico*) Señor Bordas has introduced into therapeutics the permanganate of calcium. The salt crystallises into beautiful

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needle-like forms, which are slightly deliquescent. The salt is decomposed by cold and by contact with organic substances.

As an antiseptic, it is more powerful than perchloride of mercury, and has the great advantage of being neither poisonous nor caustic.

A solution of two grammes of the salt in a litre of water quickly destroyed specimens of the most virulent bacilli.

From experiments conducted many cultivations of bacilli, Señor Bordas concludes that the lime salt is five times more powerful than the potassium one.

Señor Lutand has substituted monol for the perchloride of mercury in the treatment of wounds.

CITROPHENOL.

Señor Treufel (*El Siglo Médico*) has experimented on four dogs with citrophenol, which has recently been introduced into medical practice as an antipyretic and anti-neuralgic. Doses of 30 grains to 45 grains given to dog produced violent vomiting and well-marked albuminuria, The urine contained phenol and an abundance of blood corpuscles and tube casts. On examination, the gastro-intestinal and the genito-urinary tracts were found to be inflamed.

Experiments with the corresponding tartrate showed it to be a much milder salt.

From its toxic action, the drug is unsuited for therapeutic use, or if used at all, the dose should be very small, and then gradually increased.

CORYZA.

According to Dr. R. Wünsche (*El Siglo Médico*) a 10 per cent. solution of menthol in chloroform aborts coryza. A few drops of the solution are to be rubbed lightly between the hands, which are then held to the patient's mouth and nose, who takes from four to six deep inhalations of the vapour. At first the tendency to sneeze ceases, then a free watery discharge flows from the nose, headache disappears, and the patient is free from coryza. In troublesome cases the inhalations may require to be repeated.

ATONIC DYSPEPSIA.

The following prescription is by Dr. Rankin :—

Sulphate of iron, 0·12 gramme ;
Papain (Finkler), 0·12 gramme ;
Extract of cannab. ind., 0·15 gramme ;
Extract of nux vom., 0·15 gramme ;
Extract of rhubarb, 0·03 gramme.

Mix and make a pill. To be taken after each meal.

ALVEOLAR PERIOSTITIS.

Dr. Rédier recommends the following in acute alveolar periostitis :—

Phenazonum, 2 grammes ;
Salicylate of soda, 2 grammes ;
Gum water, 120 grammes ;
Syrup of morphia, 10 grammes.

To be divided into four draughts, one of which is to be given every six hours.

LISTERINE.

The following formula for the preparation known as "Listerine" appears in the *Boletin de Medicina y Cirugia*, from Señor A. Ulloa :—

Benzoic acid 10 parts, boric acid 20 parts, distilled water 600 parts ; dissolve, and add thymol 3 parts, eucalyptol 1 part, oil of wintergreen 1 part, oil of peppermint 1 part, oil of thyme 1 part, rectified spirits 350 parts, glycerine 50 parts ; tepid water to make up the mixture to 1,250. The whole to be well shaken, and then put past for two days, when it is to be filtered.

THE Home Secretary has appointed Mr. T. Pickering Pick, F.R.C.S., of St. George's Hospital, London, to be the Inspector of Anatomy for the Provinces, *vice* Mr. John Birkett, F.R.C.S., resigned.

Clinical Records.

THE FEVER HOSPITAL, DUBLIN.

Case of Hyperpyrexia in Acute Rheumatism treated by Guaiacol.

By ERNEST A. BOURKE,
Assistant Resident Physician to the Hospital.

T. C., male, æt. 17, admitted 13th July, 1896. Four days previous to admission patient was attacked with pains in both knee and ankle-joints, also in back. On admission patient still complained of pain in knees and ankles, there was effusion into both knee-joints ; tongue, large, moist, and coated ; moderate perspiration, heart sounds feeble, no endocarditis. Temperature after admission ranging between 100° and 102·6°. Patient ordered salicylate of soda, grs. xv, with tincture digitalis ♏ viij every four hours.

On the morning of the fourth day after admission, *i.e.*, the eight-day of illness, his temperature had fallen to normal, and he appeared to be much better, but complained of slight pains in knees and wrist ; the swelling of the affected joints had subsided : towards evening patient began to get restless, and on taking his temperature at 7.50 p.m. it was found to be 106° and ten minutes after 106·2° ; patient was now slightly delirious, but when questioned complained of no pain. Skin hot and dry, perspiration having ceased, face pale, cyanosis of lips. Guaiacol ♏ xv., was then applied to the abdomen and the part then covered with oil-silk to prevent evaporation ; at 8.30 p.m., or half-an-hour after its application, the temperature had fallen to 101·8° or over 4½ degrees, and at 9 p.m. there was a further drop in the temperature to 98·8° ; though the reduction of temperature was so rapid yet there was no symptoms of collapse as might be expected ; on the contrary, patient fell into a refreshing sleep shortly after, which fact prevented us making further observations of his temperature during the night ; the next morning temperature was 98·8° and rose to 101·8° that evening ; but during the remainder of his illness the temperature never rose above 100°. I may add that after the application of guaiacol, the skin, which was previously hot and dry, began to perspire freely, as is usual after its use when locally applied.

Patient discharged from hospital August 2nd, or 20 days after admission.

The point of interest about this case was the sudden occurrence of hyperpyrexia without giving any warning, and its satisfactory reduction by the application of guaiacol.

I feel sure that in guaiacol we possess a remedy equally as useful as the ice pack or cold bath in the treatment of hyperpyrexia occurring in acute rheumatism or in the eruptive fevers, besides being a much more convenient remedy to use. I have used it in hyperpyrexia occurring in children with scarlatina with the best results.

Since reporting some cases (MED. PRESS AND CIRCULAR, April, 1896), we have used guaiacol in a large number of cases in this hospital, and in no single case did it fail to reduce the temperature, and, what is equally important, the temperature remains down for five or six hours after its appplication.

In only one case did I observe any ill results follow its application, this being a case of enteric fever, with a temperature of 104·5°, Guaiacol ♏ xv. was used. In about three-quarters of an hour after patient had a slight shivering fit, which rapidly passed off ; the temperature had fallen five degrees, but there was no symptoms of collapse.

The average reduction of temperature one hour after the application of ♏ v. is 1½ degrees, when ♏ x. is used it ranges between 1½ and 3½ degrees, and with ♏ xv., 2 to 4 or more degrees. The best results are got if the guaiacol is simply dropped on the abdomen or axilla, and gently rubbed in with the finger, and the part then covered with oil-silk to prevent evaporation.

MR. G. B. MILLETT, M.R.C.S., Medical Officer for Penzance and a well-known authority on Cornish antiquities, died at Penzance on Thursday last, after a short illness.

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France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Sept. 19th, 1896.

Insufflation of Air into the Peritoneum.

Dr. Lenoir in his inauguration thèse took for subject the advantages of introducing air into the peritoneum in tuberculous disease of that serous covering and cited several cases in point. Up to the present this intervention has only been made in cases of tuberculous peritonitis accompanied with ascites, but M. Lenoir thinks that it might receive a more extended application. The method of operating is simple: After having taken the antiseptic precautions, usual in operations in this region, a fine trocar is plunged into the abdomen at the point usually chosen for paracentesis, and the liquid slowly evacuated. When the abdomen is nearly emptied of the water, air is pumped in by Potain's apparatus or by any other system. The abdomen swells up and returns to its former volume but the patient feels in no way incommoded with this artificial meteorism, which disappears gradually at the end of a few days, the air becoming absorbed by the peritoneum. The liquid is not reproduced, and in general towards the end of the first month the patient is on the road to recovery. The operation is in itself harmless, easily accepted by the patient, and may be employed in every case where laparotomy is counter-indicated, on the condition that the effusion be not purulent.

Carcinoma of the Stomach and the Cervical Ganglions.

Attention has been drawn by Dr. Rousseau to the presence of supra-clavicular adenopathy in patients suffering from visceral malignant disease. The ganglions are always superficial and can be felt exactly behind the middle of the clavicle and are frequently covered by clavicular origin of the sterno-mastoid. At first, a mass of six or eight ganglions can be perceived by the touch, but later, the deep glands are affected. This adenopathy, which is generally painless, is observed much more frequently on the left side; no softening nor ulceration has been witnessed. It appears generally about three months before the fatal *dénouement* and consequently its presence should be sought for, as it formed a counter-indication to any surgical interference on the abdominal cancer, death being the inevitable result.

Alteration of Blood in Anæmia.

The constituent parts of the blood have been so often under discussion in cases of anæmia that further experimental examinations become almost trite and tiresome to repeat, yet a careful exhaustive inquiry should not be neglected during the present mutations of the science. Moracyewska finds that the red blood corpuscle is redder in a morbid condition than the normal, and that the hæmoglobin is proportionately greater; while the alkalinity of the blood decreases with the destruction of the tissue. In pernicious anæmia the alkalinity is greatly reduced, the specific gravity increased, the number of blood corpuscles diminished, while the red blood corpuscle is hyper-coloured, and the nitrogen of the blood greatly increased.

In chlorosis the alkalinity is slight, sp. gr. high, comparatively few corpuscles, and feebly coloured.

In carcinoma there is a high state of alkalinity, a low sp. gr., and a relatively large number of blood corpuscles with little colour and a low power of absorption.

Alcoholism in Brittany.

According to the *Normandie Médicale*, the population in that part of France is being decimated rapidly by alcoholism, which works its ravages on every member of the artisan families, men, women and children. Alcohol has become a part of the staple food of the home. The wife and mother, called to the factory at an early hour and kept there until late at night, reduces to its simplest expression the cooking for the husband and the children. Bread, coffee, and eau de vie form the basis of the dinner, and frequently even coffee is absent. In the morning the woman cuts up bread into a large tureen and throws over it a quart of eau de vie. This forms the soup of *fête* days, and when there is no time to make anything else, which often happens. The natural consequence of this habit is the enormously high infantile mortality, such as has not been met with elsewhere. Of fifty children who had come to the free dispensary of Dr. Brimou (the writer of the article), two commenced to drink coffee and alcohol before they were a month old, four at three months, two at five months, five at eight months, one at ten months, five at eighteen months, fifteen at a year, and nineteen at three years old. A school teacher, in giving a lecture on the baneful effects of alcohol to his class of sixty-three children between the ages of six and nine, asked how many of them drank eau de vie *every day?* Twenty-four hands were instantly held up!

The question, according to the teacher, could not have been understood by all of the children or double the number would have responded, as from 50 to 60 per cent. of the children in that country drink alcohol every day after dinner.

In commenting on this sad state of things the *Temps* asks how anyone can be surprised that the population of that part of France diminishes for the last twenty years, that the hardiest race of the country is becoming rapidly degenerated, that misery is on the increase, that lunatic asylums and the prisons are overflowing, that crime is on the increase and that the industry of Normandy becomes less and less capable to compete with the English industry, where the workmen have for a considerable time abandoned alcohol for tea, butter, and good roast beef?

Orchitis.

Guaiacol, ʒij.

Paint the upper part of the scrotum and the tract of the spermatic cord with ten drops of the guaiacol and keep the parts uncovered half an hour. Subsequently compresses of hot water.

Icthyol, ʒj;
Lanoline, ʒiij.

To be applied at night.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, September 18th.

The 68th Meeting of German Scientists and Physicians.

This meeting will be held in Frankfort from Sept. 21st to the 26th. Being the great scientific gathering of the year, no efforts are being spared to render it a success in every way. Amongst the entertainments the city of Frankfort will give a Bier-Kommuss, for which special tickets will be issued. The first general address will be delivered by Herr Buchnu, of Munich, on Biology and

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Hygiene (Gesundheitslehre). On the 25th, Hr. Verworn will give an address on Excitement and Paralysis. A number of excursions will be made to Darmstadt, Cronberg, Bad Soden, the Hochster, Farbwerk, and Bad Nauheim, a very large number of addresses are announced, mostly by men of considerable eminence. There will be no general exhibition this year, but this will not prevent smaller exhibitions in connection with the various sections. Amongst other exhibitions there will be one of non-alcoholic drinks, by the Society of Abstaining German Physicians, and the Jenner Centenary exhibition will be united to that of the Committee of the German Institution for procuring vaccine lymph.

MEDICAL CERTIFICATES FOR SCHOOL CHILDREN.

A new order has just been issued by the cultus minister relating to the issue of medical certificates to children relieving them from school attendance. It has not been received with favour as its provisions imply that the certicates granted are not always trustworthy. It intimates that the granting of such certificates shall be limited as much as possible, *i.e.*, that they shall not be required generally in case of a child's illness, but only when there is a doubt as to whether the illness is feigned. Only when there is reason to doubt the statements of the parents will one be required. If the medical certificate as to the child's unfitness to attend school is insufficient, a new certificate may he called for, and when special circumstances give rise to doubt as to whether the opinion of the attending physician as to the necessity for ceasing attendance at school is reliable, the parents may be required to bring one in which the grounds for staying away are fully stated, and in case this does not remove all doubt they may demand one from an official medical man (Medizinal beamten). Medical men asked by indulgent parents to give certificates by which children may be kept from attending school will after the promulgation of this order have to be very careful if they wish to avoid allowing their complaisance placing them in a very awkward position.

TRAUMATIC TUBERCULOSIS.

The patient was a very muscular man, who up to quite recently, had to carry very heavy burdens. He had been in the Charité ten years before suffering from pleurisy following an injury. He was there several weeks and had had a cough ever since, although he had before that been perfectly healthy. Before the injury he was not only an unusually powerful man, but he remained so even after the injury. The site of the tuberculosis corresponded to the seat of the injury. In the long period of time the disease had not progressed, but it had not healed. It was a typical case of traumatic tuberculosis. Up to a few years ago, but little was to be found in publications as to the relations between injury and tuberculosis. The speaker had had the opportunity in Leyden's klinik of observing cases in which the connection was indisputable, and with careful observation he had in a short space of time collected nine cases, reports of which were published in the *Zeitsch f. Kl. Med.* (Bd. and Heft. 1 and 2). Since then attention had been more and more turned to the subject. His own observations related to thoroughly healthy powerful men, without the least hereditary taint, people who were 40 to 50 years of age, and who had been perfectly sound previously. These people received an injury on the side of the chest A few weeks after recovering from the immediate results of the injury they began to cough, and a few months later gave pronounced and plain evidence of tubercle in the side on which the injury was inflicted, and from which they eventually died. There could be no mistake; it was certain that the injury was the cause of the tuberculosis, and clinically, also, no other explanation would hold. However active the *rôle* of the bacillus tuberculosis might be, it was not every unfortunate inspiration that set up pulmonary disease. Disposition played a part, and the disposition might be hereditary or acquired. These observations were of special interest, as in them the acquired disposition was plain before the eyes. The tissues suddenly took on those changes, by virtue of which the tubercle bacillus came into biological relation with the patient.

Such observations were of special importance, as they pointed out the way in which the disease could be best attacked. All attempts to destroy the excitor of the disease within the system had suffered shipwreck, and therapeutics must endeavour to raise the tissues and the cells out of their low state to the height of functional activity of normal cells in relation with which the tubercle bacillus was powerless. Whether Prof. Liebreich could bring this about by his cantharidine treatment, the speaker could not say, but if his endeavours succeeded a great step would have been gained. At present, nothing remained but to improve the natural powers in a general way, to raise the organism and fortify the tissues to the stage when they would be masters of the attacking bacilli, and when one bore in mind the good results of the treatment of tuberculosis in institutions, one could no longer doubt that our endeavours were directed in the right direction.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Sept. 18th, 1896.

RETRO-AURICULAR OPERATION.

AT the Otological meeting, Urbantschitsch showed a few cases on whom he had successfully operated for inflammation of the middle ear. The first of these was a young man, æt. 21, who had suffered from morbilla when he was 12 years of age, and ever since has had a discharge from the right ear. The radical opening behind the ear was decided upon a year and a half ago; the wound is now quite healed but there is still a slight periodic discharge. The hearing is unchanged. The second case is more instructive, being a young girl, æt. 15, who had inflammation of the right middle ear when twelve years of age, which was accompanied with severe headache. The radical operation was undertaken about the beginning of last year, when caries and cholesteatomatous products were removed and the wound closed. In two months after there was nothing but a cicatrix to be seen and the discharge from the ear quite gone.

The hearing before the operation could recognise the watch at 1 c.m. distance and the whispering at 15 c.m.; after the operation, the same examination gave 30 c.m. at six steps distant. One third of the tympanum was quite destroyed before the operation was commenced, which has now recovered. No pain since the operation.

In another case, 22 years of age, where there was profuse discharge from a left middle ear inflammation, with paralysis of the facial nerve, the operation was performed, when a *prolapsus cerebri* in the atticus was discovered. All was cleared away; the wound closed and healed, leav-

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ing no discharge, with normal hearing, but facial paralysis still exists.

He showed a case, æt. 26, where temporary madness had accompanied inflammation of the middle ear. On operating, a cholesteatoma was removed, followed in a few days after by facial paralysis, which lasted a week and then gradually receded, leaving a spasmodic twitching in the upper eyelid. Ten weeks after the operation all had healed and the ear was dry.

The hearing before the operation was *nil*; after, the watch could be heard at two metres, and whispering at 11 steps distant. No cerebral aberrations have occurred since.

Proposed Reform in the Sanitary Service.

In consequence of an inquiry that has been instituted by the provincial council of Lower Austria, the "Aerzte kammer" have sent a requisition to the Minister of the Interior inviting his attention to the report and praying that he will use his high office on behalf of the sanitary officer in obtaining his independence of action, a fixed minimum salary, old age pension, as well as provision for widows and orphans.

Strongylus Commutatus.

Chiari showed a specimen of an epizoon which he obtained from the post-mortem examination. Chiari has had recently submitted to him for examination, by the Duke de Reviers, a deer from a herd from which the owner had lost a large number from some mysterious disease. In the lungs of the animal Chiari found, on post-mortem examination, large quantities of extravasated blood with a hard central focus, whose microscopic appearance resembled "pneumonia verminosa." Among the small cell infiltrations of the alveoli were found numerous quantities of ova and embryonic nematoidea. On making further sections of the animal, the same parasite was found in the frothy serum of the trachea and larynx. They were also present in the pharynx and œsophagus. A further laboratory examination with the object of defining the species, led him ultimately to conclude that it was strongylus commutatus, an infectious parasite, which had evidently been acquired during the winter from the fodder provided.

Empyema and Resection.

Jaksch exhibited a young man, æt. 28, with laryngeal and pulmonary tuberculosis, associated with a right side pleural empyema. At the beginning he performed aspiration, followed by Heber's drainage method, as improved by Bülau. The patient gradually improved, his weight increased, normal temperature was restored, and the daily discharge soon sank from 200 to 20 c.c.m. In the discussion that followed Wölfler highly approved of the drainage tube introduced by Heber and improved by Bülau. He considered it a simple technical acquisition to surgery which can be easily applied with assistance of cocain. It can also be associated with resection of the ribs.

Hydrothionuria.

He also reported a case that had come under his notice suffering from febrile icterus with enlargement of the liver. At the commencement of the man's illness he found a small quantity of albumen in the urine which was succeeded in thirteen days by large quantities of sulphates. Examinations were made for pus or any abnormal communication between the bowel and bladder but with negative results. Cultivations of the urine were made on gelatine in which a bacterium developed forming sulphates which was evidently the cause of the morbid condition. Jaksch quoted the experience of Millar, Rosenheim, Karplus, and others who have met with cultures of similar bacteria.

Special Articles.

A HOLIDAY TOUR IN THE PYRENEES.

[FROM OUR OWN CORRESPONDENT.]

Historical Reminiscences.

A few days ago I sat down to answer an inquiry about the probable costs of Pyrenean touring. To-day I am asked about the best "guide-books" for the Pyrenees. I really know no "best"! All I have seen are "full of shortcomings." Murray and Black are good in spots, and provokingly meagre when often most wanted. Packe's is only an index. Bedecker and Joanne are, as an American friend called them, "labelled faggots of dried sticks." Nearly all books written by Pyrenean travellers are a generation old—too old to be useful and too recent to be valuable!

Taine's "Tour" of thirty years ago is delightful, but it is a work of poetic art and not of travel. Novels whose scenes claim to be laid here are amusingly vague; they talk of "distant peaks silhouetted against the horizon," and "far away blue mountains," but there is no real breath of these Pyrenees in them. Whoever comes here to appreciate the Pyrenean countries must read up for himself.

To visit these hills and valleys is to live again in Mediæval times. Many nations have left their impress here; an impress palpable and tangible to-day. The towns have their special biographies, each castle its separate story, and every valley its individual history. In other mountains, as the Alps or the Rockies, you find the healthfulness and mystic influences of the great hills; here is all this, and besides these the consciousness of the pervading presence of a yet vivid past.

But there are the Pyrenees and the Pyrenees! The Spanish southern slopes are not the French northern valleys. And this French northern side is not in any respect a unit, but a conglomeration of many diverse districts and peoples. In this tour I touch only a part of these north-side mountains and vales, namely, the Western Pyrenees of what elsewhere is called "France," but for which when you get here you find "France" is like "Britain," only a convenient label for several differing countries; and that these countries of "Bigorre," "Bearn," and Basqueland are distinct individualities varying as greatly as Highland Scotland, England and Wales. Countries with different histories, distinct languages, and diverse usages

In its attempt to stamp out feudalism (paramount in this part of France only one hundred years ago), the French revolutionary statesmen substituted new "Departments" for the old "Provinces"; and to more effectively eradicate old memories named the new Departments from the rivers and mountains, so as to replace history Nature.

Thus, "Bigorre and the Four Valleys" became th "Hautes-Pyrenees"; "Bearn" and the "Basque" countries the "Basses-Pyrenees." But Bigorre and Bearn and Navarre are living evidences to-day that to enact laws is easier than to efface nationalities.

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Taking a bird's-eye glance at the past of these Western French Pyrenees, four epochs rise up most prominently: the eras of Charlemagne and his Paladins; of Gaston Phœbus and Froissart; of the Albigenses and De Montforts; and of the d'Albrets and Henri IV.

To understand and enjoy a visit to these lands, it is necessary to renew our memories of these eras. Our college classics have made most so much more familiar with the histories and legends of Rome and Greece, than with the names just mentioned, that to many of us, this means to go to school again!

Speaking for myself, until I spent a fortnight at Aachen, a dozen years ago, Charlemagne was a misty name to me. He seemed like a Saxon Heptarchy chief, of not much moment nowadays. But at Aachen the great old monarch became a reality. And to-day in the Pyrenees I recognise as clearly his grand individuality. Charlemagne was a reality, not a myth. Municipalities here owed their existence to him; Abbeys and Churches their foundations; and men you meet and talk to their lands and titles. While as for Roland, he is everywhere evident in these hills and valleys.

Tennyson and others have almost re-created Arthur and is Knights for us in these latter days. But who knows where the Round Table heroes lived and fought? Some say one place; others another. Brittany, Cornwall, Wales, Cumberland, all put in claims; who shall decide? But these Pyrenees are full of Roland. His hands, knee, feet, horses, sword, and voice, have stamped their impress on peaks and vales all around. Near Lourdes, in Bigorre, are yet ponds dug by his knee and foot, when thrown from his then unbroken new steed Vaillantif, the same gallant charger who afterwards bore him so nobly in his last combat at Roncesvalles. Near Cambo, in the Basque-land, is the Pass Roland made through the mountains into Spain. Not far from Huesca is his leap from the Peak of San Miguel to that of Aman. Above Gavarnie is another breach Roland cut with his sword in rocks covered to day with the same eternal snows. Ten miles away are reverently shown the indents of his other charger Bayard's feet, when he landed in his double leap from the Breach to the Chevalier's Peak at Saint Sauveur. And in the beautiful Lavedan Valley, near St. Savin, where Charlemagne refounded the famous Abbey, are the graves of the giants Alabaster and Passamont, whom Roland slew as payment for a board account!

The most audacious acrobat of historic ages (for Roland was real, however legendary his exploits, while Hercules and such others are dimly fabulous), this Paladin of Paladins has indelibly marked as his own these great hills and glorious glens.

The tourist who comes hither to enjoy and appreciate his trip, should, at least, begin with the Song of Roland. Roland died in 778. For three centuries the "Song" floated over these western lands, growing and gathering volume, until 1150, when the earliest manuscript of it is found, made by a monk, Theuroldus, who has left and needs no other record. Whether he recopied from others or fashioned the epic into shape himself, none now know. His antique French is difficult reading; the modern French versions seem inferior to some English translations of which, perhaps, O'Hagan's is the best.

Next let the tourist take Froissart, the ballad singer and chronicler who, in the Fourteenth Century, was here a welcome guest of Gaston Phœbus, Sovereign Viscount of Bearn, and Sovereign-Count of Foix, who then held the most brilliant Court of Europe at his Castle of Mencade at Orthez in Bearn.

One of the greatest captains of his day Gaston's dominions were, in those troublous times, the only peaceful corner of France. When we read nowadays the Biblical harangues of William of Germany, it seems a queer glimpse of the past to read alongside of them in the old chroniclers, Gaston's exploits against "the Infidels" in Prussia only 500 years ago, and to recollect that Christianity had then been dominant in these Pyrenean lands for 500 years previously.

There are two good English translations of Froissart, one usually read of Thomas Johnes; and the other, more in unison with the antique quaintness of Froissart himself, made in 1523 for Henry VIII, by John Bourcher, Lord Berners.

The third author I found most useful was the Bearnais prelate and historian Marca, who died in 1662. I have only seen his "History and Antiquities of Bearn" in folio form, but a portable edition is about to be published in Paris.

Cenac-Montaut's two histories ("The Pyrenees" and "the Province of Bigorre") are both good but dry reading. These smaller works "Archeologies" of Bigorre and of Bearn are most useful to lovers of ancient ecclesiastical edifices. Du Meze's "Archeologie Pyreneenne" is also good, but unfortunately incomplete. This is likewise the case with Noulen's "Maisons Historiques de Gascogne."

Bordenave's "Histoire de Bearn et Navarre," edited by Ramond; and Colomez's "Histoire de la Province et Comté de Bigorre, with Dufau's annotations, are excellent works. So are La Gréze's two volumes on "La Navarre Francaise."

Garat's "Origenes des Basques" is another admirable book, although a skilful piece of special pleading for his own pet theory of the origin of these really "peculiar people." Humboldt, Depping, Quatrefrages, Michel, Thierry, Reclus, and a host of other *savants* have advanced and stoutly maintained their several ideas about the Basques. But none of them really knew more than Strabo and Pliny did nearly 2,000 years. The Basques were here a puzzle and a problem then, they are here to-day an enigma yet. Phœnician, Iberian, Celt, Gael, Roman, Vandal, Visigosh, Frank, and Moor have come and gone amidst these hills and valleys, but before them all, and unmoved by all, "the coming and the going" the Basque was here, and is likely to remain. Some who seem to have carefully studied the subject give plausible reasons for supposing them the remnants of Plato's "Atlantio."

Should the works I have above named be deemed too ponderous for a "Holiday Tour," let me mention three agreeable and handy little books, pleasant to read and overflowing with information, written by the late Judge Bascle de Lagréze; they are in French, but I give equivalent English titles: "The Chateau of Pau," "The Religious History of Bigorie," and, best of all, the "Society and Manners of Béarn." They can be readily obtained, by international book-post, from the excellent English and French library of M. Lafon, Rue Henry IV, Pau, who has also for sale a choice collection of Pyrenean photographs.

THE Indian Medical Association has resolved to take immediate steps to promote the passing of a Poisons Act for India, the necessity for which is felt to be urgent.

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The Operating Theatres.

GUY'S HOSPITAL.

Two Cases of Cholecystotomy.—Mr. Arbuthnot Lane operated upon a man, æt. 64, who had suffered from jaundice for five months, the obstruction having apparently been complete for four months. The liver and spleen were slightly enlarged, and a nodular mass could be felt in the position of the head of the pancreas. This differed from the sensation which is given by growth in that it felt like a marble embedded in the pancreas. This led Mr. Lane to hope that the obstruction was produced by a stone. Against this assumption was the fact that the patient had lost flesh rapidly of late; this, however, he attributed to the constant nausea and sickness from which he suffered, making it impossible for him to take sufficient nourishment. The common bile duct was exposed with some difficulty because of the extensive adhesions that existed. It was then found that the nodule in the head of the pancreas was a stone which by a little manipulation was forced upwards into the common duct above the level of the pancreas. An incision was made over it and it was removed. It proved to be a round stone, unmarked by any facets. The finger was then introduced into the widely dilated duct upwards and downwards but nothing further could be felt. The opening was closed by a continuous suture of very fine silk. A quantity of sterilised gauze was so arranged as to cover the common bile duct at the seat of incision, the end of the gauze being left projecting from the wound in the abdominal wall, which was closed except at this point. Mr. Lane pointed out the great difficulty that sometimes arises in an old male subject, such as this one, to secure the opening in the duct perfectly accurately with a suture, also the importance of shutting off the neighbourhood from the general peritoneal cavity by means of the gauze tampon. The use of the gauze in this manner had altogether deprived difficult abdominal operations of the great risk which was originally associated with them.

It is reported that at the end of forty hours a slight leakage of bile took place for a short time, but it subsided very rapidly and the patient subsequently left the hospital quite cured.

The same surgeon operated on a woman whose history was almost precisely similar to the last patient, differing from it in that no mass could be felt in the head of the pancreas, while the gall-bladder was distinctly large and tender. On opening the abdomen the enlarged gall-bladder was opened, and four good-sized stones were removed with some muco pus. A hard mass was then felt in the transverse fissure, the common bile duct extending from it as a leather cord. As this was obviously growth in the duct Mr. Lane cut into it in the hopes of being able to open the right or left duct on the proximal side of the growth, but the growth extended too far along them, completely obliterating them. The advisability of cutting into the liver, and opening and draining a dilated duct, was considered, but the patient was not in a condition to bear any further operative interference. At one time it seemed possible that bile could enter the cystic duct, and that a cholecystenterostomy might relieve, but a more full examination showed that this was impossible.

MIDDLESEX HOSPITAL.

A Large Hydrosalpinx.—Mr. Bland Sutton operated on a woman, æt. 54, who was sent into the hospital with a cystic swelling in the pelvis, accompanied with profuse menorrhagia. On opening the abdomen a cystic mass as large as a cocoanut was found to occupy the right mesometrium; the Fallopian tube communicated with it, and lay convoluted and distended on the crown of the cyst. On closer examination the cyst was found to have spread the layers of the mesometrium and to have opened up the layers of the mesentery of the vermiform appendix which was lying sessile on the cyst. In the process of enucleating the cyst its wall broke and the fluid contents escaped, thus facilitating the removal of the tube. There was some little difficulty in securing the pedicle as it was formed simply of the widely separated and attenuated layers of the mesometrium. The abdominal incision was closed by the triple layer method. Mr. Sutton remarked that the cyst was a largely dilated Fallopian tube filled with clear fluid; the ovary occupied a flexure formed between the dilated ampulla and the convoluted uterine extremity of the tube. Many of these dilated tubes are described as tubo-ovarian cysts, but with the exercise of a little care a small shrunken ovary usually gives the clue to the true nature of the specimen. The patient had complained of severe pain in the right side of the pelvis at intervals over a period of fourteen years.

Cholecystotomy.—The same surgeon operated on a woman, æt. 26, who complained of great pain in the region of the gall-bladder. Her doctor sent her into hospital with the diagnosis that the gall-bladder was full of calculi. The gall-bladder was exposed by an incision in the right linea semilunaris; it was elongated like a sausage, the walls were very thick and adherent at the free end to the hepatic flexure of the colon. The gall-bladder was incised and many calculi and much inspissated mucus removed. No attempt was made to separate th gall-bladder from the colon, and the edges of the incision in the gall-bladder were sutured to the peritoneal margins of the abdominal wound; the rest of the incision in the belly-wall was closed with silkworm gut sutures. Mr. Sutton remarked that it was possible that the union between the gall-bladder and the colon was due to a biliary calculus, which had ulcerated through the walls of gall-bladder and colon, and the severe inflammatory changes which were so obvious in the gall-bladder were due to infection from the intestinal canal. This view was also supported by the fact that the patient's trouble began as an acute attack, and she had not at any time been jaundiced.

Lecture Arrangement at the Royal College of Physicians, London.

During the ensuing year the Bradshaw lecture will be delivered by Dr. Gowers. He will pursue the line of investigation opened by his Bowman lecture at the Ophthalmological Congress some years ago, by taking up the subject of the subjective Sensations of Sound. Dr. Sidney Martin is appointed the Croonian lecturer, Dr. Charlton Bastian, the Lumlean lecturer, and Dr. Luff the Gulstonian lecturer.

The Good Service Reward.

The Queen has approved of the vacant Good Service Reward of £100 for the Army Medical Staff being conferred upon Surgeon-Major-General E. C. Markey, C.B., Principal Medical Officer of the Southern District. He has upwards of 37 years' service, and has taken part in the Afghan Campaign, 1878-80; the Soudan Expedition, 1884-5; and the Chin Lushai Expedition, 1889-90. For each of these campaigns he was mentioned in despatches, and for the last-named was created C.B.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 23, 1896.

DOCTORS AND PHARMACISTS.

THE paper read by Dr. Bateman at the recent meeting of the British Medical Association has given prominence to the consideration of the relation of our profession to the pharmaceutist, and it has especially directed attention to the increase of counter-prescribing. This is a very large question, and, moreover, it is increasing in importance so rapidly that some legislative settlement of the dispute cannot be far off, yet it must be confessed that it appears to be a well-nigh hopeless task to devise an arrangement which will satisfy the conflicting interests of the public, the medical profession, and the prescribing chemists. The general practitioner insists that the chemist, being uneducated in medicine, and, presumably, ignorant of that art, and, therefore, dangerous to the public, not only by reason of the ignorance, but by reason of the circumstances under which his prescribing is carried on, should be forbidden by law to prescribe under any circumstances. The chemist replies that he is no more ignorant of doctoring than the doctor is, as a general rule, of pharmacy, and that the chemist is no more likely to do harm by his attempt at diagnosis and therapeusis than the doctor is by his ineffective efforts to dispense correctly the medicines which he prescribes, and he adds that, in any case, the chemist will continue to counter-prescribe as long as the doctor continues to counter-dispense and to sell medicines. We admit there is some truth in this *tu quoque*, and we deplore the existence of circumstances which seem to make it impossible that doctors shall strictly abstain from dispensing medicines to their own patients, and that chemists shall similarly abstain from prescribing for doctors' patients. We unhesitatingly assent to the proposition that, were it attainable, there should be an absolute divorce between prescribing and dispensing, and we think it anything but respectable that medical practitioners should be in the habit of making a large profit out of the drugs which they find it necessary to prescribe for their patients. Such a system is vicious in principle and degrading in practice, and ought not to continue a moment longer than it is avoidable, and for that reason we should be ready to advocate the repeal of the clause in the Medical Act which provides for the privilege of medical practitioners to dispense, if we had reason to hope that the public could do without doctor-dispensing, and that the chemists would be willing to be restrained from counter-prescribing. This is not, however, a controversy between doctors and chemists. It is much more largely a question for the public, who demand the right to consult chemist, doctor, or quack, as they please, and who plead that, in the case of minor ailments amongst the humbler, yet not pauper classes, it is not always either possible or necessary that a fee, however small, should be paid to a doctor. We are not prepared to accept either of these propositions, because we cannot admit that an individual ought to be endowed with the right to subject himself or his child to the risk of counter-prescribing as it exists, nor can we admit that competent medical advice is not accessible to any individual, however poor. Without being at all disposed to exalt the ministrations of the out-patient dispensaries of the hospitals, or of the sixpenny practitioner's patients' room, or of the provincial Poor-law medical system, we can say, without hesitation, that any of them are cheaper and better than the counter of the prescribing chemist. Therefore, if we had to consider simply the practice of large towns no working difficulty would arise in enforcing a law against the practice of medicine by chemists or other unqualified practitioners, yet we fail to see how disease could be effectually combatted in remote country districts unless the doctor was allowed to dispense medicines to his patients. In such places the services of a chemist-dispenser are, as a rule, not to be had, nor would it pay any trader to set up shop if his business were strictly limited to dispensing the prescriptions of practitioners and to the correlative business of drug selling. Therefore it may be assumed that, in such districts, the doctor must, for a long future, continue to fill the double *rôle* of prescriber and pharmaceutist. Nevertheless we look forward to the time when, in all large centres of population, the general practitioner and the chemist will see it to his mutual advantage to restrict themselves, each to his own legitimate sphere of action, and that thus, without the interven-

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tion of Parliament, each shall divest himself of functions which do not belong to him and in which he cannot pretend to be competent.

SIR JOSEPH LISTER'S ADDRESS.

The year 1896 has been made remarkable in the annals of the British Association for the Advancement of Science by the Presidency of a medical man, Sir Joseph Lister. The address delivered by that distinguished surgeon at Liverpool last week was more than worthy of the long line of brilliant utterances that have issued from the same chair. In simple language and logical discourse he dealt with the main discoveries that have engaged the attention of the medical world during the last half century. The absolute interdependence of science and the healing art he illustrated by the wonderful application of the Röntgen rays, whereby a dislocation of the elbow was diagnosed from a fracture with as much ease and certainty as a coin was detected in a gullet, and afterwards proved to be absent from an abdomen. The fact that the present time is the jubilee of the introduction of anæsthesia into surgery afforded him an opportunity of reviewing the enormous benefits conferred upon mankind by that inestimable boon. He, of course, referred to the historical occasion when Dr. W. T. G. Morton, of Boston, on September 30th, 1846, extracted a tooth painlessly from a patient whom he had caused to inhale the vapour of sulphuric ether. He also referred to the fact, by no means so widely known, that in the first year of this nineteeth century Sir Humphrey Davy, having relieved a toothache by means of laughing-gas, threw out the suggestion that it might, perhaps, be used for preventing pain in surgical operations. Turning next to his *magnum opus*, the discovery of the antiseptic system of wound treatment, he traced the fermentation researches of Pasteur that were the starting point of his own great generalisation. The main facts of his interesting narrative are well-known to medical men, and need not be further entered into here. At the same time, several of his remarks have both a general and a special interest. Thus, in speaking of the vast difference of result that formerly existed between simple and compound fractures, he mentioned the fact that Syme, "the safest surgeon of his day," once told him that "he was inclined to think that it would, on the whole, be better if all compound fractures of the leg were subjected to amputation, without any attempt to save the limb." He himself had seen a man with compound fracture of the leg die within two days of the accident, "as plainly poisoned by the products of putrefaction as if he had taken a dose of some potent toxic drug." He touched incidentally on the erroneous doctrine of Liebig that putrefaction in wounds was due to atmospheric oxygen, a theory which made any preventive method hopeless, at any rate while absorbent and porous dressings were used. At the outset of his experiments he obtained from his colleague, Dr. Anderson, Professor of Chemistry at Glasgow, some carbolic acid, "then little more than a chemical curiosity in Scotland," because he had heard of its remarkable power in deodorising sewage. With further developments of the "chemical curiosity" our readers will be sufficiently familiar. Probably, however, they will not be quite prepared for the further statement of the learned President as to that substance. "Of the various materials," he said, "which have been employed by myself and others, and their modes of application, I need say nothing, except to express my belief, as a matter of long experience, that carbolic acid, by virtue of its powerful affinity for the epidermis and oily matters associated with it, and also its great penetrating power, is still the best agent at our disposal for purifying the skin around the wound." It is not our intention to follow Sir Joseph through the rest of his remarks: suffice it to say that his whole address was an abundantly clear demonstration of the interdependence of science and surgery. As President of the Royal Society he was specially entitled to insist upon that relationship. His position as President of the British Association is somewhat peculiar, as that body has no section devoted to medicine. Moreover, his published utterances, even to his professional brethren, have been singularly few, so that a great public speech like that at Liverpool comes with the freshness of almost complete novelty. His reasons for not having hitherto acceded to the frequent request to address a general audience were, to use his own words, "partly because the details are so entirely technical, but chiefly because I have felt an invincible repugnance to what might seem to savour of self-advertisement." The British Association may be congratulated upon having had as their President for 1896 one who has probably done more solid good for the relief of suffering humanity than any single individual that has ever existed, or for that matter, is ever likely to exist.

OXYGEN AND WHISKY.

We are almost daily reminded of the great benefits the science of chemistry confers on society, now in a humanitarian, and again in a commercial sense. This truth is most forcibly brought before us when we consider the details of some late applications of pure oxygen to man's many wants. It has long been known that spirits contain a certain amount of injurious compounds grouped under the general name of fusel oil, but which differ greatly in their chemical history; the most constant and characteristic of these being amylic or pentylic alcohol in combination with ethylic or ordinary alcohol. Fusel oil is undoubtedly poisonous has a disagreeable, burning taste, and proves highly intoxicating, besides, as a general rule, being hurtful to animal tissues. It is quite possible by long and expensive processes to get rid of fusel oil by repeated distillation. But such a course of proceedings carried to its extreme is decidedly prejudicial to the quality of whisky. To obviate the dangers thus besetting the path of the distiller, the ordinary method is to lay down whiskies in wooden casks. Some very decided chemical action at once commences, and these natural processes, although extremely slow, eventually trans-

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form the fusel oil left in the spirit into benign essential compounds which have a different chemical history, and remaining diffused in the spirit, gave it a characteristic flavour and smell. This slow process of transformation is due to oxidation. The oxygen of the air penetrating through the wood and corks, at once commences its chemical work. Medical men who have studied the question, and, for the most part, advocated the moderate use of stimulants in many diseases and for the debilitated or aged, are constantly troubled with the fear of harmful effects of new spirits containing fusel oil. Taking whisky as the spirit most familiar to the British medical man, we know that it contains much of these crude compounds, and that however carefully the whisky may be prepared much remains behind, and can only be considered a perfectly fit hygienic beverage after several years. Cheap spirits contain more fusel oil, and are rarely kept long in the cellar of the distiller or spirit merchant. The consequence of the demand for strong and cheap spirits is that immatured whiskies are placed on the market, and alcoholic poisoning of an aggravated description becomes quite a common experience in the practice of most medical men. Yet the spirit thus consumed is not really bad, it only requires time to make it palatable and safe. When, therefore, science offers us a sure way of compelling the natural chemical processes of oxidation to take place very rapidly, at a cheap rate, and without harming the quality of the spirit, we must allow that chemistry has gained one more triumph. And this has been done. Experiments were made with pure oxygen extracted from the air by a modification of Boussaingault's process, stored at high pressure in platinum-lined cylinders forcing the gas into samples of new whiskies. The results of these experiments were successful beyond cavil. Taking a whisky containing much fusel oil, oxygen (at about 15lb. to the square inch) was added, and in a few days the fusel oil was reduced by ninety-five per cent. This was no disguising of the oils, but a perfectly satisfactory chemical change. The oxygen thus introduced in large quantity had simply done the work in a few days which is usefully performed by the oxygen of the atmostphere in as many years. The fusel oil had been transformed into the well-known essential flavouring and scented compounds. Here, then, by introducing oxygen, new spirit was made perfectly safe, we might almost say instantaneously, and the whisky gained its admired bouquet. In whatever way we look at the matter, we must acknowledge a valuable triumph. When we investigated the matter, then in its experimental stage, we found that the process was cheap, and could easily be carried out. Of course, the process would be applicable to all alcoholic liquids, though with wines and other less simple compounds the effects were not so rapid or marked. We may, therefore, suppose that other chemical processes are necessary for the proper maturing of wines; and this need not surprise us, when we consider the complexity and variability of all wines. Even here, however, oxygen artificially introduced does much to improve new wines, but as a maturing agent for spirits, oxydisation should be accepted as a welcome fact.

Notes on Current Topics.

Board of Trade Notions on Ship Medicines.

MUCH light has been thrown by the Liverpool *Journal of Commerce* upon a subject with which it is especially competent to deal, and which is of much interest not only to our profession, but to all travellers. It is complained that the Board of Trade issues orders as to the nature and amount of medicines to be carried by ships, which orders, if they be as the *Journal* represents, display an astonishing combination of officialism, ignorance, and dullness of comprehension on the part of those who issued them. The *Journal* says that:

"Shipowners find themselves forced to put on board medical stores which are satisfactory neither to the surgeon (if there is one), nor the captain, nor the patients Let us suppose a ship carrying between 50 and 100 steerage passengers, the medicine chest—if we may call that a chest which would require a large cabin to accommodate its contents—would contain no less than 113 different medicines, besides 44 different kinds of sundries—from splints to a stomach pump, and also an armament of surgical instruments not very different, in quantity at least, from that which a large civil hospital would possess. But while the ship's doctor is supposed to be ready to use all these instruments in a skilful manner, he is not credited with the knowledge of the nature and doses of the medicines, and accordingly he must be supplied with a "British Pharmacopœia." But this is not sufficient; the Board of Trade order that the surgeon shall be provided also with the "Authorised Book of Directions for Medicine Chests." This the surgeon will soon find, to his great surprise, applies only to a medicine chest on a totally different scale — that for ships where a surgeon is not obligatory, and he will perceive also that it uses a different system of measures from that authorised by the "British Pharmacopœia," the only legal system, the only one which he knows. Thus he has a medicine chest according to a scale which specifies "the weights and measures of the 'British Pharmacopœia' to be used," and a book of directions to the chest, which belongs to another chest, and uses a different, and we might say illegal, system of measures. This is a bad beginning, but examination of the scale of medical stores reveals a system of blunder from beginning to end. A number of practically useless medicines appear in the scale, while many medicines in common daily use by every doctor are omitted. Thus, slacked lime has to be carried in quantity sufficient to make nearly 30 gallons of lime-water, while there is not a drop of chlorodyne. Three ounces of camphor are supplied, probably to keep moth from the surgeon's wardrobe, while there is not a grain of rhubarb or of magnesia for a child requiring those familiar corrective medicines, not a seidlitz powder, nor the materials for making one. It is strictly laid down that all pills are to be coated with gelatine, doubtless in order to make them stick into a mass in hot damp weather; and that all bottles shall have glass stoppers to jump out or to stick tight and be broken off, instead of the common but effective cork so much preferable in at least nine cases out of ten. As we go on we stumble over endless blunders. We find vaseline decorated with the elegant name of "Salvo Petrolia," and specified as soft paraffin, without a thought of the well-known fact that it, as well as most of the seven other ointments ordered, will run into fluid oil as soon as the ship gets into the tropics for want of being hardened with a due proportion of paraffin wax. We find "sublimated wood wool" for antiseptic dressings, but not a scrap of the common absorbent cotton wool so constantly used in every surgery. Instead of the familiar and excellent gutta-percha tissue,

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we find the old-fashioned oil-silk, certain to stick in a gummy mass in hot climates. The armament of surgical instruments comprises those necessary for trepanning the skull, for aspirating the liver, for tracheotomy, for aneurism, and other such operations certainly not required once in a thousand voyages. Such is the scale issued by the Board of Trade (revised August, 1896). From beginning to end we find few and doubtful traces of any practical knowledge of the medical requirements on shipboard, but many glaring instances of the want of it."

This is a heavy indictment of the Medical Department of the Board of Trade, and the more so because everyone possessing common sense, not to speak of medical knowledge, must agree with it. It is an extraordinary condition of affairs that the all-suffering British taxpayer cannot obtain, by the payment of profusely liberal salaries, the same services which any trader could buy with a ten-pound note, which modest sum, we believe, would be considered sufficient by the average pharmacist and therapeutist for the preparation of a list of ship medicines suitable for its purpose.

The Marriage of Cardiac Subjects.

In the vast majority of instances, young women who are affected with heart disease marry, if they get the chance, without consulting the family doctor in reference to their physical suitability for the married state. Nevertheless, the influence of marriage and pregnancy on such patients is a matter of considerable interest to the practitioner, whose advice is occasionally sought by anxious parents or the circumspect and not wholly blinded lover. Daily experience proves that even comparatively advanced heart disease is compatible with repeated pregnancy and normal labour, and the ease with which these patients, or some of them, withstand the drain of pregnancy and the strain of labour is often a matter for surprise. This fact, however, hardly justifies the assumption that pregnancy is not liable to cause serious circulatory disturbance by reason of the extra work thrown upon the heart. The likelihood of cardio-pulmonary complications is determined by what we may term the "margin of compensation." Repeated pregnancies unquestionably have a disastrous effect on a previously-diseased heart, culminating, sooner or later, in asystole. This is most frequently the case in patients presenting pronounced lesions of the mitral valves, the extra strain thrown on the pulmonary circulation early giving rise to dyspnœa and hæmoptysis. Whenever these symptoms have already been observed, marriage, or pregnancy, at any rate, should be disadvised. It is obvious that if the "margin of compensation" falls short of the force required to carry on the circulation under ordinary circumstances, the defect is likely to be enhanced by additional demands on the circulatory apparatus. If, on inquiry, the conditions appear to be favourable, marriage may be assented to on condition that the state of the heart be carefully watched, and that the patient promise to observe the rules laid down for her guidance. One of the most important rules in this respect is the strict avoidance of fatigue and exposure when pregnancy takes place. Dr. Jaccond lays great stress on the importance of a mixed milk diet, rigorously applied from the second or third month of pregnancy. In virtue of its diuretic action it constitues a powerful aid to the circulation, and thus averts the numerous and dangerous complications which circulatory failure and venous stasis entail under the special conditions. The patient should always be frankly informed of the extra risks which marriage involves to those suffering from organic disease of the heart, for it can hardly be doubted that the effect of repeated pregnancy in such subjects is to accelerate cardiac degeneration and hasten the advent of asystole. This is about all the medical man can do, for the proportion of cardiacs among marriageable females is too large for it to be practicable, or even desirable, to exclude them from their natural career as wives and mothers.

Scarlet Fever at Health Resorts.

It is easy enough to understand the reticence of local authorities at health resorts in presence of an outbreak of infectious disease. In this country the adoption of the Notification Act has rendered secrecy difficult, if not impossible, but in foreign towns no such salutary safeguard is available, and officials and citizens alike join in a conspiracy of silence, fatal to confidence even when the rumour is declared to be false and favourable to exaggeration when the truth has leaked out. The sooner the responsible authorities grasp this fact the better will it be for those whom they govern. The scare inaugurated by a recent letter in the *Times* anent the existence of scarlet fever at Interlaken is an example in point. The outbreak began, as such outbreaks usually begin, with an imported case, but instead of taking the necessary steps to isolate the patient and prevent its spread, the matter is hushed up and visitors are allowed to come and go, in blissful ignorance of the risks they are incurring. Fortunately for the Interlaken hotels the warning comes quite at the fag end of the season, a season probably the worst on record, on account of the rain which for some months past has converted Switzerland into a paradise of ponds, cataracts, and puddles. Let us hope that this disagreeable experience will impress upon the authorities the desirability of establishing an isolation hospital, or an isolation hotel, at all frequented resorts. The habit English-speaking people have of ventilating their grievances in the public press renders concealment impracticable, and the only way to inspire and retain the confidence of the travelling public is to make proper provision for the isolation and treatment of visitors and others unfortunate enough to be stricken by an infectious malady.

Late Reports of Medical Officers of Health.

The appearance in September of the report of the Medical Officer of Wolverhampton for the year 1895 raises the question of the delay in presenting so important a public document. It may be that, as a local newspaper suggests, the official in question is overworked, but even that explanation hardly accounts for the publication in September of what should appear in January. However, a similar spirit of tardiness

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seems to pervade the whole sanitary service; for instance, in several Metropolitan districts the annual report for last year has been issued only within a few weeks of the present time. The Local Government Board has the power of making a substantial decrease in the salary of any Medical Officer of Health who does not make his annual report within a certain specified time after January 1st. But the Board, it need hardly be said, is never likely to take any decisive steps in the matter. It has, indeed, issued a mild circular appeal to those concerned, with results such as those above hinted at. What we want is a vertebrate Local Government Board, capable of taking up the reins of a vigorous public health administration.

The Army Medical Department.

THE Army Medical Department is said to be about forty Surgeon-Captains short, a number which is being still further increased by almost daily resignations. This state of affairs alone should suffice to warn the Whitehall authorities of the imperative need of overhaul of that branch of the service. Under present regulations, a Medical Officer in India is reported, on good authority, actually to lose to the extent of £50 a year during his stay in that attractive portion of the British Empire. But we take it that one of the most galling points in the situation is the supercilious social attitude, for the most part, assumed by the combatant officers. The newly-fledged Army Medical, who is, in nine cases out of ten, a man of liberal education and decent social position, finds himself the only medical man on a station. He is admitted, not as a right but upon sufferance, to the officers' mess, and is thus at once introduced to the system of arrogant social snobbishness with which the British Army is still cursed, at any rate, so far as its medical branch is concerned. What wonder if the medical schools now warn all students against choosing the Army as the scene of their future career. It will be interesting to observe what impression the dearth of candidates, as witness the recent rush of twenty-five men for twenty-five posts, will have on the heads of the Department.

The Italian Colony in London.

IT is time some effectual steps were taken to purge the metropolis of the plague spot that has fastened on its vitals in the Saffron Hill quarter of Holborn. As everyone knows, the locality in question forms the chosen abode of a colony of Italians, who, for the most part, follow such callings as itinerant musicians and plaster cast or ice vendors. The social habits of these immigrants are simply appalling, and constitute an open invitation to the incoming and spread of disease. What can be more repulsive than the way in which these folks make the ices that they sell in the streets? We have long since been told how they store milk in their filthy tenement rooms and use water from foul cisterns, and how both ices and raw materials are found to swarm with bacteria. Yet they are allowed to live on at Saffron Hill, and apparently to flout the Sanitary Authorities of Holborn at their own sweet will. A week since, an asphalter, hailing from the happy colony, gave evidence at an inquest that his child had died of diphtheria, that his wife had gone to hospital suffering from the same complaint, and that several other of his children were affected. The sanitary inspector testified to the shocking state of the dwelling, which, by the way, was situated over a beerhouse.

The Heywood Schools and the Education Department.

A FEW weeks since we commented on an extraordinary conflict of official testimony that had occurred with regard to the St. John's Schools at Heywood, near Manchester. Readers may remember that the sanitary state of the school had been adversely commented upon by the Medical Officer of Health of the town, and by his sanitary inspector. The Education Department sent down an official, who made a favourable report on the state of the schools. The Heywood Health Committee then made public the local reports, and virtually challenged the Government officials to substantiate their view of the matter. In our previous comments, we pointed out that the dispute was one about facts, which could and should form the subject of immediate and independent investigation. We also asked what was the name and sanitary status of the inspector sent down by the Education Department to make the report. It now appears that in accordance with a request the Town Clerk of Heywood has forwarded copies of the local sanitary report to Whitehall, and has twice written thither for the Government officer's report. That reasonable demand has hitherto met with no response. It seems to us that such a policy is radically wrong. If the Department is in the right, it has nothing to fear from furnishing the information; if in the wrong, it had better own to it at once, as the matter must now be sifted to the bottom.

Coroners' Diagnosis.

IT has often been remarked that the less a judge knows of law, and the less experience he has had of the methods of procedure, the more liberal he is in his talk and the more ready to deliver undigested opinions from the bench. We find an illustration of this occurring at an inquest at Mitchelstown, on the body of a man who fell off a cart and died two days afterwards in the workhouse. The Coroner, a non-medical gentleman, named Rice, had conceived the theory that the man had died from fracture of the skull or other cerebral injury, and he at first refused the doctor's evidence that the death resulted from syncope, and tried his best to bully the doctor to change his judgment as to the cause of death. But, obviously, the Coroner did not know what he was talking about, for the doctor swore that the patient was perfectly conscious for two days, and showed no symptoms of cerebral lesion up to a few minutes before his death, which occurred quite unexpectedly, and was accompanied by fainting. It seems to us that Coroners would serve the ends of justice if they would confine themselves to hearing the evidence and submitting it to the jury, and would abstain from assuming that they know

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everything, and that it is their duty to thrust their own opinions upon everyone.

The Contagious Diseases Acts in India.

It is very satisfactory for us to be able to record that the Government has made up its mind to institute an inquiry respecting the appalling increase of venereal disease in India since the piosity-at-any-price party induced Lord Hartington to practically repeal the Acts for the protection of the soldier against the ravages of these diseases. Unlike the subject of vaccination, this is a subject upon which the public mind is, simply for want of information, somewhat unsettled. We do not entertain the least doubt that a thorough investigation of the facts will establish, beyond the possibility of dispute, the immense benefits, moral, physical, financial, and social, which accrued from the operation of these Acts when they were in force, and which would be likely to repeat themselves if the efficacy of the law were restored. Of course, the faddists who resist this form of legislation will not be convinced, chiefly because they will, as heretofore, refuse to read, or think, or learn, but it is to be hoped that the national interests will not any longer wait upon *them*.

Clifton Suspension Bridge—Another Survivor.

An extraordinary occurrence was reported last week from Bristol. As many of our readers know, the Suspension Bridge of the adjoining suburb of Clifton crosses the Avon at a height of about 250 feet. A sailor going down the river is stated to have had his attention drawn by a splash, and found that a child had fallen into the water from the bridge above. A child's voice was then heard calling "Don't, Daddy, don't," and a moment later a second child shot down into the river. Both children were alive when rescued from the water, and, marvellous to relate, one is expected to live. This is the second instance in which a human being has survived this fearful leap out of a long line of successive suicides and homicides. The former case was that of a young woman, who, some ten years since, jumped off the same bridge. The wind was high, and her petticoats acted as a kind of parachute. She fell into the mud and not into the water, which, by the way, makes her escape all the more remarkable. The only serious injury she received was a fracture of the upper part of the breast bone, where the chin was driven into the chest by the violence of the fall, an injury which it need hardly be remarked, is extremely rare. In another instance, a man who fell into the mud on the river bank was seen to move, but the movements were thought at the time by scientific men to be of a reflex nature. These occurrences have quite upset the old theory that in the case of a human subject the mere fall through a long distance was sufficient to destroy life.

The Insanitation of Belfast.

The agitation, arising out of the high death-rate of Belfast, to which we referred in a recent issue, has resulted in an official inquiry by the Sub-committee of the City Council. The evidence taken before that Committee establishes the fact that the municipal and hygienic administration of the town is not only no better, but apparently a good deal worse than that of others. It has none of the difficulties of sanitation incident to very old towns, such as Dublin, and yet it is dirty and neglected. Many hundreds of the houses have been run up by jerry builders upon foundations of a few inches of concrete, set without any intervening stratum upon ground "made" of ashpit refuse. Many hundreds of the houses are without any back entrance, and it was sworn by an officer of the City Surveyors' Department that if the smoke test were applied to the sewers it is probable that not one-half of them would stand it. This would be a nice state of affairs for any town, however humble, but that it can be predicated of Belfast is an astonishing revelation. Belfast, the municipality which has been held up as an exampler to reflect the light of wisdom and virtue upon all other Town Councils—Belfast, the model upon which Dublin municipal administration, financial, sanitary, and constructive ought to follow humbly and *longo intervallo*. The city excels as it always claimed to do, but the excellence, as far as sanitation is concerned, seems to be a pre-eminence of dirt, negligence and jobbery.

Sanitary Darkness at Reigate.

If the correspondence that is going on in the *Surrey Mirror* may be trusted, the public health of the Reigate district must indeed be in a parlous condition. One gentleman, who is specially active in local reforms, has dwelt with emphatic detail upon the environment of Meadville in the three important matters of water supply, the control of infectious diseases, and sanitary inspection. As regards the last mentioned point, it would seem that the duties of sanitary inspector are discharged by an officer who holds a large number of similar appointments, whereas, the work is enough to occupy fully the whole time of an active and competent man. The Reigate ratepayers will do well to thresh this subject out to the bitter end. In a district that depends so largely on wealthy and well-to-do residents the maintenance of a high standard of public health is absolutely imperative. To have a backward sanitary administration nowadays is to take a considerable step in the downward path that lapses so readily to perdition.

The Trades Union Congress on Colour-Blindness.

The wiseacres who have undertaken to re-organise the commerce of the Empire, and to force the selfish interests of their class upon employers and public, have passed the following resolution:—

"That this congress condemns the practice of some railway companies in subjecting their men to scientific tests at the hands of officials incompetent to apply them instead of practical tests with day and night signals. It, therefore, requests the committee to approach the Board of Trade with the view of securing the appointment of duly qualified persons to test the accuracy of the men's vision."

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The paid agitator who proposed this manifesto expressed the opinion that, for the safety of the public, it would be quite sufficient to ascertain whether a signalman, driver, or seaman can distinguish brilliant red from brilliant green. Obviously, he is quite ignorant of the fact that an individual may have this amount of sight, and yet be, to all intents, colour-blind and dangerous. The impudence of a person whose knowledge is so limited describing the scientists who are charged with the examination of signalmen as "incompetent officials" is characteristic of the arrogance with which this class of agitator tries to force his misconceptions upon the world.

"Temperance" Beer.

THE evidence given by the Inland Revenue Officer at a recent prosecution at Preston, though it is only a repetition of testimony given many times previously, is interesting. The prosecution was against a grocer for selling a beverage containing more than the allowable proportion of alcohol, the liquid being a "temperance beer." The Inland Revenue Officer said that, in Preston alone, he believed that there were 500 vendors selling drink under the names of herb beer, horehound beer, &c., most of which contained as much or more alcohol than ordinary public-house beer. He added a dreadful slander, *i.e.*, that "the more alcohol there was in it the more the temperance people liked it and the better it sold." It appeared that the wholesale makers of this stuff cannot be got at because they send it out to the retailer before it ferments, and, therefore, before it contains any alcohol, but within a few days the fermentative effect has been produced and the beer is acceptable to the teetotaller.

The Dentists and Chemists.

THE *Chemist and Druggist* has obtained the opinion of a solicitor on the recent judgment of the Cardiff Stipendiary who convicted an unregistered chemist for practising dentistry. That opinion, quite remarkably, was in favour of the *Chemist and Druggist*. Our contemporary, thereupon, sends a challenge to the Secretary of the British Dental Association to try a test case, and offers to facilitate that procedure in every way. The challenge is, as Dickens phrases it, "under consideration." Meanwhile, the chemists' fighting fund does not accumulate as rapidly as might be desired. Certain sums have come in, but £55 has been withdrawn, and only £110 remains in the coffer, which, the editor says, "makes him peacefully disposed."

What is Anti-Diptheritic Serum Worth?

A COMPARISON of the results of reported cases of treatment of diphtheria all over the world has been published by Professor Loddo. Fifty-three hospitals which give the relative recoveries with and witnout serum place the former death-rate at 20 per cent., and the latter at 44·3 per cent., and the results of nearly 4,000 private cases which the Professor collected showed a reduced mortality of 7·8 per cent. But Professor Loddo appears to have been somewhat sceptical as to the reliability of these figures, apprehending that, while the serum fashion is predominant, a large excess of successes might be reported, and he, therefore, collected 3,000 cases which he thought might be free from this influence, and in them he found that the mortality was 23·4 per cent. Obviously, the statistics of cures from new remedies must be read with a good deal of caution and be flavoured with a large modicum of salt.

Sanitation and Law.

A MOST interesting and important suit, which involved the liability of a sanitary authority, was tried at the last Birmingham Assizes. The representatives of a gentleman who had died, as alleged, of insanitation, sued the local authority because they considered that the death was caused by the delivery of a ventilation shaft by it into a chimney of the deceased's private house. They jury agreed to that view and awarded damages to the substantial extent of £3,500. This judgment disposes, for ever, of this method of sewer ventilation for, though it may be effective and possibly innocuous, it is manifest that no sanitary authority could face the risk of unlimited actions for damages on the part of those whose chimneys had been used as ventilation shafts.

Diphtheria.

THE French Government seems to be thoroughly alive to the necessity of providing for the bacteriological diagnosis of diphtheria. It has arranged to supply specially prepared bottles to practitioners in order that they may forward specimens to the municipal laboratory, and, if they do so, a written report upon the contents is returned to them within twenty-four hours without any cost whatever.

Falsification of a Death Certificate.

A SHOPKEEPER in Newry has been sent for trial upon a charge of having falsified a death certificate by changing the length of the illness of the deceased from eight months to three months. The suggestion of the prosecution is that the alteration was effected for the purpose of deceiving an insurance company with which the patient is alleged to have been insured when he was in "galloping consumption."

Quarantine.

THE Public Health Act of last session has finally abolished quarantine as far as the United Kingdom is concerned. It repeals all the Quarantine Acts and transfers to the Local Government Boards for the three divisions of the kingdom the power of making regulations for the preservation of the public health including such detention of ships and persons as may be considered necessary.

How Hydrophobia is Diagnosed.

WE find the following in the report of the proceedings of a North of Ireland Board of Guardians :—The Board's Inspector under the Contagious Diseases (Animals) Act, wrote stating that it had been reported to him by the Constabulary that a boy had been

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bitten by a stray dog supposed to be rabid. He at once drove to the place in question, but *could find no trace of the dog, but from what he had learned of its movements he was pretty well convinced that the dog was rabid.*

Assault on an Irish Dispensary Doctor.

Last week Dr. O'Rourke, the recently appointed Medical Officer of the Ballyconnell Dispensary District went to see a patient. When some distance from town he was attacked by a party of men who assaulted him and the cardriver, and took possession of the horse and car. Dr. O'Rourke was rendered unconscious from the effects of the beating.

Fire at Paisley Asylum.

An alarming fire broke out last week in the sick ward of the Riccartsbar Asylum, Paisley. At the time there were fourteen helpless lunatics in the ward, who were cut off from the main building by a passage which was in flames. Fortunately, however, the warders were equal to the emergency, and promptly removed all the patients by the windows, after which they extinguished the fire before the arrival of the fire brigade. The promptitude with which the outbreak was taken in hand reflects great credit on the staff of the Asylum. There is a nameless horror about a fire in a madhouse that might well unnerve the bravest and best disciplined men. We have only to recall the terrible experiences of occurrences of the kind in foreign asylums, notably in one a few years ago in the United States, to realise what a calamity has been avoided at Paisley.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

"HOW BRITISH LAW PROTECTS THE GENERAL PRACTITIONER."

To the Editor of The Medical Press and Circular.

Sir,—On behalf of the Medical Defence Union, I have to thank you for your excellent criticism of the judgment in the "Oculist and Aurist" prosecution at Leeds, lately conducted by the Council. As you state in your columns it was a test case, and the result has further proved the almost absolute immunity which unqualified practitioners possess under the Act of 1858. We certainly owe very little thanks to those who drafted that Act, and permitted Clause 40 to stand as it did and does. The General Medical Council last session was petitioned by us to do all in its power to obtain from the Government fresh and more useful legislation. Our petition exposes the present Act thoroughly, and it was naturally thought it would have been discussed in public by members of the Council. The debate was, however, held *in camera*, and after consultation with their legal advisers the General Medical Council decided to do nothing, and were supported, or perhaps guided in this "masterly inactivity" by Mr. Muir Mackenzie, their standing counsel, who stated "that merely to propose legislation for the purpose of more easily securing convictions under that Section (see 40) is I venture to suggest to the Council, inexpedient."

Considering that the only possible way to secure protection of the public and to safeguard the interests of the medical profession is by prosecuting successfully unqualified practitioners, it is difficult to understand this opinion given by Mr. Muir Mackenzie. Unqualified lawyers, or even qualified lawyers, who fail to take out their annual certificates, are dealt with promptly and efficiently by the law, and no one will hold, surely, that the public is endangered so much by an uncertificated solicitor as it would be by an unqualified practitioner of medicine. It is true that in the former case property might be endangered, and in the latter health, or even life; but in this country, in the eyes of the law, life is of less importance than property. As the Medical Council, which by the direct association with the Privy Council and the Government is the proper authority to act, will do nothing, it is essential that the powerful voices of members of the profession generally should be heard in this question of such vital importance. It is proposed that during the autumn a public meeting should be held in London or elsewhere at which the faulty nature of the present Medical and Dental Acts should be discussed, and proper steps taken to bring due pressure upon the Government to amend the Acts, so that the public and the practitioner should be protected equally and securely against the unqualified. The absurdity, for example, of a man being permitted to use the title "Oculist and Aurist" and to practise as an ophthalmic and aural surgeon without any qualifications whatever, is apparent to all, and would secure legislation if the matter were properly brought before the House of Commons. Any of your readers who are interested in this question and would be willing to attend a public meeting and to discuss this question of Reform of the Medical Acts, I shall be glad to communicate with, if they will kindly address me at the office of the Medical Defence Union.

I am, Sir, yours, &c.,
A. G. Bateman.

Medical Defence Union,
20 King William St., W.C.

To the Editor of the Medical Press and Circular.

Sir,—Whilst considering the questions which you have broached in your able and interesting leader of Sept. 9th, it is necessary to bear in mind one solid fact. This fact is, that it is absolutely out of the question to believe that the Legislature will ever seriously entertain any project of law having for its sole object protection of the interests of members of the medical profession. For successful promotion of any new Act of Parliament dealing with quackery outside the profession, and limiting or preventing practice for gain by unqualified pretenders, it will be necessary to prove to the satisfaction of law-makers that the evils complained of are hurtful to the public, and it is to this question that reformers of this department of medical law ought seriously to devote themselves.

That quackery hurts the public more than the profession is, I believe, capable of clear proof, and, indeed, I hold that it is at least extremely doubtful whether—confined within the present limitations, wide though these may be, which at present restrict it—quackery (including trade in quack medicines) is not ultimately a source of profit to legitimate practitioners.

Quackery forms a potent factor in deterioration of the public health, and of this proof may be found among the out-patients of any hospital. Among these may easily be discovered numbers of children with constitutions ruined through systematic drugging with quack "teething medicines"; and hosts of adults with simple maladies rendered chronic, and serious diseases made hopeless through delay whilst relying upon fraudulent nostrums and panaceas.

Victims of consumption and cancer curers and rupture doctors, and of many such species of quacks, will be found in numbers; besides a large class of nervous sufferers afflicted only with slight functional disorders, but converted into confirmed hypochondriacs, or *malades imaginaires*, through having their attention fixed upon morbid sensations by quackery in one form or another. The obscene sexual and venereal quack is responsible for a vast amount of human misery of this latter variety.

If these facts are most readily exemplified and proved in hospital practice, they are hardly less easy of demonstration in other departments; indeed, similar classes of invalids are almost as numerous and as easily discoverable among the well-to-do as among the poor. Now, of these classes of invalids with ailments manufactured or aggravated by quackery, the vast majority in the end gravitate into the hands of qualified men, and thus money which would not be otherwise earned is put into the pocket of the profession.

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It may perhaps be impossible to prove the entire unselfishness of the medical profession in seeking to put an end to the most glaring of evils and abuses due to defective laws which at present exist, but it is surely possible to demonstrate that increased stringency of medical laws would act at any rate in the main for the benefit of the public and particularly of these classes—the weak, simple, and friendless—who have most claim upon the protection of the State. It is, it seems to me, considerations of this kind which ought not to be lost sight of in agitating for amendment of the Medical Acts, and which it is to be hoped will not be overlooked by the Medical Defence Union in carrying on the valuable work which they have so energetically taken in hand.

I am, Sir, yours, &c.,
A. REFORMER.

September 10th, 1896

HOSPITAL REFORM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel obliged if you will allow me to inform your readers that arrangements have been made to hold a meeting in London of gentlemen interested in this important subject at the offices of the Medical Defence Union, at 20 King William Street, Strand, on Thursday, October 1st, at 3 p.m. From the communications I have received, I am led to hope that the formation of a Hospital Reform Association will be welcomed by a large number of the profession.

The question of hospital abuse is of such importance, not only to the public, but also to the managers of hospitals and to the medical profession, that it seems to deserve the undivided attention of a large class of the community. It is only by patient investigation, by prudent action, and by carefully considered measures that the evils of the present system can be remedied.

It is to be sincerely hoped that those gentlemen who have given considerable time and attention to this subject will see their way to join in a co-operative movement, which is intended to utilise the funds of our great hospitals in a more efficient manner, to educate the public in philanthropic work, and to protect the legitimate interests of the general practitioners of this country. Such a task will require the support of a large number of members, and will call for work of a most arduous and prolonged character. Given that support and assistance, I, for one, feel confident that a measure of success is sure to follow.

I am, Sir, yours, &c.,
T. GARRETT HORDER.

Cardiff, Sept. 19th, 1896.

Obituary.

SIR WM. JAS. MOORE.

SIR WILLIAM JAMES MOORE, K.C.I.E., Honorary Physician to the Queen, died on Wednesday last at his residence in London, 15 Portland Place, at the age of 68. He was the eldest son of the late Mr. Edward Moore, J.I., D.L., of Halesowen, Worcestershire. He entered the ranks of the profession in 1849, with the diploma of L.S.A.Lond., and subsequently obtained the M.R.C.S. of England and the L.R.C.P. of Edinburgh; he entered the Bombay Medical Service in 1852, served in the Persian War, 1856-57, and was appointed Residency Surgeon at Jodhpur in April, 1862, and afterwards at Marwar. He served from August, 1867, in Rajputana as Agency Surgeon and Superintendent-General of Dispensaries and Vaccination, and was created Deputy Surgeon-General, Bombay, in October, 1877, and Surgeon-General in April, 1885. He also held the appointment of Honorary Surgeon to the Viceroy. He retired in 1888, and received his K.C.I.E. in the same year.

MR. F. C. BULLMORE, OF FALMOUTH.

THIS gentleman, whose death occurred last week, at the age of 88, was the oldest practitioner in Falmouth. He qualified as L.S.A.Lond. in 1830, and obtained the M.R.C.S. Eng. in 1831, when he took up his residence at Falmouth, and established a large county connection. About a year since age and decay compelled him to entirely relinquish his professional pursuits. Among the many offices held by Mr. Bullmore, were those of Surgeon to the Falmouth Public Dispensary, the Falmouth portion of the Cornwall Railway, the Cornwall and Devon Miners' Artillery Militia, and the Royal Cornwall Sailors' Home, in addition to which he was the Medical Officer of the Falmouth district and the Workhouse of the Falmouth Union. The deceased was a justice of the peace for the borough, and was greatly respected by his patients and the townsfolk, among whom he had lived and laboured for 65 years.

SURGEON-MAJOR G. M. NIXON.

SURG.-MAJOR GEORGE MICHAEL NIXON, Indian Medical Service, died at Jhansi from cholera on Aug. 17th. The disease is supposed to have been contracted at Lalitpore, where he was summoned to attend a case. Dr. Nixon attended to all his usual duties on the morning of the 17th, but was taken ill in the afternoon, and died about 10 p.m. He was buried with full military honours next morning. He was educated at Trinity College, Dublin, and joined the Indian Medical Service in 1878. He had the Afghan medal, 1879-80, and the Burma (1886-87) medal and clasp. Since then he had been serving in the civil line, and it is understood that he had just been selected to fill the coming vacancy in the civil surgeoncy of Naini Tal.

Literary Notes and Gossip.

THE *English Illustrated Magazine* for September is a good number, fully up to the standand The variety of its readable contents is remarkable. The fiction is, perhaps, better than usual.

***

MR. C. B. LOCKWOOD has reprinted his Hunterian Lectures on "Traumatic Infection" delivered at the Royal College of Surgeons of England, and they now appear in book form The lectures are a careful *resume* of the subject dealt with.

***

The Pharmacopœia of the Evelina Hospital for Sick Children, a second edition of which is before us, contains a comprehensive collection of formulæ, suggested by experience and confirmed by practice, for the treatment of the ailments and diseases of young subjects. The utility of such a compilation to the practitioner is obvious enough.

***

The *Edinburgh Medical Journal* established by Constable and Co., in 1805, under the title of the "Edinburgh Medical and Surgical Journal," has been acquired from its present proprietors by Mr. Young J. Pentland. A new series of the Journal under the direction of Dr. George A. Gibson, assisted by a staff of well-known contributors will be begun with the issue for January, 1897.

***

"A BALTIC CRUISE" is the title of a small descriptive booklet by Mr. C. Grant, an author well known in connection with other works of the kind. It is racily written and would prove of service to medical men who can spare time for a holiday in the bracing Northern Seas, or who may be in search of some voyage of the kind for neurasthenic and otherwise jaded patients.

***

THE new books announced, so far, for the coming publishing season appear to relate chiefly to "Bacteriology." There can be no doubt of the immense influence the study of the science will have on the future of Medicine, and the difficulty for the student will undoubtedly be in selecting the most appropriate for his purpose from the mass of literary claimants. Already we hear of three books in the press for immediate issue, viz.: A translation from the German of Professors Lehmann and Neumann's scholarly work, with 60 coloured plates; an original work from the Research Laboratories of King's College, London,

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by Messrs. Moor and Pearmain; and a reconstructed edition of Prof. Crookshank's well-known work on the subject.

* * *

In other departments, works in preparation are somewhat below the average at this season. The following have been reported to us: "Gout and Goutiness, and their Treatment," by Dr. Ewart of St. George's Hospital. A "System of Gynæcology," edited by Drs. Clifford Allbutt and W. S. Playfair. Prof. Jacob's atlas of the Nervous System, with coloured plates and an introduction by Prof. Strumpel. "Traumatic Separation of the Epiphyses" by Mr. John Poland. "Lectures on Renal Diseases," by Dr. Robert Saundby. "A Text Book of Physiology," edited by Prof. Schafer, and a new work by the leading Histologists in Germany, edited by Prof. Arnold Brass, an English edition of which, with 60 coloured plates will appear simultaneously in England.

* * *

A new weekly illustrated magazine will appear next month under the title of "Sunday Hours for Boys and Girls." The success of "The Boys' Own" and "The Girls' Own" Journals has been so phenomenal that the same Society are starting the new venture for Sunday reading. Its object is to try to show the possibilities of interest and delight which the Day of Rest brings to the young as well as to the old, altogether, apart from narrow sectarian views. We wish it the success such an attempt deserves. Among its contributors are several members of the medical profession: Professor A. Macalister, F.R.S., of Cambridge, Dr. William Wright, Dr. Munro Gibson, Dr. S. G. Green, Dr. McCheyne Edgar, Dr. James Stalker, &c.

* * *

New Books and New Editions.—The following have been received for review since the publication of our last published list:—Twentieth Century Practice of Modern Medical Science, Vol. VI, edited by T. L. Stedman, M.D. Manual of Midwifery, by W. E. Fothergill, M.B., B.Sc. Manual of Practical Anatomy, Vol. II, by D. J. Cunningham, M.D., F.R.S. Rheumatism: Its Nature and Pathology, by T. J. Maclagan, M.D., Second Edition. Rheumatoid Arthritis, by Gilbert A. Bannatyne, M.D., F.R.C.S., Ed. The Objects and Limits of Operations for Cancer, by Watson Cheyne, M.B., F.R.C.S., F.R.S. The Surgery of the Chest, by Stephen Paget, M.A. Oxon, F.R.C.S. Aids to Obstetrics, by Samuel Nall, M.B. Cantab., F.R.C.S., Fifth Edition. Food in Health and Disease, by J. Burney Yeo, M.D., F.R.C.P. Edinburgh Hospital Reports, Vol. IV, edited by Drs. Gibson, Cathcart, Thomson, and Hart. Twenty-fourth Annual Report of the Local Government Board, 1895. Le Chancre Indien, par le Dr. Hastings Burroughs, M.D. Paris. Transactions of the American Orthopædic Association, Vol. VIII. Our Baby, by Mrs. Langton Hewer. On Gall-stones or Cholelithiasis, by E. M. Brockbank, M.D., M.R.C.P. Handbook of Diseases of the Ear, by Urban Pritchard, M.D. Ed., F.R.C.S., Third Edition. Surgical Emergencies, by Paul Swain, F.R.C.S., Fifth Edition. The Treatment of Phthisis, by Arthur Ransome, M.D. The Hydro-Electric methods in medicine, by W. S. Hedley, M.D. Short Contributions to Aural Surgery, by Sir William Dalby, F.R.C.S. Congenital Dislocation of the Hip, by B. E. Brodhurst, F.R.C.S. Royal Infirmary Cliniques, by Alex James, M.D. The Human Eye, by Dr. H. Renlow. Transactions of the Dermatological Society of Great Britain, 1895-96. Annals of Ophthalmology and Otology, Vol. v.

Medical News

The Forthcoming Election to the General Medical Council.

Under the auspices of the Manchester Medico-Ethical Association, a meeting of the medical men in and around Manchester was held in the Memorial Hall on Thursday night, for the purpose of giving the candidates for seats on the General Medical Council an opportunity of placing their views before their constituents. Mr. James Taylor, Chester, presided, and there was an attendance of about one hundred, and the candidates who addressed the meeting were:—Dr. Alderson, London; Mr. G. Brown, London; Dr. Dolan, Halifax; Dr. Lovel Drage, Hatfield, Herts.; Mr. J. G. Glover; and Dr S. Woodcock, Manchester. Another of the candidates, Dr. R. R Rentol, Liverpool, sent an apology for absence. The main subjects discussed by the candidates were the reform of the General Medical Council and of the Medical Acts and the legislation needed in regard to midwives. No resolution committing the meeting to support any particular candidate or set of candates was proposed. On the motion of Mr. Alderman Walmsley, a vote of thanks was given to the candidates, and on the motion of Mr. Victor Horsley, seconded by Dr. Dolan, there was a similar compliment to the Manchester Medico-Ethical Association for arranging the meeting. The candidates were subsequently entertained at supper by the Association.

Dr. Alderson's Candidature.

A representative meeting of general practioners who are supporters of Dr. F. H. Alderson in his candidature for a seat on the General Medical Council was held at Milford House, Kensington, on the 15th inst., Mr. Frederick Lawrance, M.R.C.S., in the chair. Letters of apology for unavoidable absence were read from Mr. Joseph Smith (President of the Association of Members of the Royal College of Surgeons), Mr. Houchin, Dr. Gardener, Drs. Goddard Rogers, Mallard, Garrett, Thornton, &c. The Chairman, in his introduction of the candidate, said that Dr. Alderson was a general practitioner of over thirty years' standing in the same locality, that he knew the wants of the general practitioner and the disadvantages under which he suffered at the present day, and that in every respect he was well qualified to represent to general practitioners on the General Medical Council, and by his practical knowledge and advocacy to help to better their position. Dr. H. Alderson, Hon. Secretary, then read a list of over 300 practitioners who from the commencement of Dr. Alderson's candidature promised their active support, and stated that communications had been, and still continued to be, received from many supporters. The Chairman having asked the candidate to state his views to the meeting, Dr. Alderson thanked the Chairman for his kind remarks, and said that he was the nominee of no society, that he was quite alone and independent, and that he appealed to general practitioners for their help and support, because he was one of themselves and had always identified himself with their best interests. He then went into details, taking as his basis the following four cardinal points:—A. Amendment of the Medical Act in conformity with the requirements of the general practitioners of to-day. B. Midwives; every lying-in woman should be able to command the services of a properly qualified medical man at an adequate remuneration. The word midwife should never be used, but a new order should be established named "obstetric nurses," and they in all cases should be under the direct supervision of a registered practitioner, and it would be his care to safeguard the practitioner from any invasion of the profession by midwives. C. Medical Aid Association. That general practitioners should decline to give their services to any Aid Society which deducts part of the doctors's salary to increase its own revenue. D. Hospital abuse. To investigate and take steps to control the very obvious abuses which at present exist in our medical charities, more especially in reference to the out-patient department of our hospitals. After remarks and questions by the chairman, Drs. Barkwell, Dobson, Herbert Snow, Terry, and others, Dr. Alderson replied, and the meeting terminated with a vote of thanks to the chairman, and expressions of confidence and support for Dr. Alderson.

The Candidature of Drs. Glover, Drage, and Woodcock.

At a meeting of the East Kent Districts British Medical Association, held Sept. 17th, the following resolution was unanimously passed, being proposed by Dr. Welsford, and seconded by Mr. Raven:—"That the East Kent District Branch is of opinion that the interests of the medical profession will be best forwarded by the election of Drs. Glover, Drage, and Woodcock as Direct Representatives of the General Medical Council, and heartily supports their candidature.

The Medical Officership for Islington.

Mr. J. Glaister, M.D., has been elected to the important post of Medical Officer of Health for the Metropolitan district of Clerkenwell. He has been Deputy Medical Officer of Health for Islington, and Medical Officer for Charterhouse. There were thirty candidates, of whom five were selected to appear before the Vestry.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DELAYS IN POST.

WE regret to have to acknowledge the receipt of several complaints of the late delivery of our Journal to subscribers, and we are anxious to explain that irregularity, where it occurs, arises from no fault of ours, and that, upon careful inquiry, we are satisfied that, with very rare exceptions, every copy of the MEDICAL PRESS AND CIRCULAR is posted in time for the collection on Tuesday afternoon. All English, as well as Dublin and Edinburgh, subscribers should, therefore, receive their copies by first post on Wednesday morning, Belfast, Cork, and Glasgow subscribers, in the forenoon of same day, and residents in the Irish and Scotch provinces Wednesday afternoon, or, in the remoter districts where there is but one post a day, not later in any case than Thursday morning. If delivery is delayed beyond these times we find ourselves powerless to provide a remedy unless we are armed with actual proof of the time of each stage of the progress of the copy through the post, and we have, therefore, most earnestly to request any subscriber whose MEDICAL PRESS AND CIRCULAR is delayed in delivery, *to send us its cover, noting on it the exact date and time of delivery*, in order that we may trace the cause of the delay by comparison of the post-marks.

DR. NIELD (Melbourne), is thanked for his communication to hand for which we hope to have space in our next.

PHUSIS.—The information is being sought and will be sent you in a private letter if obtainable.

PATER-FAMILIAS.—We do not supply lists of books for students, as such compilations are sometimes stigmatised as "interested and not interesting." We prefer the student to select his own books under the advice of his teachers. In our "Educational Number" last Week, you will find the announcements of nearly all the leading medical publishers from which to select.

"RUSSELL" FUND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Would you kindly insert further acknowledgments of contributions to "Russell" fund.

	£	s.	d.		£	s.	d.
Amount already acknowledged ...	36	18	6	S. J. Turner, Esq. ...	1	0	0
Vincent Scully, Esq.	3	3	0	Manliff Barrington, Esq.	1	1	0
Samuel Mason, Esq., M.D.	1	1	0	Mrs. Louisa Barrington	1	1	0
Mrs. Mary White ...	1	0	0	C. V. Barrington, Esq.	1	0	0
Miss Henrietta Montfort	1	0	0	Dr. Alfred R. Parsons	10	6	

I am, Sir, yours, &c.,

G. JAMESON JOHNSTON, Hon. Sec.

Dublin, Sept. 19th, 1896.

F.R.C.S., is thanked for his suggestion, which, however, comes a little late to be of service in the case he refers to. It may, however, be of service in the future, and will be borne in mind.

DR. J. W. S.—Our French correspondent has promised to report the "Treatment" next week. We have only seen a brief reference to it in our exchanges, not sufficient to pronounce an opinion.

ARMY SURGEON.—We have not seen the book to which you refer, but our recollection of the event as told us some years since by a veteran, who was then living, and had been present at the battle, is somewhat different. It is quite true, however, that Dr. Gibney, when forbidden to accompany his regiment on the field of Waterloo, because his presence was needed with the sick and wounded who were left behind, did express disgust for once with his profession, and exclaimed that "having tasted a bit of fighting he rather liked it."

Vacancies.

Addenbrooke's Hospital, Cambridge.—Resident Assistant House Surgeon. No salary, but board, lodging, and washing, in the hospital. Applications and testimonials to the Secretary on or before Sept. 26th.

Blackburn and East Lancashire Infirmary.—Senior House Surgeon. Salary £100 per annum, with board, washing, and lodging. Applications, with testimonials, to Nathan A. Smith, Secretary, not later than Thursday, 24th inst.

Bristol General Hospital — Assistant House Physician. Salary £50 per annum, board, lodging and washing. Applications to the Secretary on or before Sept. 24th.

Brixton Dispensary.—Resident Medical Officer. Salary £150, with furnished apartments, attendance, coal, and gas. Particulars of the Secretary, at the Dispensary, Brixton, S.W.

Glasgow Eye Infirmary.—Assistant House Surgeon. Salary £60. Applications in writing to the Secretary by Sept 28th.

Jersey General Infirmary, St. Heliers.—Resident Medical Officer for Oct. 1st (unmarried). Salary £120, with furnished rooms and attendance. Apply to the Hon. Sec. from whom particulars as to duties, &c., may be obtained.

London Hospital.—Assistant Physician on the Honorary Staff. Applications and testimonials to the House Governor's Office before Oct. 9th. Extract from Section XIII., paragraph 1, of the bye-laws:—Candidates must be members of the Royal College of Physicians.

Metropolitan Asylums Board.—Assistant Medical Officer to the North Eastern Fever Hospital, Tottenham. Salary £160, rising to £200 with board, lodging, and washing. Applications to T. Duncombe Mann, Esq., Norfolk House, Strand. (See advert.).

Newcastle-on-Tyne Dispensary.—Resident Medical Officer. Salary £2'0, with furnished residence Applications to the Hon. Sec., R. W. Sisson, 13 Grey Street, Newcastle-on-Tyne, not later than Sept. 25th.

Owens College, Manchester.—A Senior and a Junior Demonstratorship in Physiology. Stipends £150, rising to £200, and £100 rising to £150, respectively. Immediate applications to the registrar.

Sheffield Union Workhouse Infirmary.—Junior Assistant Medical Officer (unmarried). Salary £12, for six months, with furnished apartments, board, and washing. Applications to the Clerk to the Guardians on or before Sept. 26th.

St. Marylebone Infirmary.—Assistant Medical Officer (unmarried). Salary £130 per annum, with furnished apartments, rations, and washing. Applications and testimonials to the Clerk to the Board on or before Sept. 28th.

Appointments.

GLAISTER, J., M.D., C.M.Aberd., D.P.H.Camb., Medical Officer of Health for Clerkenwell.

HACKETT, J. C. M.D., M.S.Irel., Medical Officer for the Dungarvan Union.

HARDMAN, F. H., M.B., M.S.Edin., Medical Officer of Health for the Teme (Hereford) Rural Sanitary District.

HOWARTH, W. J., M.D.Vict., D.S.Sc.Vict. Medical Officer of Health for the County Borough of Bury, Lancashire.

LUKE, T. D., M.B., B.Ch.I., Resident Physician to the Hazlewood Hydropathic Establishment Grange-over-Sands.

MCLAY, R., M.D., C.M Glasg., Medical Officer of Health for the Horncastle Urban Sanitary District.

MURRAY, W., M.A., M.B., C.M.Aberd., Assistant House Surgeon to the Preston and County of Lancaster Royal Infirmary.

SCOTT-BROWN, G., M.B., C.M.Edin., Assistant House Surgeon to the Cumberland Infirmary, Carlisle.

SHACKLETON, WM, W., M.D., B.S.Dubl., Medical Officer for the Schools of St. Pancras Parish.

STARKIE, E. G. B., M.B., C.M.Edin., Medical Officer of Health by the Fylde Rural District Council.

THURSFIELD, W. N., M.D.Edin., M.R.C.S., D.P.H.Camb., Medical Officer of Health for the Borough of Wenlock.

WARNER, F., M.D.Lond., F.R.C.P.Lond., F.R.C.S.Eng., Physician to London Hospital.

WELFORD, G. E., M.D., C.M.Aberd., M.R.C.S., Honorary Physician to the Sunderland Infirmary.

WILSON, J. H., M.B., B.S.Durh., Medical Officer of Health by the Wigan Rural District Council.

WOODFORDE, GEO. A. H., L.R.C.P.Ed., Medical Officer of Health by the Hungerford Rural District Council.

Births.

ARKWRIGHT.—Sept. 15th, at Townsend House, Halesowen, the wife of Joseph A. Arkwright, M.D.Camb., of a daughter.

ATKINSON.—Sept. 17th, at 216 Camberwell New Road, S.E., the wife of W. A. Atkinson, M.B., B.S., of a daughter.

DE JERSEY.—Sept. 20th, at Netherton, Guildford, the wife of Walter B. De Jersey, M.B., B.C.Cantab., of a daughter.

DOWLING.—Sept. 16th, at Edge End, Alderley Edge, Cheshire, the wife of G. W. Dowling, L.R.C.P.Lond., M.R.C.S.Eng., of a son.

EICHHOLZ.—Sept. 18th, at Oakhurst, St. Barnabas Road, Cambridge, the wife of Alfred Eichholz, M.A., M.B., B.C. of a son.

FENNINGS.—Sept. 15th, at Kismet, East Dulwich Road, S.E., the wife of Arthur Allen Fennings, M.D., of a daughter.

FIELD.—Sept. 19th, at Gardner House, Clapham Common, S.W., the wife of Oliver Field, M.D., of twins.

JONES.—Sept. 13th, at Otarama, Oxford, the wife of Arthur Wentworth Jones, M.A., M.R.C.S., L.R.C.P., of a daughter.

JOULE.—Sept. 13th, at Maida Hill West, W., the wife of John S. Joule, M.D.Lond., of a son.

SANSOM.—Sept. 14th, at The Glen, West End Lane, West Hampstead, the wife of H. Arthur Sansom, M.D.,Lond., of a daughter.

SPRIGGE.—Sept. 13th, at 2 Essex Villas, Kensington, the wife of S. Squire Sprigge, M.B., B.S.Cantab., of a son.

Marriages.

HARE—HEATH.—Sept. 17th, at the Catholic Apostolic Church, Gordon Square, London, Alfred J. B. Hare, Esq., of India, to Madeline, only daughter of Christopher Heath, Esq., F.R.C.S., 36 Cavendish Square, W.

MASON—SHAW.—Sept. 12th, at St. James's Church, Holloway, N., Frank Mason, M.B., C.M.Edin., M.R.C.S.Eng., L.R.C.P.Lond., of Handsworth, Sheffield, to Kate Firth, daughter of George Shaw, Esq., High Hazels Hall, Sheffield.

SMITH—CARTER.—Sept. 16th, at Clapton Park Chapel, Thomas Smith, M.R.C.S., L.R.C.P., of St. Thomas, Exeter, to Eliza Ruth, elder daughter of Edwin J. Carter, of Frognal, Lower Clapton, N.E.

Deaths.

HORNIBLOW.—Sept. 14th, Richard Edmund Brain Horniblow, M.D., formerly of Leamington, aged 75.

JOHNSTONE.—May 25th, at Inistioge, Charles Alex. Johnstone, L.R.C.P.I., L.R.C.S.I., aged 54.

MOORE.—Sept. 9th, at Portland Place, London, W., aged 68, Sir William James Moore, K.C.I.E., Hon. Physician to the Queen, late Surgeon-General, Indian Medical Service, Bombay.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, SEPTEMBER 30, 1896. No. 14.

Original Communications

THE PART PLAYED BY THE LYMPHATICS AND VEINS IN THE ABSORPTION OF EXUDATIONS.

EXPERIMENTAL RESEARCHES MADE AT THE LABORATORIES OF THE R.C.P.LOND, AND R.C.S.ENG. (a)

By ARVID KELLGREN, M.D.ED.,

AND

CARLO COLOMBO, M.D.TURIN.

I.

LUDWIG, of Leipzic, was the first to make researches on the effect of movements on the lymph current, and he found that they accelerated the same.

The first, however, to treat this question from the point of view of massage was von Mosengeil (*b*), who made injections of China ink into the articulations of rabbits. He always gave massage (what kind of massage he does not state) for two minutes immediately after each injection, except in one experiment, in which he put on a fenestrated plaster of Paris bandage, with an opening large enough to permit of an injection being made. In this case he waited 24 hours before applying massage.

Each separate experiment extended over a space of time from 24 hours to several days, and even a fortnight. The animals were either killed at once, after the last application of massage, or allowed to live for two to three weeks.

The respective articulations were manipulated at intervals varying from 30 min. to several hours, and a fresh injection was always made before each repetition of massage.

The injected fluid passed easily and without hindrance into the treated joints, which were always found diminished in size after the massage, while in the non-treated articulations the resistance grew greater with each repetition of the injection, and half of the fluid often passed out again.

The post-mortem examinations always gave the same results as regards the difference in the rate of absorption.

In the leg *without massage* the tendency of the coloured material to pass upwards was very small, the glands in the groin or in the axilla having little or no colouration, no coloured lymphatics were with the naked eye seen running up to these glands from the injected knee or elbow, nor was colouring matter found to any extent in the intermuscular connective tissue, except close to the joints.

The articulations in every case contained a large quantity of the injection, and in the knee-joint of one rabbit a large amount of colouring material was found even a fortnight after the last injection of China ink.

The legs *subjected to massage*, on the other hand, showed a very different condition. Here the absorption above the joint was very great. The intermuscular connective tissues above the knee- and elbow-joints, the lymphatic glands in the inguinal and axillary regions were deeply stained black. The lymphatics passing up to them being seen as distinct black cords.

In the articulations themselves the injected substance was always found in comparatively much less quantity, while in the rabbit, which lived a fortnight after the last injection, no colouring matter was found in the knee-joint nor in the lower part of the thigh.

Dr. von Monsengeil also made several injections under the skin of the head. and he observed that the artificial swellings so produced disappeared very quickly with massage, while left to themselves they passed away very gradually.

Through v. Recklinghausen's (*a*) and Wegner's (*b*) experiments in connection with the absorption in the peritoneal cavity, it has been made clear that the peritoneum has very great power of absorption; and Reibmayr, together with Höffinger, have shown that massage increases this power to a considerable extent.

II.

The observations of v. Monsengeil and Reibmayr on the effect of massage on the absorption are, however, limited and exclusive. Although the former demonstrated the action of massage on the absorption of injections into the articulations, he has not shown whether different manipulations had different effect. Neither did he study the absorption of the lymphatics in the other tissues, as the muscles and the serous cavities, whilst his observations on the subcutaneous absorption are in no respect complete.

Reibmayr's experiments simply show that the absorption of water injected into the peritoneum goes on more quickly and to a greater extent under massage than without.

We decided to complete these researches by making injections (*a*) *under the skin*, (*b*) *into the muscles*, (*c*) *into the articulations*, and (*d*) *the peritoneum*. We chose the latter amongst the serous membranes, because it is most accessible for application of the massage.

By using coloured material we have been able to demonstrate clearly in every case the paths which the absorbed substances follow.

In carrying on these experiments, we have tried to determine which of the two movements, deep effleurage and petrissage, were most effective in bringing about quickly and completely the removal of the coloured substance.

In the course of our experiments, we have also taken up the consideration of another question, a very difficult one indeed, to which, as yet, little attention has been paid. It seems impossible to us, that the

(a) One of us (A. K.) always conducted the massage manipulations, while the other (C. C.) charged himself with the arrangement and the *technique* of the experiments. We have the very agreeable duty of expressing our sincere thanks to Dr. Woodhead, Director of the Laboratories of the R.C.P.Lond, and R.C.S.Eng., for having placed his services and advice so freely at our disposal.

(b) *Langenbeck's Archiv.*, 1876.

(a) V. Recklinghausen: "Zur Fettresorption," *Virchow's Arkiv*, B. 26, p. 174.

(b) Wegner G: Bemerkungen über die Peritonealhöhle mit besonderer Berücksichtigung der Ovariotomie, *Langenbeck's Arkiv*, B. 20 p. 51.

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lymphatics alone carry out the absorption of enormous quantities of exudation in an incomparably shorter time after massage, when, under ordinary circumstances, they perform the same work so slowly. It appears more probable that in these cases the great net-work of blood-vessels which surround the exudations help greatly in the process of rapid absorption under massage, when there is a dilatation of the vessels, their walls have become more subtle, the stream of blood is quickened, the pressure in the dilated vessels is diminished, while the pressure outside is increased, all of which conditions are favourable to an energetic process of absorption.

III.

In connection with this part of our work, one of us (C. C.) carefully repeated the recent experiments of Ranvier (*a*) on the origin of the lymphatics in the skin of the frog.

The method indicated by Ranvier consists in making an injection of Prussian blue and gelatine into the lymphatics of the skin of the frog.

In the preparation of the skin laid flat with the inner side upwards one sees under the microscope how the lymphatics of the skin open into the subcutaneous sacs by numerous orifices. One also notices lymphatics passing from these openings into the deeper parts of the skin and as far as the neighbourhood of the glands, where they divide in order to give origin to a network, whose meshes have nearly the same extension as the blood capillaries. If, however, one compares the capillary network of the lymphatics with that of the blood vessels, also injected with Prussian blue in gelatine, one is soon struck by the appearance which they present, and still more so when the blood vessels have been injected with carmine and gelatine and the lymphatics filled with blue material. The sanguineous system shows a regular contour, while the border of the lymphatic system is seen as a wavy or zigzag line.

It is necessary to add that, as regards size, the lymphatic network has not the same regularity that marks the sanguineous. Meshes are found whose diameter seems to be subordinated to that of the glands of the skin, *i.e.*, if the glands are large the meshes are large. There are also others narrower and smaller of the kind found in all lymphatic networks, in whatever organ or animal. Lateral cul-de-sacs are also seen.

Another fact, which can be recognised in double injection preparations, is that the lymphatics which the anatomists believe to be superficial are "*always situated more deeply than the corresponding blood-vessels. The explanation of this might be that the function of the lymphatics is to gather up what has not been absorbed by the blood-vessels.*"

IV.—ABSORPTION BY THE LYMPHATICS.

With regard to this part of absorption we have arranged our experiments so as to demonstrate the degree and direction in which the injected colouring substance has been absorbed. The injections were made :—

1. Under the skin.
2. Into the muscles.
3. Into the articulations.
4. Into the peritoneum.

1. SUBCUTANEOUS INJECTIONS.

(a) Rabbit, female, weight 3,400 grms.

On the 28*th Feb.*, 1895, at 2.50 p.m., 2 ccm. of Prussian blue in gelatine were injected into the inner side of the left hind leg about 2 ccm. below the tibio-femoral articulation, 2 ccm. of the same preparation were also injected under the skin of the same region of the right hind leg.

(*a* Ranvier: Comptes rendus de l Academie de Sciences. Séance, 21st January, 1895

At 3.15 *p.m. mixed massage* was applied for five minutes on the *right leg*, while the left was left at rest.

In *the mixed massage* used in our experiments the petrissage or kneading and the effleurage or stroking were given alternately. We always began with the kneading, which forms the principal part, and a few slow, deep, and steady, stroking movements were intermingled now and then.

The rabbit remained quiet, either from pain caused by the injection, or because it was placed on a high round stool and was afraid to move.

At 3.35 p m. and 5 p.m. mixed massage was renewed for the second and third time on the same place and for five minutes.

Post mortem Examination, 1st March, 1895.—The rabbit was killed at 10 a.m. by destruction of the medulla oblongata.

In the *left* leg, *not treated*, a patch of blue substance was observed spreading out round the puncture in the skin and extending to a radius of about 1½ c.m., more downwards than upwards. There was no actual diffusion upwards and downwards, nor did the colouring substance pass underneath the aponeurosis which covers the muscles nor deeply amongst the connective intermuscular tissue. Some of the superficial popliteal glands were feebly coloured blue, but there was no colouration of the inguinal glands.

In the region of the injection there was a sero-fibrinous inflammation.

In the *right* leg, *had mixed massage*, we observed the same kind of blue patch round the puncture as on the other side. It was thinner and spread more downwards, but especially upwards in the meshes of the subcutaneous tissue, whilst there was marked infiltration of the intermuscular connective tissue. The afferent lymphatics and the deep popliteal and inguinal glands were feebly coloured.

The glands were put into alcohol to harden, and when examined under the microscope they showed the reticular spaces filled with blue particles (Fig. 1).

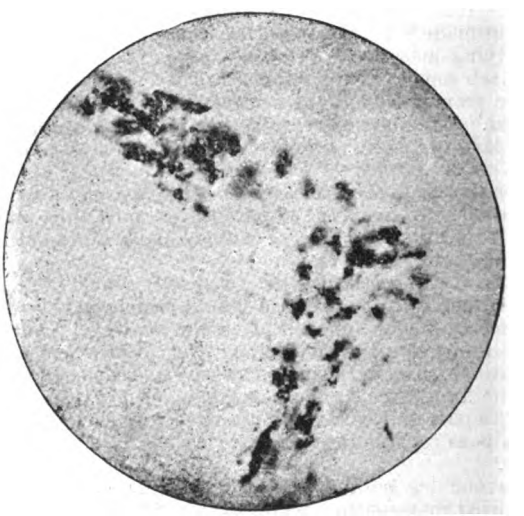

FIG. 1.

We had here the same inflammation, but the sero-fibrinous exudation was present in smaller amount.

8th March, 1895.—(*a*) Rabbit, female, small, weight 2,100 grms.; (*b*) Rabbit, female, large, weight 2,850 grms.

At 2 40 an injection of 2½ ccm. of Prussian blue in gelatine was made under the skin of both rabbits about 2 ccm. below the articulation of the knee and on the inner side of the left hindleg.

The small rabbit was left entirely at rest on a high round stool, *the large* was subjected to repeated appli-

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cations of *mixed massage* on the injected hindleg, each application lasting five minutes, at 3.25, 3 45, 4.5, 4.30, 4.55, and 5.25 p.m. on the same day, and 1.5 and 1.35 p.m. on the following day.

9th March —Post mortem Examination.—We killed the two rabbits at 2. p.m. by destruction of the medulla oblongata.

In the *small rabbit, no massage*, the colouring matter had diffused upwards as far as the knee and downwards to the articulation of the foot; it was found in the intermuscular connective tissue at a considerable depth, but it had not passed the articulation of the knee. The deep popliteal glands were strongly, and some of the superficial inguinal glands feebly, coloured, but there was no other trace of colouration of glands or lymphatic vessels near the crural arch.

In the *large rabbit, subjected to massage*, there was great diffusion of the coloured matter all round the limb, downwards to the foot, and upwards past the knee to the crural arch.

The progress upwards of the colouring matter follows the deep intermuscular tissue, the neuro-vascular sheaths, deeply, especially that of the sciatic and superficially that of the crural nerve.

The deep popliteal, deep and superficial inguinal glands, the cistern of Pecquet and the thoracic duct are deeply coloured.

In both the rabbits we have met with the usual inflammation and the same difference as regards its intensity in the treated and non-treated legs.

2. Intramuscular Injections.

5th March 1895.—(*a*) Rabbit, female, weight 1,900 grms. *At* 3.30 *p.m.*, and injection of 1 cc.m. Prussian blue in gelatine was made anteriorly into the muscular masses of the flexor muscles of the foot of the two hindlegs half-way up the tibia.

At 4 *p.m.*, *mixed massage* was given for 5 min., *on the left* hindleg, but the right was left at rest. The rabbit was kept immoveable as usual. Repetition of the massage for the same length of time at 4.45 and 5 30 p.m.

6th March.—Post-mortem Examination.—In the *right* hindleg, *not treated*, the coloured injection was partly in the muscular masses, but part of it had flowed back into the subcutaneous tissue and was diffused into the intermuscular septa, in the sheaths of the tendons, neuro-vascular bundles downwards as far as the foot upwards to the knee.

The popliteal glands were well coloured, but the inguinal not at all.

In the *left leg, with massage*, the diffusion downwards followed the tendons as far as to the metatarsals, upwards it reached the gluteal region following the course of the sciatic nerve.

Both the deep popliteal and inguinal glands were deeply coloured. In both legs there is the usual inflammation due to the injected substance.

6th March, 1895.—(*b*) Rabbit, male, weight 1,800 grms.

At 3.45 *p.m.* an injection of 1 ccm. of Prussian blue in gelatine was made into the muscular masses of the extensor muscles of the foot of the hindlegs at the same height as in the preceding experiment.

At 4.20, 5.5 and 5.50 p.m. *mixed massage* was given for five minutes each time to the *left* hindleg, the right being left at rest.

In this, as in the other experiments, we have seen that the injected part, which was subjected to massage, was better, more elastic and less painful than the other to which massage was not applied.

7th March.—Post-mortem Examination.—The rabbit was killed at 12 o'clock. We found the same facts as in the other rabbit, only the colouring substance which followed the sciatic nerve was more diffused in the leg with massage than in the previous rabbit.

12th March.—Rabbit, male, weight 2,800 grms.; rabbit, female, weight 2,200 grms.

At 1.35 *p.m.* an injection of 1¼ cc.m. of Prussian blue in gelatine was made into the muscular masses of the flexor muscles of the left hindleg of each rabbit half-way up the tibia.

At 2.40 *p m.*, *mixed massage* was given for five minutes on the *left* hindleg *of the male* rabbit. The massage was repeated for the same length of time on the same rabbit at 3.10. 3.40, 4.10. 4.40 p.m. on the 12th of March, and at 1.25 and 1.55 p.m. on the 13th.

The female rabbit was left without massage and kept immovable.

13th March. — Post mortem Examination. — The rabbits were killed at 2.15 p.m.

The *female*, *without* massage, shows diffusion of colouring substance in the inter-muscular connective tissue, following the tendon- and neuro-vascular sheaths as far as the foot and as high as the knee.

The popliteal glands were coloured, but the inguinal were not.

In the *male* rabbit, *with* massage, there was found great diffusion downwards and upwards, following the course of the sciatic nerve as far as the sciatic foramen.

The popliteal and inguinal glands were well coloured. The cistern of Pecquet slightly so.

The usual evidence of inflammation was seen.

3. Intra-articular Injections.

28th Feb., 1895 (*a*).—Female rabbit, weight 3,400 grms.

At 2.40 *p.m*, an injection of 1 cc.m. of Prussian blue in gelatine was made into each of the two cubito-humoral articulations of the forelegs.

At 3.10 *p.m.*, *mixed* massage for five minutes on *left* articulation. The same was repeated at 3.30 and 5 p.m. The right foreleg was not treated. Rabbit kept quiet.

1st March.—Post-mortem examination.—The rabbit was killed at 10 a.m.

Right leg without massage. The articular cavity still contained a great part of the coloured substance. Some of it had spread outside the articulation under the skin and around the puncture. Thence it was diffused downwards and upwards in the subapo-neurotic connective tissue. There was inflammation of all the surrounding tissues.

The axillary glands were not coloured. One gland in the neighbourhood of the olecranon was lightly coloured.

The *left* articulation, *with* massage, showed itself nearly free from colouring matter, but it contained a purulent serofibrinous liquid, the result of the violent septic inflammation marked in all the tissues that had come in contact with the coloured material.

The colouring matter was seen partly diffused all round the opening of the puncture, but not in such a great quantity as in the other leg; it passed upwards and downwards, following the sheaths of the tendons which are inserted round the capsule of the articulation and in the cellular connective tissue septa, which accompany the sheath of the vessels and nerves running up to the axilla.

The glands at the elbow and those deep in the axilla are distinctly coloured.

11th March. — α Red, male rabbit, weight 2,600 grms.; β white, male rabbit 2,200 grms.

At 1.5 *p.m.*, an injection was made of 1 ccm. of Prussian blue in gelatine into the articulation of the *left* knee of each rabbit.

Mixed massage was applied to *left leg of white* rabbit for five minutes each time *at* 1.57, 2.25. 2.55, 3.25, 3.55 on the same day, and at 1.30 on the following day. The red rabbit received no massage.

We noticed that the *white rabbit*, which got *massage*, carried the left leg less stiff than the other which was not treated. This latter held it bent and did not

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put the foot down on the floor when walking. In the morning of the 12th, the white rabbit used its leg normally, without any stiffness or flexion, while the red rabbit kept the leg bent, and did not make any use of it. The animals were kept at rest as much as possible.

12th March.—Post-mortem examination. The two rabbits were killed at 1·45 p.m., by destruction of the medulla oblongata.

Red rabbit *without* massage. A great amount of coloured material was found in the synovial cavity, part of it had diffused round the puncture, part of it had followed the way of the intermuscular septa and the sheaths of the muscles and tendons. The glands in the popliteal space were feebly coloured; the inguinal were not. The usual acute inflammation of the synovial membrane, where organised exudations forming adhesions, were found. The neighbouring muscles and subcutaneous tissue were in a similar condition.

White rabbit *with* massage. A much greater diffusion of colouring material was found in the intermuscular septa, the sheaths of the tendons, and neurovascular bundles, especially in the line of the sciatic nerve, as far as the sciatic foramen. The synovial cavity contained only some mucopurulent fluid, which had not formed any adhesions, and scarcely any colouring matter.

The deep and superficial popliteal and inguinal glands were deeply coloured. The cistern of Pecquet and some of the abdominal glands in connection with the vessels which accompany the sciatic nerve were coloured.

The tissues round the articulation were not much inflamed.

(*To be continued*).

CRIMINAL RESPONSIBILITY IN MENTAL DISEASE.

By VIVIAN ST. CLAIR MACKENZIE, B.A. T.C.D.

THE question as to how far persons of unsound mind are responsible for their actions, though acknowledged by everyone to be of consummate import, seems to have hung fire considerably during the last few years. Now and then some zealous advocate of the necessary reform in our laws relating to lunacy has sprung up and gripped the popular interest for a short time only to disappear again into that silence to which the practical layman, enveloped in a commercial halo, condemns every suggestion which he imagines so indirectly touches his own safety or prosperity. Not that the ordinary business man can be expected to fritter away his golden hours by assuming an active position in such matters; *he* could hardly be required to seek the welfare of any greater section of humanity than his own health; yet he might at least turn such matters over in his thoughts of an evening, take his theoretical stand on some side, and "chat it over" with a friend amid tobacco rings. Popular opinion so promoted is tho most potent engine of reform. It may be objected that such discussions are too technical in their nature, and that when there is room for scientists to doubt, the vulgar mind had better never study. With regard to the question before us, one may now venture to say there is no scientific scepticism, no vaguenesses or intricacies which have not been cleared away. Let us start by understanding the few functions of the mind that we have to consider, viz., Deliberation or Reflection, Resolve, Volition. Reflection or deliberation is nothing more than the presentation of many possibilities to the mind; resolve, simply the selection of one of these possibilities. The distinction drawn between deliberation and resolve is only one of degree, a resolve being the highest form of will.

Now, not alone is reflection or deliberation in a disordered mind imperfect, not only are the presentations submitted perverted and often unfounded in fact, but the resolves which are formed are the choice of a diseased will. Had we any evidence to show that volition remains unassailed by the malady which affects the other faculties, then so long as the insane delusion had a reality at its root, we should be justified in visiting the criminal with chastisement, but diligent and extensive inquiries point in the opposite direction, and demonstrate that the will power is extremely limited, in fact, depends for half its authority on the assistance of sensations, the feelings, instincts, and above all, reflection. What then must be the state of volition in an idiot or a lunatic with whom some sensations are unduly felt, some unrecorded, ideas distorted, and reflection confined to a narrow channel? The will is of itself weak indeed to contend against such overwhelming odds, and there can be no shadow of doubt as to the relation between the will and the other elements of consciousness. Self-control, that power which, though it cannot prevent feelings from arising, or a number of extravagancies from presenting themselves for selection, yet can restrain their development and inhibit the organic movement which accompanies and augments them, is enfeebled or dead, and the mind becomes a mere machine worked by the physical affections and external impressions. In the mens sana every sensation makes its due impression; there is no faculty which has grown as it were so sensitive as to suffer undue irritation from the perception or retention of any idea or set of ideas, nor does any faculty refuse the performance of its natural functions. Each idea is brought into the council-chamber of deliberation where each opposes or seconds the other until some certain set becomes too powerful to be judiciously neglected, and awaits the casting vote of the will to become a resolve. Not so in the mens insana, there the mind is abandoned to perhaps a single impression, it has lost the power of varying or dismissing it altogether, it can no longer compare it with other impressions, and the original continues to increase in intensity rising to the wildest hallucination, or vanishing only to give place to a chain of extravagant associations beyond their owner's restraint.

At times other reflections and judgments may crop up in antagonism to the existing delusion, but they are incapable of influence without the sanction of the will.

Dr. Maudesley has proved conclusively that the moral faculty in criminal lunatics is not only infrequently unimpaired, but educated to a keen sensibility, not only that they are, at the time of the execution of their guilty practices, perfectly aware of the nature and quality of the act which they are about, but that they in their cooler movements convinced of the imbecility of their will, have been known to solicit the assistance of another to prohibit them from committing crime. Most of us have seen a man of unsound mind who believed himself to be a prince or some person of eminence, and who was so engrossed with the idea of his own pomp and splendour, that his conviction was destroyed neither by the sight of his poor habitation, nor the taste of his humble fare. Surely, then, it is not difficult to understand another so absorbed in the consciousness of being wronged, and so wrapt in his schemes to murder the offender as to be incapable of enforcing the precepts of his conscience or attending to the dangers by which his revenge must be accompanied, though well acquainted with both. Such a man we denominate insane, and without investigating our reasons for applying such an attribute, proceed to inflict upon him the extremest penalty of the law.

Conservative as the law is, and rightly conservative

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in many respects, it is only for the honour of justice and the reputed wisdom of her ministers, that some reform should be made to bring legal practice in such touching instances into harmony with scientific knowledge.

Even the legal world confesses to the error of the opinions delivered in the well-known case of McNaghten in the House of Lords, where the decision arrived at was that a madman who had perpetrated a crime under a delusion of his insanity is to be considered in the same position as if the facts which he falsely imagined to exist did really exist—a decision so obviously absurd to any modern mind that the very registration of it in our law reports seems discreditable to judicial intelligence.

In this, as in the earlier cases of Hatfield and Lord Ferrers respectively, where the former was acquitted because the motive of his guilt was purely a fiction of his mind, and the latter convicted because a little human passion was mingled with his insane act; the consideration of the will's imbecility was entirely ignored. These instances are venial occurring at the time they did, but to-day when many active lives have been devoted to the observation of the insane, and many acute intellects have furnished us with the results of their study of lunacy, giving us indisputable proofs of the lamentable error in the existing course of justice as administered to lunatics, it is undeniably our duty to achieve some remedy.

CONSULTING-ROOM CASES.

By TOM ROBINSON, M.D. St. And.,
Physician to the Western Skin Hospital.

Redundant Hairs.

A woman, æt. 36, complained of a growth of hair on the upper lip and chin. She had for some years used a depilatory (sulphide of barium) and friction with a piece of pumice stone. She had sat several times for electrolysis, and had also plucked out the hairs with forceps. On inspection, a fairly thick moustache was visible at a distance. There was also a tuft of hair on the chin, and a distinct growth over the masseter regions. There was no evidence of masculine character, as she was in other respects a slim, soft-voiced woman, and her sexual organs were normal.

I suggested to her the advantage of shaving. A certain and natural feminine repugnance to the razor was evercome, and I saw her about two months afterwards, during which time she had shaved regularly every other day.

There are two epochs in the life of every woman when there is a tendency to the growth of hair on the face, one at the commencement of menstruation, the other at its termination.

The downiness which often troubles young girls at the age of 15 or 16 is often accompanied by a tendency to grow fat. Both will usually disappear, whereas the hair which grows and the fat which develops at the climacteric period are permanent.

The case here alluded to does not belong to either of these groups. It is an example of what the botanist calls a sport. Certainly, when the bloom of youth is passed the hair increases in length. Biegel relates the history of a Swiss woman, æt. 20, five months' pregnant, who presented herself with a goatee and moustache four inches long at a London hospital, in order to obtain a certificate as to her sex.

Preputial Warts.

A young man, æt. 24, consulted me in January of this year, for preputial warts. He said they had been growing about 11 months, during which time they had been touched with caustic, snipped off with scissors, and burnt with carbolic acid. He denied having had any venereal disease.

The foreskin was long, but easily retracted, its mucous membrane looked macerated, and had a penetrating and objectionable odour. There were several warts growing chiefly from the cervix of the penis. There was quite a bunch on the right side of the frænum preputii. He had not been subject to warts on his hands.

In all cases of preputial warts with which I am acquainted, there has always been an irritant. In this instance it was the secretion produced by inflammation of the *glandul ordorifer*. In others it may be the secretion from a venereal sore, or the discharge of a gonorrhœa. In women. it often is caused by a leucorrhœal discharge. It is for this reason that it is a mistake to say that warts are never other than venereal.

What is curious to notice is, that I have never seen simple preputial warts after middle age.

My patient being anxious to marry, and having been disappointed in his past treatment, he was ordered to apply a pinch of a powder composed of equal parts of verdigris and powdered sugar, to the warts, the parts being kept dry by means of cotton-wool. In two or three days the warts dropped off and only a sore remained marking the spot from which they had grown. This soon healed by adopting the principle of cleanliness and separation of surfaces.

In some cases these preputial warts are dry, brown, and hard, when such is the case the only treatment is to cut them away and apply an escharotic—none is better than a strong solution of chromic acid, which is a disinfectant as well as a destructive agent.

Alopecia Universalis.

T. C., a strong, muscular man, consulted me in 1881, with the following story: His father and mother are living. His father had brittle nails and a patch of irritable skin on his right leg. His brothers and sisters, of whom he has several, are all free, so far as he knows, from skin disease. The following are his own words:—

"Five years ago my baldness began in one patch in the middle of the back of my skull. Then others came on my head, and after these I got some white hairs and bald places in my eyebrows and whiskers. My sisters used to say I looked as if someone had thrown snow at me. These bald places have gone on increasing until I am I believe without a hair on my body. I am strong and always well. I do not feel the cold more than I used to do. I have never had syphilis or a day's illness in my life that I can remember.

After stripping him, he appeared on casual inspection to be absolutely bald, but on a closer scrutiny of the scalp symmetrical patches of smooth and absolute baldness could be demonstrated. These had convex edges, and beyond their margins were a few fine straggling hairs. A few hairs could be seen on the upper lip. about six in number. There was not a single eyelash left. On the external aspects of the arms and legs the hairs were fast disappearing, and they were disappearing in a regular symmetrical manner. He had not more than a dozen hairs in the axillæ or on the pubes.

In some situations, notably at the corner of the mouth and between the scrotum and thighs, the bald spots were not only devoid of hairs but also of pigment, the patches standing out in bold relief and being a dead white like those we see in leucoderma. This patient has presented himself at intervals, but there has been no attempt at the growth of hair. Such cases as this are not uncommon. We often see them in the streets, and there is a remarkable likeness between them all. My notes would indicate that the condition appears more frequently in men than women, 4·1 is the exact proportion.

The characteristics of this disease are—

(*a*) The symmetrical progress of the malady.

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(*b*) The loss of pigment as well as loss of hair in some of the invaded patches.

(*c*) The incurable nature of the condition.

It is because of these peculiarities that such cases stand out distinct from alopecia areata. We are often surprised to find, on examining a patient, bald patches on the arms and legs, while patches are usually studded with abortive hair follicles. These are above the plane of the skin and often become exceedingly pruriginous, especially during cold, dry weather.

Therapeutic Notes

By GEORGE FOY, F.R.C.S.,
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CALOTROPIS PROCERA ET GIGENTEA.

AN article in the Portuguese journal *O Archivo Medico da India*, published in Mapriça, Goa, draws attention to the medicinal and commercial value of the Calotropis family of the N. O. Asclepiadaceæ. The members of the order known in the three kingdoms are the milk-weed and the swallow-wort, which, as Gerrard writes, was called "Silken Cislie of our Gentlewomen," and under this name was described so late as 1706 by Phillips. Asclepias are widely spread, being found in tropical Africa, the East Indies, Peru, and in many isles of the Indian Ocean.

As a rule, they are shrubs of large size and beautiful flowers as the hozas and stephanotis, but occasionally, as in the Cape of Good Hope, they are stunted in size, and produced poor blooms of a fœtid smell.

Asclepias are amongst our oldest medicinal agents. Dioscorides recommends a vinous decoction as a remedy against snake bites, poisons generally, and all abdominal pains. White and black swallow-wort were favourite domestic remedies in England during the sixteenth century. Gerrard writes: "The leaves boiled and applied in forme of a pultis, cure the evil sores of the paps or dugs, and matrix, that are hard to be cured."

In the East Indies all parts of the Calotropis are used in medicine. Khory ascribes to the shrub, cholagogue, alterative, anthelmintic and diruretic properties, and A. F. Müller, describing it under the Portuguese vernacular name "Bombardeira," states that the bark is alterative, tonic, diaphoretic, and in large doses emetic. It has been recommended for lepra, syphilis, mercurial cachexia, dysentery, diarrhœa, and chronic rheumatism.

Many years ago O'Shaughnessy, Atchinson, Durand, and others noticed its emetic properties, and Robinson, Playfair, Ainslie and others found it useful in the treatment of leprosy. Dr. Durand prescribed it for syphilis. The freshly gathered leaves are used as a poultice for rheumatism, arthritic rheumatism, orchitis, and epididymitis. An ointment made by macerating the leaves in old butter is used as a topical application to the sternum bronchitis. The flowers freshly pulled and infused are tonic and antispasmodic.

Snake bites, even of the most venomous reptiles, are rendered innocuous by a poultice of the leaves on the application of the fresh juice. The juice made into suppository, and introduced into the rectum relieves tenesmus, and dropped on a piece of cotton and applied to a painful tooth relieves the pain of toothache. As a depilatory it is used by women; and it forms a useful application in ringworm.

O Archivo Medico states that the shrub is rich in caoutchouc. The fine silken hairs which surround the seeds are capable of being woven into beauiful fabrics, and Gerrard expresses great surprise that the Virginians did not manufacture fabrics from it. Sir Walter Raleigh declared that the fibre of plants growing by the James was finer than the best flax.

Sillimon drew attention to the commercial value of the shrub in the 28th volume of his journal, and described its mode of cultivation. The down of the pods, according to Porcher ("Southern Fields and Forests"), serves well for stuffing pillows and cushions, for making thread and cloth, and for some other purposes; the fibrous matter of the stems is abundant in quantity, excellent in flax-like quality, and is used and highly appreciated for making thread, cordage, fishing-nets, paper, and cloth. Messrs. Warden and Waddell (*Ph. Jour.*, 1888) gave a very full description of the asclepiads c. procera and gigentea, as well as an account of their chemical examination of them. Mr. Spurway (*Bri. J.*, 1882), drew attention to the value of the plant in the treatment of dropsy "connected with mitral disease, the anasarca being most extreme, and the quantity of urine passed in the twenty-four hours being only six or eight ounces, and like so much liquid brick-dust." Mr. Hosack Frazer (*Lancet*, 1884) "finds that the drug stimulates the cardiac contractions, and increases the blood-pressure. It steadies the cardiac contractions, and assists in restoring the rhythm. It is a speedy, potent, and trustworthy diuretic. It does not excite gastro-intestinal disturbance."

Hooper, in 1890, drew attention to the similarity of action of the *A. vomitoria* to that of ipecacuanha and recommended it as a substitute. M. Bocquillon-Limousin (*Méd.* Nov. 1895) refers to its emetic properties. He writes that the *A. curassavioa* is employed as a hæmostatic and anthelmintic, and also as a remedy for gonorrhœa. Dr. Gaetano Malacinda (*M. Med.*, 1896), quotes the views of Edgeworth and Hooper, to wit: that the active principle of the leaves is an acid substance which they have succeeded in isolating.

It is to be regretted that there is not a liquid extract of the leaf, or root of the plant obtainable. A drug which has won good opinions in every civilised country, and has been in use since the days of Dioscorides, is worth investigation. That it has been neglected is shown by the fact that Dr. Neale's "Medical Digest" gives only two references to its use in an index of our principal medical journals, which extends over a period of fifty-six years.

Clinical Records.

CLINICAL CASES.

By GEO. BURBIDGE WHITE, A.B., M.B.Univ. Dub.,
Diplomate State Medicine, Fellow and Examiner (Biology), Royal College of Surgeons, Ireland.

Case of Transitory (Serous) Apoplexy—Complicated Subsequently by Accident, producing Fracture of the Base of the Skull—Partial Recovery—Cardiac Failure—Coma and Death.

C. H. B—., was found by one of his own family late one evening in March, lying under his study table, and groping on the floor as if for something to lay hold of, his age was about 56, and he had led a previously regular life, though lately his habits had become sedentary, his favourite beverage was porter of which he drank a little at meals daily, family history *quoad* longevity proves to be very good.

When found he was immediately lifted, placed in a chair and his semi-unconsciouness became better, shortly he was able to understand, and listen to a portion of a book read aloud to him. After a short period he rose to go to bed, and while ascending a flight of stairs, fell down again, probably from a return of unconsciousness, in the fall he received a small wound on the right occiput, which presented no special features, he was, I am informed unconscious for a long period after this, and very cold, and pale, for the members of the family thought he had only fainted, and not recognising the gravity of the case they did not summon medical advice till the next afternoon, when they became alarmed at seeing no improvement in his state.

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When I saw him next day, nearly 24 hours after the fall, he was sitting upright in a chair, had a fixed look or stare, his utterance was thick, he answered only in monologue, having only one *word*, "yes" (yeh !) with which he answered every question. Very weak pulse, irregular ryhthm of heart, cold extremities, pale, but notwithstanding these symptoms of weakness, and failure, he was, at times busy, and fidgety, though he did (could) not rise from his seat, this latter symptom is decidedly characteristic of the lesion from which he suffered now, viz., fracture of the base of the skull, and perhaps it is not often given that importance in the sign grouping and diagnosis it ought to hold, *formerly* it was !

He was placed under favourable conditions and everything that could be done was carried out to alleviate his condition in the various stages through which he passed. Ice, stimulants, water bed, appropriate drug treatment, sleep, nourishment, ventilation, absence of irritating sound, &c. ; it is only necessary in addition to mention a feature in the case which was most interesting, as confirming the previous existence of a disease engendering brain disablement, viz., during the fourth and fifth days after the accident, the paralysis of left leg and arm was much improved, so much that he could move each fairly. So also the œdema of the right eyelid by fixation of the pupil, got much better, the swelling moving up towards the frontal region, and most noteworthy the consciousness improved up to a point of recognition of his family and myself, and his monosyllable was extended to a short sentence at times, nor did these symptoms or signs recur. The patient continued for about two days longer in this improved state, when cardiac irregularity and failure became more evident, and finally proved fatal on the eleventh day of illness. Thus the curtain found by the signs of fracture, was drawn aside by absorption, &c., and the previous primary affection in the brain, was then disclosed as still existing, causing as it did the fatal termination.

An effort to confirm the diagnosis of fracture by means of the Röntgen rays proved abortive, owing to the thickness of the bones of the vault.

Case of Septic Cellulitis of the Orbit, with Inflammation of the Eyeball—Treatment and Recovery.

G. H., while riding slowly on the road was suddenly run into by another cyclist turning without notice, he received a small cut over the left eyebrow, and the eyelids were ecchymosed. He also suffered at the time and for three or four days after the receipt of the injury from an amount of shock which was not commensurate with what, at that time, appeared to be certainly of a character not to be referred to, as a grave injury, which the subsequent developments proved it to be; matters went on well for the first two days. On the evening of the third day the patient had a rigor. On the morning of the fourth day there was enormous protrusion of the eyeball and lids, high tension, protrusion of chemosed conjunctiva through the palpebral fissure, the lids so tight they could not be opened or everted, under the lower lid there could be felt decided fluctuation. Consultation having been held, a free opening slanting downwards or outwards ¾-inch long was made, pus flowing out freely. A probe inserted passed in without obstruction 3½ inches along the floor of the orbit, a drainage-tube inserted, the whole douched with hot fomentations and covered with oiled silk and bandage; every antiseptic precaution was taken.

These measures gave ease at once to the eyelids, so that a view, though a very limited one, could be had of the front of the globe; the pupil seemed to be fixed and contracted, and vision was almost *nil*, intraocular tension, as compared with the other eye, very high; from this point general improvement was maintained, as will be gathered from the following entries :—

5th day.—Swelling less, slight reaction of pupil and reduction of tension. Vision somewhat better.

6th.—Decided improvement in reaction of pupil and in vision; accommodation returning.

7th.—Eye much better, and suppuration in orbit is less; vision much better; patient's condition much stronger; drainage tube removed.

8th.—Wound closing. Vision still much better, but dim.

9th.—Progressed favourably.

10th.—Progressed favourably.

11th.—Allowed out, and, finally, got quite well.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Sept. 26th, 1896.

The Treatment of Eclampsia.

At the Geneva Congress, M. Charpentier, of Paris, introduced the subject of eclampsia and its treatment. He said that of all the theories put forward on the cause of eclampsia, that of intoxication had the most partisans. That of toxæmia had been fully proved by Bouchard, to which Guéniol added the influence of the nervous system and renal insufficiency. As to the microbian theory, it had not been, in spite of numerous remarkable treatises, satisfactorily proved.

The *medical treatment* consisted mainly in preventing the production of the toxines and in facilitating their elimination. Although it was hardly possible to absolutely prevent the production of the toxines, there was a means of reducing notably the quantity, he referred to milk which answered admirably the end in view. It was never too late to put the patients on milk diet, which should be persevered in exclusively to every other aliment not only up to the time of labour, but during that physioiogical act, and for several days after, or until every trace of albumen had disappeared from the urine.

As complementary treatment, the speaker employed inhalations of oxygen and intestinal antiseptics.

To facilitate the elimination of the toxines, blood-letting rendered good service, but injections of salt water of not less than a pint as practised by Porak and Bernheim, acted equally well.

As to drugs, he would mention pilocarpine and veratrum veride, this latter being especially employed by American obstetricians.

Anæsthetics as chloroform, ether, and chloral succeeded admirably in the convulsive stage of eclampsia.

The *obstetrical treatment* was in his mind a delicate point to touch on as French gynæcologists were wholly opposed to the practice which seemed to have been accepted by their foreign *confrères*, and which consisted in early operative interference. He admitted that a slight intervention was often required where labour set in spontaneously during an eclamptic seizure, in order to terminate promptly the delivery, and that in the interest of the child as well as the mother, but where the attacks occurred after the sixth month of pregnancy and that labour had not set in, as the organ of his compatriots, he declared that in such cases to provoke labour by any of the artificial means adopted to that end was not only useless but dangerous, in spite of all that had been written on the subject by German obstetricians.

In concluding, M. Charpentier gave a *résumé* of the treatment he recommended. The urine of every pregnant woman should be examined for albumen, and if present, milk diet should be prescribed. Œdema of the legs without signs of albuminuria should also be treated by milk. Where the eclamptic seizures had set in and that the patient was strong and cyanosed, ten or fifteen ounces of blood could be taken from the arm, and a chloral draught given or other anæsthetics applied. As to the delivery

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it should be allowed to follow the normal course and only in very exceptional cases should it be provoked.

IMPERFORATION OF THE ŒSOPHAGUS.

Cases of imperforation of the œsophagus are rare, for up to the present time only nine examples have been reported. A few days ago Dr. Lefour communicated to the Obstetrical Society of Bordeaux a case witnessed in his practice. It was that of an infant whom at its birth was remarked to breathe with difficulty, and seemed powerless to cry. At the end of a few hours the difficulty in the respiration increased, and ten hours after its birth the child succumbed. During the few moments which preceded the death the inspiration became very difficult, and at each expiration a flapping noise was distinctly heard. These signs attracted the attention of M. Lefour, and he asked himself if the trachea did not communicate with the œsophagus; the post-mortem confirmed this idea. The pharynx and the upper part of the larynx were normal, but at an inch below the œsophagus terminated in a cul-de-sac from which a fibrous cord of a half-an-inch in length ran downwards to a canal opening directly into the stomach. In this canal, which was evidently the inferior portion of the œsophagus, was discovered an oval aperture communicating with the respiratory tract.

EPITHELIOMA OF THE UTERUS.

Dr. Guénard, of Paris, employs a rather original but simple treatment of epithelioma of the uterus, from which he asserts to have obtained considerable success. He takes a piece of carburet of calcium, of the size of a nut, and introduces it into the vagina, placing it in contact with the diseased parts. This substance has the property, it appears, to become transformed, when in contact with water, into oxide of calcium and acetylene gas. Consequently, immediately on its introduction into the vagina, the chemical changes take place, and to retain the gas, M. Guinard plugs the vagina with iodoform gauze. The patient experiences a burning sensation for three or four hours, and at the end of four days, he withdraws the gauze and washes abundantly the cavity with sublimate solution. The immediate result of the treatment is, affirms M. Guinard, cessation of all hæmorrhage, of fœtid discharge, and of pain. As to the absolute curative result he was not prepared to express a decisive opinion, as he had only had three months' trial as yet of the treatment, but he could confidently say that, as regards the above three symptoms, carburet of calcium produced in his hands the effects stated. Further, through the caustic properties of the lime, the granulations of the neoplasm dried up, leaving a smooth surface in their place.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, September 25th.

OSMOTIC ELASTICITY OF FLUIDS IN THE PERITONEUM AND PERICARDIAL CAVITIES.

Dr. Hamburger, of Utrecht, lately published in Du-Bois-Reymond's *Archiv* the result of an inquiry into the fact relating to resorption. Serous fluids, or even non-serous fluids such as solutions of sugar or salt when introduced into the cavity of the abdomen or pericardium of the rabbit, are absorbed. If the fluid injected is isotonic with the blood plasma of the animal experimented on it remains so during the whole period of absorption, if not, it becomes so and remains so until the whole is absorbed. If therefore in any pathological case an ascitic fluid possesses elasticity above that of the blood serum of the individual, it is not because of the retention, some power must be present that keeps up the condition.

During the retention in the peritoneum, the constituents of the peritoneal fluid interchange with the blood plasma.

How are the resorption and the regulation of osmotic elasticity brought about? After ligature of the thoracic duct these changes go on as rapidly as with a normal current of lymph; they are absent, however, when the renal arteries are ligatured. From this, it is evident that the principal *rôle* in absorption is due to the blood vessels. With Heidenhain, one might be inclined to think that a vital process is implicated. But opposed to this explanation the author finds that the processes go on even when the peritoneum has been injured by chemical and thermal agents, and that it even goes on in animals that have already been dead from a few minutes to twenty-four hours and more. He believes that imbibition and osmotic impulse are sufficient to account for the process. By molecular imbibition, fluid is sucked up into the homogeneous peritoneal endothelium, it is further passed on into the sub-endothelial connective tissue by capillary imbibition, and the blood capillaries then assist the process. The lymph tracts support the onward flow of the imbibed fluid, for if a strong solution of Berlin blue is injected into the pericardium of a living or dead animal, the lymph channels are found to contain the colouring matter. During the process of imbibition an osmotic equalisation of pressure takes place between the intra-abdominal fluid and that in the tissues, so that if the renal function is not suppressed the intra-peritoneal fluid acquires and maintains the original osmotic elasticity of the blood plasma. In dead animals, therefore, where there is neither blood nor lymph current the resorbed fluid cannot be removed. He concludes that resorption of fluid from serous cavities is simply a physical and not a vital process.

TREATMENT OF PELVIC EXUDATIONS.

Dr. Eichholz, of Kreutznach, has lately published and article on the above subject in which he recommends Oertel's system of diet in exudation within the pelvis. Bearing in mind the fact that only man drinks when he is not thirsty, he is of opinion that we ought to treat cases of this description on a more rational basis and in the matter of diet return to primitive methods. There could be no contra-indication of a dry diet and it might be ordered without any hesitation. Fluids should be withdrawn gradually until they could be withdrawn no further, compatibly with holding uric salts in solution. After some time attempts should be made to make the tissue give up its fluid, by packing, or vapour baths, or mountain climbing.

The dry diet ordered by the author at the commencement of the treatment is generally as follows:—One cup of cocoa or milk with as much bread as is desired for the first breakfast. Second breakfast, only if necessary, baked food or fruit. Lunch, meat, vegetables, potatoes with a little sauce, no soup. For dessert, fruit. In case of great thirst a glass of wine or water one to two hours afterwards. In the evening a little meat, vegetables, baked meats and fruit at pleasure. A glass of wine or water if much thirst is present. If this diet is well borne a further reduction of the fluids is made. Twice or thrice

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a week, mud baths or "Roman-Irisi" baths, or vapour baths are to be taken.

Liebreich on Traumatic Tuberculosis.

In the discussion that followed Hr. Mendelsohn's paper, Prof. Liebreich said that in the post-mortem room in one case tubercle was met with, in another, streptococcus infection; in a third, something else. It was not said that anyone who suffered an injury straightway had local tuberculosis, but the injury furnished the *locus minoris resistentiæ* in which the commonest nosoparasite, the tubercle bacillus colonised. A man might get phthisis, and die of it, without any tubercle bacillus. There was an essential difference between the original, purely symptomatic conception of tubercle and that conception of tubercle and phthisis that we had at present. We understood by infection something that affected the whole organism in its totality. One could not have a hard chancre on his penis and not have syphilis afterwards, the poison penetrated the whole system. He did not deny that a man could infect himself with a tubercle baccilus, he only denied that such a local infection constituted phthisis. If one said that tuberculosis to a certain degree showed infective properties, he agreed to it, but phthisis showed no infective properties. The tubercle bacillus did not constitute phthisis, but that which we called phthisis was first present, and then came the tubercle bacillus. Phthisis was a nutritive form of disease based on national, economical, and social conditions, and influenced by climate, in which the tubercle bacillus could colonise, as with a child who had hurt its knee, in whom the injury provided a *locus minoris resistentiæ*. Such a child, with a tuberculous knee, which could be treated by the classical method of König and others by stasis-hyperæmia and cured, did not need to become phthisical. On the other hand, a man who was already phthisical might hurt himself. From both points of origin, therefore, a second something might be associated. But the basal principle of the difference was that the tubercle bacillus did not constitute phthisis. The tuberculosis of guinea-pigs was not phthisis, these animals were not susceptible to phthisis Here there was no noso-parasitism, but an actual infection. In the guinea-pig the tubercle bacillus set up an infective disease. In the human subject, on the contrary, this was happily not the case. The tubercle bacillus that passed into a perfectly healthy man was, he might say, an organised foreign body. The foreign body could cause suppuration, it could become encapsuled; another time it possibly set up slight symptoms of tissue activity, slight thickenings, but it did not propagate itself; the tubercle bacillus that entered a healthy man produced its pathologico-anatomical changes only on the spot, but the organism was not phthisical. The tubercle bacillus becomes a danger only to the body that was locally or generally diseased. If it was generally diseased the patient did not—need not be phthisical, but he could also be diabetic. They knew that a diabetic organism could become tuberculous; they then mixed up things and said that a diabetic had become phthisical. Hausemann and Virchow also had shown that there was a phthisis without tubercle.

He knew that it was to some extent difficult to keep the two apart, but such a difference existed, and this was very different from Koch's view. Koch's view was one of direct contagion. It had been said that tuberculosis was diminishing in prisons, because the receptacles for food were kept better cleaned, but Hr. Baer had shown that this diminution coincided with improved nutrition. Better nourishment, however, did not alone mean better food, but a better condition of the system that allowed better assimilation of the food. He also distinguished a local infection that only set up a general infection when the individual was already diseased previously. His therapeutic method correspondingly consisted in strengthening the tissues. It was matter for congratulation that the curative institutions made use of this powerful factor. They in that society, however, were the founders of that most valuable method of therapeutics. They were they who had supported Brehmer in all his struggles. He (Brehmer) it was who first described the method, and in the speaker's opinion he had rendered the highest service, and it was their good fortune that he was one of themselves.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, Sept. 26th, 1896.

Diabetes Insipidus.

Prof. Nothnagel continued this subject in his clinical lecture, and expressed the opinion that the polydipsia in diabetes insipidus was the primary lesion which convinced him that there was a thirst centre. He brought forward a case of a young man who had been struck in the breast with a horse's hoof, whereby he fell heavily on his head on the frozen ground. He did not lose consciousness, but suddenly arose after the accident which was succeeded in half an hour by great thirst. From that hour glass after glass of fluids would not quench his desire for drink. Complaining of pain in the back of the head, he was brought to the clinic four hours after the accident. At that time he had only urinated once since the accident, which formed the confirmatory diagnosis of a typical picture. His previous history was good. Nothnagel thought there was no difficulty in diagnosing this case from simple polyuria; as the accident was followed by great thirst, and succeeded by the elimination of large quantities of urine. There is little doubt about the polydipsia being the primary symptom in this case, which led him to speculate on the cause of this phenomenon. Thirst is a general feeling which may arise from a drying of the mucous membrane of the throat or alimentary canal; it is a symptom of fevers from a similar cause or a thickening of the blood, demanding dilution, or it may be due to a large extraction of water from the tissues when the nerve system or reflex action is called upon to supply the deficiency. He believed, therefore, in a thirst centre physiologically located in the medulla oblongata. In addition to these symptoms, there was a myosis present, which confirms the assumption of a lesion of the pons. On the reception of patient at hospital no organic changes could be discovered, but there was a strong presumption in the case that there was a fine capillary hæmorrhage in the medulla oblongata. After a short time he was dismissed, greatly improved, but, meeting with a second accident shortly afterwards, returned with the same symptoms. On this occasion it was not the head but the breast and arm that was the seat of injury, but along with this there was exalted hyperæsthesia, which pointed to a disturbed cerebral condition. Nothnagel next discussed the anatomical changes that had occurred. He doubted if any morbid alteration could be observed in the brain, as the sensory nerves, with the

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acoustic parts, were the only ones affected. In other cases he had met with certain lesions of the brain, with hemi-anæsthesia, which, arising from a single centre, would reasonably produce unilateral results. We must, therefore, assume a traumatic neurosis which is frequently met with in daily practice, having no definite anatomical site, although its manifestations are present and variously named traumatic hysteria, &c. This form of traumatic lesion may arise from emotional disorders, but there is little doubt that the case presented was closely related to those, in whom the diabetes insipidus may be viewed as a traumatic neurosis.

The treatment to be followed must be rest and quiet, with probable suggestion not in the "hocuspocus" form frequently advocated, but carefully applied. Hypnosis, he said, was a dangerous remedy, but a powerful therapeutic when correctly applied. Static electricity had already been applied, though with little advantage, yet if continued with other adjuncts may assist in restoring the patient. Antipyrin has been applied to relieve the severe headache.

MEDICINE AND DEBT.

A peculiar case of debt has been passing through the various courts of law till it has now reached the High Court of Appeal. The debtor is a Doctor of Medicine, living in princely style, and practising in this city for many years' past. A creditor presented an account, which the doctor refused to pay, for which he was summoned before the debt tribunal. The Court held that the practice of medicine was privileged by the Charter; that the profession was not a trade, and, therefore, the doctor must be exonerated. The creditor has removed the case from one court to another, with the same result, till it has now reached the Court of Appeal, where the judges affirm that the decisions of the lower courts are correct, and that sequestration is not allowed.

A HOLIDAY TOUR IN THE PYRENEES.

[FROM OUR OWN CORRESPONDENT.]

IV.—THE BASQUE COAST.—BIARRITZ. &C.

THE bull-fights at Dax and Bayonne, and the races at Biarritz, have drawn many visitors to this coast. "Bright, beautiful, and brilliant," Biarritz is teeming with guests; Spanish, Russian, Dutch, French, English, North and South Americans, and many another nationality are here. To-day is the great day of "The Courses"; and every kind and species of conveyances are pressed into service, to convey the gaily attired great congregation of spectators to the Hippodrome.

Bayonne is a walled town with a famous history; "the maiden fortress" proud of its motto "Nunquam Polluta." It has withstood seventeen sieges successfully. The last siege was that by Wellington in 1814, which was raised on the receipt of the news of Napoleon's abdication, prior to his exile to Elba. Bayonne is an important strategical point to-day, and a most pleasant city, to which I will return on another occasion.

Biarritz, too, had some vestiges of antiquity; these have been built over and forgotten in the prosperity of the present town. In 1848, *Murray* called it "the dullest place on earth," but to get near her beloved Spain, the Empress Eugenie came here in the hey-day of her glory, and her advent heralded the commencement of a new era. To-day, I know no place in France excelling Biarritz for gaiety and animation. It is "fashionable" to excess. Thrice-a-day toilettes *en règle*. Plenty and prosperity blooming around everywhere.

Biarritz has two annual seasons. The "sea-bath season" in July, August, and September, when it is overthronged with Russians, Spaniards, French, and Americans; high prices ruling universally, and economy scouted. The more quiet and economical "English season" runs from November to May.

Like Saratoga, in the United States, Biarritz is a city of hotels; and of most excellent hotels, with every modern equipment and luxury. One of them, the "Palace Hotel," was originally erected by the Emperor Napoleon III as a present to his wife. Some of the readers of the MEDICAL PRESS AND CIRCULAR have suggested I should quote "current prices" as a matter of useful information. In this, the "sea-bath season," the poorest "auberge" in Biarritz asks 7s. 6d. to 8s. 6d. per day for room and pension. Some hotels, called "moderate," require nearly double these rates. The best hotels get readily 15s. to 25s. for each person. The "Palace Hotel" charges 30 francs for a room and two meals daily (wines extra), and it is to-day "crammed" from cellar to roof; notwithstanding that the presence of the Spanish Court at San Sebastian (a little farther South) has this year kept there many of the usual Spanish visitors of Biarritz.

The "Grand Hotel," Hotel d'Angleterre, Hotel du Casino, Hotels Continental, Victoria, Princes, Europe, Paris, and others are equally crowded.

In the winter (except at "The Palace," which never varies), luxurious living can be easily obtained here in most elegant and comfortable hotels at from 10s. to 15s. per diem.

Many, more moderately inclined, go to the neighbouring villages and towns, as Guétherry, St. Jean-de-Luz, Hendaye, &c.

At Guétherry the Hotel Juzan is cosy and moderate. At St. Jean-de-Luz, there are three Hotels—"Angleterre," "France," and "Poste." But near Hendaye I found the best hotel on the coast, outside Biarritz, and most reasonable in its charges.

The "Grand Hotel de la Plage," of Hendaye, is a modern-built house, with every English comfort and convenience. Good bedrooms, carpeted (not usual in France) excellent *cuisine*, admirable service, reading and writing-rooms, elegant salon and dining-room, perfect sanitation, gardens, shady walks, and the best beach on the Basque coast. It is a most comfortable home, well sheltered in winter, and within easy railway access of Biarritz, Bayonne, and San Sebastian. It has many historical attractions. Immediately across the river Bidasoa is the antique Spanish town of Fuenterrabia, with a castle built by Sancho Abarca, "The Strong," King of Navarre, in the tenth century. The façade fronting on the Plaza di Armas was rebuilt in the sixteenth century, and that facing the river, by the celebrated Charles V, of Spain, Austria, and the Netherlands; the Emperor of Germany whom Luther braved at Worms, and who, after vainly trying to rule autocratically half-a-dozen nations, abdicated to find himself equally tormented in trying to make as many clocks keep uniformity. The view from the Donjon of this castle is magnificent over the sea-coasts and mountains; for here the Pyrenees bathe their feet in the Bay of Biscay. The panorama is grand; St. Jean-de-Luz, Biarritz, the picturesque Rhune mountain (famed in

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Wellington's last Peninsular campaign), the noble summits of the "Three Crowns" and the other great hills of Navarre showing themselves to the west, south-west, south, and east.

There are few towns in Spain more thoroughly Spanish than this frontier relic of the past. Sombre, narrow streets, with dark bosses of escutcheons, projecting balconies, and canvas-curtained little shops, careless about customers. Competition seems unknown; and everywhere is apparent a callous indifference to visitors. You may come or you may stay away, and none will trouble themselves either way. On the other shore of the shallow, sandy river, at Hendaye in France, all are eager for trade and traffic. The hackmen annoy you with their persistence. On the Spanish shore nobody cares a Dutch farthing about anything apparently. The dame who stands at the Castle-door and mulcts you 2½ fr. for admittance, is quite indifferent, to all appearance, whether you enter or not. If you do enter she is equally uncommunicative. There is a soiled printed placard of information, pasted on the archway-lintel, in several languages; but you must find it for yourself. And you wander through the dilapidated old palace-fortress alone. It is the same with the female guardian of the Sacristy of the old church. As in some other things, you must seek to find.

It is well worth the seeking and the finding. All who know Spain know the anomalies and, as it seems to us, incongruities of Spanish churches. Religion and some things akin to the burlesque, side by side. Majestic edifices, beautiful paintings, glorious windows, and showy, tawdry shrines and accompaniments. For instance, here is a life-size statue of the Virgin, dressed with bonnet, cap, bodice and gown, precisely like a well to-do village shopkeeper's wife going to market.

In the Sacristy, if you ask and pay to have it opened, are many gilded and very antique wooden-figures, well repaying inspection. Some of them painfully realistic; as is one of God the Father, and Christ crowning a substantial, buxom figure of the Virgin. Another, amusingly interesting, of Joseph, with Mary and Infant on a quizzical looking ass, journeying to Egypt.

Higher up the river is the Isle of Faisans, noted in many passages of Pyrenean history. But I also leave that for some other day.

The Grand Hotel de la Plage of Hendaye (Basses-Pyrenees) must be a delightful winter home for quiet English families. In the winter season, its terms (inclusive) are very low; 5s. per day, single guests, and about 4s. per day each person, for families. This for a really comfortable hotel, with very well-cooked food and amply-supplied table. It is readily reached by direct trains rom Bordeaux.

PARIS—ITS SANITATION: ADMINISTRATIVE AND PRACTICAL.

Part IV (*Conclusion*).

[BY OUR SPECIAL COMMISSIONER.]

Omitting the impure waters of the Seine and of the Ourcq Canal, the united production of the Dhuis, the Vanne, and the Avre can supply fifteen gallons of drinkable water daily per inhabitant. But the wants of fireplugs, and occupiers of third stories and above, must be exceptionally served. Hydraulic machinery has been erected at Ivry, a point on the Seine, before it unites with the Marne, which sends unfiltered Seine water in some quarters to high stories. The humble classes can hardly complain of even the measured service of potable water; the tariff has been reduced; it is for the landlords to provide the supply. But many of them will not do so; they prefer subscribing to the river or service, which is half the price of drinkable water, and there is no law to compel the landlord to take the sound water. Formerly, a house would not be supplied with water unless 110 gallons daily were taken; now 23 gallons can be subscribed for at 20 francs a year, and three apartment holders can unite and secure their supply for 16 francs yearly. The counters register the consumption. The Municipality is bound, in exchange for the water monopoly, to supply all public establishments free with water, but this only applies to that of the Seine, not to the Vanne, &c., for at the time of the contract the independent supplies o potable water did not exist. Hence, the 20,000 soldiers composing the garrison of Paris have to put up with one gallon per head per day of Seine water. In 1806 Napoleon declared that it was shameful that citizens should have to pay for the water at the public fountains; so he decreed that for the future the fountains should flow day and night, and the inhabitants to take what they liked free. At present there is only one fountain in all Paris flowing day and night. There are 500 public fountains, whose water is turned on when pressing a button; these do not include the "99 Wallaces." The latter are invariably supplied with good water. All the fountains flow at fixed hours, chiefly from 11 a.m. to 6 p.m., or from the latter hour till midnight. As a general remark, the poorer classes receive more healthy water now than formerly, and this will continue till a complete supply for the metropolis be secured.

The sources of potable water are supplied by the "Dhuis," since 1865, and that is *reservoired* at Lac St. Fargeau; it furnished 18,000 cubic mètres daily, and arrives from a distance of 82 miles. The "Vanne" originates in a spring, nine miles west of Troyes, and was first conveyed to Paris in 1874; it feeds the Montsouris reservoir, at the rate of 100,000 cubic mètres daily. The third working supply, since 1893, is the Avre, which rises in the neighbourhood of Verneuil, 62 miles from Paris, its reservoir is Saint-Cloud, and furnishes 100,000 cubic mètres per day. Of these three sources of drinking water, which supply only two thirds of the total quantity actually required by the city, the Avre contains least lime, the Dhuis most organic matter and magnesia—indeed, seven times more than the Vanne, and three times more than the Avre. The latter is richest in bacteria. The water supply outside that classed as potable, is derived from the Ourcq, the Marne, and the Seine—all more or less contaminated; they are chiefly employed for sewer flushings, watering streets, industrial arts, and by necessity, for table purposes. The Ourcq rises in the Forest of Retz, in the department of the Aisne: its water is tapped at Mareuil, and flows by canal to the Villette Docks; it conveys 120,000 cubic mètres daily. The water of the river Marne is raised by machinery at St. Maur, and furnishes 100,000 cubic mètres per diem, to the reservoir at Ménilmontant. In April, 1895, Dr. Miquel's analysis attested that this St. Maur supply, contained 60,000 microbes per cubic centimètre, while the like cube of the Dhuis water in the same month had only 6,670. The Seine water is raised by steam machinery at several points before it joins the cloudy Marne; five and a half million cubic mètres are

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thus piped to the city. Now the Seine rises in the Forest of Chanceaux, near the hamlet of St. Seine, in the department of the Cote-d'Or; before it enters Paris, it receives the rivers Yonne, Aube, and Marne, in addition to numerous small streams, for all of which it acts as a mother sewer. Hence, its quality can be imagined, as supplied by the hydraulic machinery. The Seine winds over a distance of six miles through the capital; the sewage system reveals what impurities it receives, and in the rough, nearly four-fifths of the total city's filth emerges from the exit city point of the Seine, to contaminate the suburban residents, numbering 600,000, to say nothing of the more distant riparian populations, till the river, after its total course of 210 miles, falls into the Ocean between Harfleur and Hâvre. It is there the *cloaca maxima* of Paris empties itself, pending that a special covered canal be constructed to discharge detritus in the sea, as perfectly as do the sewers at Cannes, Nice, Monte Carlo, Mentone, &c. In the interim the engineers do their best with the irrigation solution. It is really only at Mantes that the Seine shows signs of recovered purity; that is, it contains fewer bacteria, less organic matter, and more oxygen. But if a flood ensues, all the river's hinterland of sediment will be stirred up and conveyed down to Rouen, where the tide is encountered. At Bougival, the Baden-Baden environs of Paris, the Seine is so rich in manurial mud, that farmers are glad to purchase it as being an invaluable source of assimilable phosphoric acid for crops. Why not filter the Seine water through sand beds, as is done for the Thames at London, and the Spree at Berlin, as well as in other cities? The sewage lifted at the Clichy collectors to irrigate the reclaimed land at Gennevilliers, contains nearly twenty-four millions of microbes per cubic centimètre, but after filtrage through the naturally sandy soil, it runs into a drain bright and sparkling, and containing only 920 microbes per cubic centimètre. But we know that filter beds, properly prepared, and assiduously cared, are capable of straining out the dangerous multitude of bacteria. Sanitary engineers have only an *embarras de choix* as to bed-filter systems. As to household water filters, no one has any confidence in such now; they are generally condemned as a remedy worse than the disease; they clarify, but do not arrest the microbes, nor matters holding toxical agents in solution. They exact incessant cleaning; when clogged they are breeding centres for bacteria. Hence, the necessity of keeping the pipes of the house conveying good water constantly examined and cleaned.

Since two years the Municipality is occupied endeavouring to realise an efficacious plan to purify or sterilise Seine water for drinking needs. No less than 148 different processes, in reply to official invitation, were sent in; these were thinned out to 29, and the latter number of competitors were supplied with the same water taken at the Austerlitz works, to conduct their experiments during several months. But engineer Martin, the Inspector-General of Sanitation, in his report on the trials, concluded that none were satisfactory, to filter on a large scale, the quantity of Seine water necessary for potable purposes; and that the best of purifications was, to tap a pure spring, and pipe its over-flow direct to Paris. Mr. Martin, however, bore testimony to the remarkable results of sand bed filters, serving as a base for the glutinous layer of microbes—which accumulate on its surface—that gluey or viscous mass of microbes, forming the real filter—while being at the same time very delicate, of brief duration, owing to rapidly becoming hard and compact, and so ceasing to act. This also explains the failure of house filters, Dr. Miquel, in his report on several of the chemical substances employed to destroy the bacteria, stated, some caused them to swarm more rapidly, while others, after sterilising them for a short time, only gave a stimulus to their multiplication. At present the Municipal Council is erecting offices at St. Maur, to purify Seine water by the Baron de Tindal process, that of ozonising the impure water; that is, burning, or oxydising, the life out of bacteria and disease spores. The establishments now producing electricity for light can manufacture equally well the ozone, and this, driven into water-chambers and churned up, will destroy the bacteria and spores; result, good and pure water. One cubic mètre of water could thus be purified at a cost of less than half a farthing. And Paris could have her needed supply of 300,000 cubic mètres of water daily, as certain as the Seine and the Marne flowed. The machinery already installed to produce the street electric lighting could sterilise the city's water supply in the daytime. This experiment is watched with intense interest.

The total length of water pipes in Paris was 1,406 miles at the close of December, 1893. The highest consumption of potable water during one day in June was 208,000 cubic mètres, while that of the service water reached on another day the maximum of 265,000 cubic mètres, or a united total of 473,000 mètres cube. The total expense of the water supply department, including outlay on material, repairs, &c., is estimated for 1896 at 5,106, 860 francs, in addition to part-share of the estimate for staff salaries of 193.700 francs.

The number of inhabitants of Paris on 31st December, 1891, was 2,448,000, including a floating or untaxable population of 62,000. The census of the current year are only known *in globo*, and till given in detail do not affect the general present bearing of the sanitation of Paris. The vital statistics of the metropolis, all health conditions considered, do not point to a bad hygienic situation, even when compared with other dense centres of habitations. Its bill of health might be thus summed up: "Stationary, with a tendency to amelioration." The chief cause of endemics is undoubtedly largely due to the inadequate water supply, that for drinking when insufficient is bad, that required for scouring the sewers is inadequate. The Bad Smells Commission, which is a sub-committee of the Hygienic Committee of the Prefecture of Police, meets frequently when the city is periodically or seasonly steeped in offensive odours from sewer emanations and insalubrious factories. Citizens expect no ameliorations from its labours, and which may be summed up in the stereotyped recommendation; keep every place clean, flush all drains and sewers with plenty of water—a great difficulty when none exists—and avoid running filth into the Seine. Parisians receive that annual literary with an amiable scepticism. But what causes uneasiness is, when they are condemned to drink the water of the Ourcq Canal and the Seine, which means turning on typhoid fever and infantile diarrhœa. The average births in Paris for ten years ending December last, was 65,822. Of the 52,955 deaths, 2,514 took place in the hospitals, and of the total deaths 7,893 were between 0 (dead born or lived a few hours) and one year; 5,153, between 1 to 4 years, and 2,292, 80 years and above. The deaths are tabulated under 16 classes, which are sub-divided into

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162 sections. Among the latter, for the year 1891, are due to pulmonary tuberculosis, 10,681; tuberculosis méningite, 891; typhoid fever, 649; measles, 701; whooping-cough, 513; diphtheria and croup, 1,465; grippe, 385; scarlatina, 182; typhus, 47; small-pox, 302. When the city death-rate fluctuates between 900 and 1,000 weekly, the health officers are on the *qui vive* In the vital statistics issued by the Municipality for the thirty-third week of the present year, there were 821 deaths; the recorded mean weekly deaths for the month of August is 886. Hence, the sanitary condition of the city is satisfactory. September is a trying month for typhoid fever; why, is not yet clearly known; in any case its trend is to diminish. In the weekly return quoted, epidemic diseases were rare; typhoid fever caused 11 deaths; measles, 8; scarlatina, 5; whooping-cough, 6; diphtheria, 7; and infantile diarrhœa (athrepsy), 98. There was no decease from small-pox. Conclusion; the main sources of the insalubrity of Paris are due to its incomplete rather than imperfect sewage system; to the insufficiency of its supply of drinking water, and to the infectious character of the substitute waters that necessity compels to be still consumed.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

Diffuse Hypertrophy of Both Mammæ.—Mr. Carless operated on a girl, æt. 16, who for a little more than two years had been the subject of this troublesome condition. Menstruation commenced about the age of 14, and since that time the breasts had been gradually increasing in size until at the present time they hung down below the navel when the patient was standing, and each measured about 22 inches in circumference. There was no history of any similar condition in the family, and no admixture of dark blood. The patient was thin and somewhat anæmic, but otherwise healthy. Mr. Carless removed each breast separately, a week's interval intervening between the two operations. The usual oval incision was made, but considerable difficulty was experienced in separating the integument from the subjacent glandular tissue owing to the entire absence of subcutaneous fatty tissue; in fact, it was found necessary to get below the breast at one angle of the incision, and then to work from below towards the surface, separating the skin rather by traction upon the breast than by cutting. There was considerable hæmorrhage owing to the presence of dilated superficial veins, whilst the chief arterial supply was apparently derived from the internal mammary trunk by the branch emerging through the second intercostal space. The skin flaps were trimmed up so as to adjust comfortably together, a drainage tube was inserted and the wound closed. Some difficulty was experienced in dealing with the first wound owing to the presence and weight of the breast which was still left, no efficient pressure could be applied to the wound, and in spite of careful bandaging so much traction was maintained upon the stitches that healing was somewhat interfered with. On removal the breasts were found to weigh 9lbs. 4ozs. and 9lbs. 4½ozs. respectively; the left breast being slightly heavier. Mr. Carless remarked on the somewhat unusual character of this case, but pointed out that it usually affected young women coming on soon after puberty. Only one case of the many which had been recorded had been known to subside naturally, whilst in several cases that had been left the growth continued to such an extent as to cause sloughing of the mass from malnutrition followed by septic inflammation and death. It seemed a terrible mutilation to remove both mammæ from a young developing woman, but no other treatment held out any prospect of relief. The size of the mass to be removed was such that there was necessarily considerable hæmorrhage and resulting shock, hence, although the after treatment was considerably interfered with by performing the operation in two stages, yet it was undoubtedly the right course to follow.

WESTMINSTER HOSPITAL.

Doubtful Enteric Fever.—Septic Thrombosis of Lateral Sinus.—Pyæmia.—Mr. Walter Spencer operated on a man, æt. 19, a coal porter, who had been admitted as a case of enteric fever, under the care of Dr. Murrell, with the following history:—The patient had scarlet fever seven years ago, which was followed off and on by a discharge from the right ear. He was in good health until eight days before admission when he suffered from some pain on the right side of the head and especially in the right ear; five days afterwards he had a rigor, and his temperature as taken by a district nurse was found to be 105°. The pain in the head increased but the discharge from the ear ceased. His temperature taken at irregular intervals ranged from 103° to 105°. He had constant diarrhœa and this continued even when the dietary was limited to milk and soda-water. When seen, shortly after admission, he was in bed lying on his back. His face was pale, with a pink malar flush, and he was very prostrate. Pressure over the mastoid gave him no pain, and no tenderness could be detected over the scalp. Pressure behind the angle of the right jaw caused the face to be drawn to the same side. There was doubtful tenderness in the right shoulder-joint. There was no paralysis, no strabismus, no nystagmus, and no retraction of the head. Ophthalmoscopic examination of the right eye showed that the disc was normal. The tongue was furred and dry, and the bowels were confined. The abdomen was slightly distended, and one or two small papules were observed close to the umbilicus, but they were not thought to be enteric spots. The spleen could not be felt. There was a slight cough unattended with expectoration, and some dulness was detected at the base of the right lung accompanied by fine crepitant râles. The urine contained a sixth of albumen. The temperature on the day following admission was, at 4 a.m., 104·8°, at 8 a.m. 103°, at noon 101·2°, at 4 p.m. 102°, at 8 p.m. 104·2°, and at midnight 105°. During the night he was violently delirious and was controlled with difficulty. On the following morning, Sept. 1st, the temperature fell suddenly at 8 to 97·2°, but at noon it was 105°. This cleared up the question of diagnosis and indicated that the case was one, not of enteric fever, but of pyæmia. In the afternoon he was seen by Mr. Walter Spencer, and it was decided to operate at once. After the patient had been placed under gas and ether, Mr. Spencer first scraped out the ear through the meatus. A polypus was removed with some granulations from the middle ear. The position of the mastoid antrum was found to be occupied by sclerosed bone which was chiselled away for about an inch in depth including the posterior wall of the external auditory meatus. At the back part over the position of the lateral sinus some dark bone was seen from which bubbles of foul gas escaped. The groove of the lateral sinus was then exposed, and as the sinus seemed to contain clot it was opened, and some foul-smelling clot removed. A plug of

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wool and wax was inserted, and then a plug of iodoform gauze. A dressing was applied, and the patient was removed to the ward. The condition of the patient towards the conclusion of the operation was so unfavourable that it was thought inadvisable to interfere with the vein.

We learn that on the following day the temperature was 103·4° at 8 a.m. and 104·2° at 4 p.m. and 8 p.m. The pulse was 120, and the respirations ranged from 44 to 64 in the minute. The percussion note was impaired as high as the angle of the scapula on the right side, and the breath sounds over this area were very weak. There was a small quantity of blood-stained sputum. The wound was dressed frequently during the day. Next day, at noon, the temperature was 105·4°, and the general condition was worse. The man was still violently delirious, but distinctly weaker. The cough was more severe, and the expectoration was blood-stained. Fine râles were heard all over the right back, extending into the axilla. The bowels were opened four times during the day. On the following day the temperature was 105°, and the patient had several loose motions. The breath was very offensive, and the man was unconscious. He died on the next morning.

At the autopsy (which was made by Dr. Hebb) the surgical wound behind the left ear was noted to be two inches in length. Much bone at the base of the antrum had been removed, leaving a cavity the size of a Spanish nut. At the posterior part of this cavity was a hole leading into the lateral sinus, which, from this point downwards for the first inch of the jugular vein, was filled with firm clot exhibiting septic appearances. The bone around the cavity was much sclerosed, Between the dura and the tympanic plate was a small collection of pus. In the right pleural sac was much dirty, yellowish-green purulent fluid. In both lungs were septic abscesses, one in the right lower lobe being the size of a golf-ball. Fœtid decomposition and gas were the predominant features of the abscesses; bounding them were numerous small areas of hæmorrhagic consolidation. The left ear was normal, and there was no disease in the joints.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 30, 1896.

THE PROGRESS OF CREMATION.

THE disposal of the dead is one of the ever present problems of mankind, which presses upon any given community with an urgency that increases in direct ratio to the density of population. Unfortunately, its solution cannot be settled by cut and dried scientific axioms, for the whole matter is hedged in with a thorny fence of prejudices, civil, religious, and sentimental. In the abstract it is easy enough to point out that the substitution of burial by fire instead of in earth is to replace slow by quick combustion, and that the ultimate products of both processes coincide. Sentiment is simply hidebound against such an argument; the mere suggestion that the body of a deceased friend should be burned is often resented as a desecration. In other cases, even where the individual is philosophical enough to direct cremation for his own body, he would refuse to sanction it in the case of a friend. In a word, the inconsistencies and waywardness of affectionate unreason are nowhere more clearly demonstrated, than in the dealings of man with his dead. To such extremes have this sentiment been carried, that within a comparatively recent period burial grounds have been allowed to exist in the very heart of densely populated centres. Happily, that state of affairs has been remedied, at any rate for the time being, although the rapid growth of modern towns is constantly engulfing cemeteries that were a few years since out in the country. With the adoption of cremation, however, the difficulties and dangers of earth-burial disappear, and every sanitarian will watch with deep interest further developments of our modern revival of the extremely ancient practice of fire-burial. In Great Britain the extension of the movement has been slow, indeed, but sufficiently steady to augur well for its ultimate success. Thus, the first cremation in this country took place in 1885, while during the year 1895, ten years later, the total number of bodies disposed of in that way amounted to some 220. A new point of departure was witnessed last week at Liverpool in the opening of a new crematorium by the Earl of Derby, who is Lord Mayor of the city in question. As might be expected, this occasion was the signal for a great deal of eloquence upon the subject of cremation, past, present, and future. It may be assumed that our readers are fairly well acquainted with the main feature of the case, and we do not propose to recapitulate them here, merely presuming that, as usual, the logic was all, or nearly all, on the side of cremationists. At the same time, there are some points that may be touched upon with advantage, either because of their novelty, or because they clothe familiar facts in somewhat new garb. Mr. Holt, the chief speaker at Liverpool, pointed out that, although the followers of cremation were still few, yet their quality, on the other hand, was extremely good. It is, indeed, a noteworthy fact that cremation has been deliberately preferredto earth-burial by many distinguished folk, far removed from any suspicion of crotchets and fads. On portion of this Mr. Holt's speech gives such an admirable summary of his position, that in spite of our previous resolution to abstain from quoting time-worn arguments we are tempted to insert the following passage:—"The body," he said, "could not be preserved, natural laws insisted on its resolution into its elements sooner or later, therefore the question was not that of preservation, but whether to accept a long process or a speedy, safe, and inoffensive operation. The ultimate result was the same either way. Surely it was better to endeavour to overcome the sentiment which alone opposed the latter alternative. It was sentiment, mainly based on custom and tender association, which was the obstacle, and it was aided by the fact that the relatives had to make their determination at a time when their minds were unhinged, and also when delay was impossible."

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The speech of Lord Derby is of special value, as showing the open mind of the average man upon the whole matter, of which he freely acknowledged the ever-increasing importance. One fact he emphasised was that, so far as the sentimental sanctity of the churchyard was concerned, that had over and over again been violated officially under the sanction of an Act of Parliament. That state of affairs he regarded as weakening, to a certain extent, the position of those who had come to consider burial in a churchyard as auxiliary or supplementary to the question of religion. Another notable statement was that the idea that cremation would, under some circumstances render crime undetectable was exploded for all practical purposes. After many years of struggle against legal obstacles and social prejudice, the cremationists of this country have secured a fair field for a trial of the system they advocate. It may be doubted if any better place than Liverpool could have been selected for the further crucial test of public burial by fire. The inhabitants of that huge commercial centre are fitted both by intellectual culture and by their spirit of social progressiveness to solve more or less definitely a problem that strikes so deep down into the common underlying instincts of humanity.

KITCHEN HYGIENE.

A case recently heard in a provincial town County Court brings the whole question of public restaurant kitchen sanitation once more into prominence. In the case alluded to, a professional man-cook claimed wages and compensation for wrongful dismissal; but the defence set up was that the cook was suffering from erysipelas, and that he had more than once poulticed his leg, during working hours, in the bakehouse below the kitchen. Evidence was brought forward that the plaintiff's leg was in a dreadful condition, and the sight of his "dressing" it anything but pleasant. The County Court judge seemed to think that this was not sufficient justification for dismissal. We need not, however, go into the merits of this particular case. Apparently the disease was not contracted on the premises, and so we have no evidence that the restaurant kitchen sanitation was defective, or in any way responsible for the cook's condition. Nevertheless, it is sufficiently disquieting to find that a County Court judge considers a man suffering from erysipelas, and in the habit of poulticing his leg in a bakehouse, a fitting person to prepare meals for customers in a big restaurant. Daily observation clearly proves that professional cooks as a class are not healthy. They are peculiarly liable to pneumonia, disease of the liver, kidneys, circulatory system, and skin, not to mention rheumatism. No doubt the duties of cooks in restaurant kitchens are particularly arduous, but in practice it is not found that the far more heavily-worked blacksmith or foundry "hands" are so subject to illness, although they too are exposed to alternations of great heat and sudden cold draughts. The cook, it is true, has to battle with certain temptations, and generally falls a victim to over-eating and excessive indulgence in alcoholic liquors. Still, this alone is not sufficient to account for the high rate of disease and generally short lives of cooks. As a matter of fact, the indulgence in alcoholic beverages is an effect (and aggravation) rather than a direct cause of disease. The man cook flies to drink because his vital powers are impaired, and he feels the urgent need of a "pick-me-up," to use an expressive vulgarism. Of course, the artificial stimulation soon wears off, and leaves behind greater lassitude, provocative of further indulgence. It is noteworthy, however, that men cooks in private families and country hotels are a far healthier set of men than their town-cooped colleagues. This is a significant fact, and brings us at once to the root of the evil, the conditions under which the majority of cooks have to work. Owing to economic laws, restaurants are found in the most crowded parts of cities, where rents are highest, and, therefore, floor space at a premium. As a direct consequence of this, we find the kitchens relegated to basements and other parts of the premises that cannot be utilised for the accommodation of customers. The space allowed for the kitchens and offices is as small as possible. The vast majority of restaurant kitchens in London and the provincial cities are placed below the level of the streets. They are small, with low pitched ceilings, badly lighted, and lacking in any natural means for ventilation. In such kitchens the big metal stoves soon radiate an intolerable amount of heat, and not infrequently emit most deleterious fumes. The air quickly becomes contaminated, and the unfortunate cooks are hurried into a profuse and enervating perspiration, giving rise to great thirst. Unfortunately, the men usually swallow alcoholic beverages, which stimulate for a time but increase their thirst, so that the organism is subjected to a disastrous strain. As a result, we find cooks inclined to stoutness, the flesh being pale and flabby, the blood-vessels dilated, the blood poor. Too often, skin disease supervenes. The number of cooks in active service suffering from eczemas, erysipelas, and other forms of skin disorders is very great, and is a constant source of danger to customers who frequent the restaurants. A slight cut, abrasion, or burn, generally results in a suppurating sore, difficult to heal. Phthisis is rife among these men, brought on partly by the sudden changes from a hot kitchen to cold larders, but more often by the foulness of the air breathed. The fact that these unhappy invalids go on working in our public kitchens is unpleasant to contemplate, and sufficient to cause serious anxiety to all interested in public health. For all these conditions are not only injurious to the individual sufferers, but a menace to the public, There are other physical sufferings to which cooks are subject, and though they scarcely affect outsiders, they should be taken into consideration when a plea is put forward on the men's behalf. Bad as are the natural results on constantly standing before overheated stoves, these are terribly aggravated by avoidable insanitary conditions. The ideal kitchen for a public place of refreshment is a large and fairly lofty room at the very top of the building, with ample window space for the admission of light, and provision for the steady, not violent, change of air. In most

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cities we have perforce to content ourselves with something far short of the ideal. But we would urgently plead for an intelligent co-operation between sanitary officials and licensing authorities, pending the time when the sanitary authorities are themselves strong enough to enforce the observance of common-sense rules dictated by the laws of health, not only in the kitchens of big licensed establishments, but also small refreshment houses. For the present, much can be done to mitigate the horrors of life in the underground, cramped, dark and dirty kitchens in our cities. All such rooms should be lined with glazed bricks or tiles, and wherever possible the light of day should be conducted to the kitchen, if even only by a glazed, brick-lined well-shaft. The floors should be cemented, and the drains carefully trapped. As a matter of fact, it would be possible to point out certain premises where the house drains immediately beneath the kitchen floor, are ventilated by means of a so-called air inlet trap placed in narrow slips of area, right below the kitchen window, which affords the only means of ventilation. In other cases filthy unventilated urinals and water-closets are placed in passages on a level and close to the kitchens. The sinks in kitchens and sculleries should be of glazed earthenware carefully trapped. Over the cooking stoves should be placed a galvanised iron canopy, extinguisher-shaped, and provided with a funnel connected with the smoke flue. This would have the effect of promptly removing much of the excessive heat, steam, and fumes. But this device for ensuring pure air should be supplemented by artificial ventilation. As a rule the best means of attaining this end is to use air-propellers or fans, and as these are now manufactured with very simple steam and electric motors, they can be used practically under any conditions. Of course, the ventilation must be regulated to the requirements of each place, for it is only desirable to remove foul or heated air and induce the inrush of fresh (and if need be filtered) air. Draughts of such force as to be plainly felt by the workers must, of course, be avoided. When we study the incidence of disease, comparing the maladies met with among cooks in domestic service and those common among the fraternity working in restaurants, there is little room for doubt but that the strict adoption of the simple precautions detailed above would make the lot of a hard worked section of the community lighter, and remove a source of danger to the health of the public. Let our cooks work in pure air, not constantly sweltering in steam and the fumes of evil smelling gas, and we shall have less occasion to hear of phthisis, skin disease, and so on, among them. This demand for reform is not a new one, and we regret that it is necessary to repeat it.

THE Treasury has appointed a Committee to inquire whether "legislation is required to prevent the use of deleterious substances in the manufacture of beer." The Committee will be presided over by the Earl of Pembroke, and will have for its members: Dr. Bell, late Head of the Inland Revenue Laboratory; Sir J. Gilbert, the well-known agricultural chemist; Professor Odling, of Oxford; and Mr. Clare Sewell Read.

Notes on Current Topics.

The Eastbourne Water Supply.

THE tactics of the Eastbourne folks with regard to the water supply, if we may judge from the tone of the leading local newspaper, the *Gazette*, are of a short-sighted nature. The journal in question writes: "It is impossible, now that we have a fairly satisfactory answer to give, to ignore the articles published in *Truth* in reference to Eastbourne." This journalistic flight at once challenges inquiry as to what is the exact bearing of the "fairly satisfactory" answer. On referring to the issue of Sept. 23rd, in which the above-quoted passage appeared, we find quite enough to account for the guarded statement of the writer. About half a column is devoted to the "strange and incredible" attitude of medical and other journals with regard to the Eastbourne water supply, and to a fulsome eulogy of the excellence of a new supply from Holywell. With reference to the latter point, the new supply is stated to amount to ten gallons per head, to be laid all over the town, to be sufficient for dietetic purposes, and (by inference) to be permanent. Now, we are not favoured with details as to how, when, or where the new supply is mingled with the old, a necessary proceeding if the inhabitants are to have an adequate amount per head, a condition which ten gallons per head does not satisfy. In such a case it follows that the whole supply must be contaminated if one of the two sources be impure. The plain unvarnished fact seems to be that, for a long time, the water supply of Eastbourne has been intermittently brackish and open to grave suspicion. It is a simply suicidal policy for a watering place like Eastbourne to try and mend a matter of such importance by anything else than a broad and well considered scheme for procuring an entirely fresh supply of water. The *Eastbourne Gazette* traces the unfavourable criticisms that have appeared in *Truth* to the fact that the Mayor of the town declined to interview the editor of the last named most puissant and cosmopolitan publication. This childish method of shelving argument suggests the memorable traditions of the *Eatansville Gazette*. In penning this paragraph, therefore, it may be as well to add that we have had no correspondence with official Eastbourne, although we have drunk of its brackish water on the occasion of private visits to that most charming seaside resort. If the lodging-house keepers and tradesmen want to keep up a good sanitary standard they must make their voice heard in the ocal governing bodies.

Hospital Fees.

THE fee is a point of import to all, or nearly all, medical men, and is not without its interest to the general public. Its amount, however, is often fixed on an arbitrary scale of attenuation that in too many cases is fixed by the easy good nature and generosity of the doctors themselves. Hence the community has become so accustomed to gratuitous medical services that the suggestion of any monetary payment is resented with curt emphasis. This position is constantly illustrated

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in our courts of law, where fortunately the rights of medical men are clearly defined. A short while since a doctor was called upon as a witness in a sheriff's case, and no doubt, acting in the light of wisdom gained by experience, insisted upon being paid his full fee before giving evidence. Half a guinea had been given him with his subpœna, but he claimed a guinea, and as that was not forthcoming, he left the court. His action has raised the usual storm of newspaper criticism and correspondence, mainly tending to show the hardship which denies necessary medical testimony to the poor suitor. How does the same principle, we wonder, apply to the legal conduct of the suit, which is no less necessary to success? We fancy that the lawyers do not give a great deal of gratuitous service. Why, then, should the one profession more than the other be called upon to give for nothing services that are skilled and essential? The lower class of attorney may, if he choose, take up speculative and unjustifiable actions, but it would be hard, indeed, if doctors were placed under his thumb so to speak, in the matter of contributory unpaid evidence. The medical man who insisted on his fee in the case above mentioned has set an example that the whole profession would do well to follow. The verdict of the *Standard* on the position is both temperate and reasonable. "Medical men," says that journal, "are not to be blamed for protecting themselves against loss of time and money, which many of them can ill afford, by a weapon which the law itself has deliberately placed within their grasp."

A Doctor Fined £5.

The house-surgeon of a large hospital, whether in London or the provinces, has little leisure in life. Neither, we presume, is there an overplus of that valuable commodity, time, at the disposal of coroners, at any rate, of those who attend to the proper discharge of their duties. As busy men, both should strive to be no less methodical than forbearing. Happily, collisions between these two classes of public servants are rare, and it is with regret that the profession will view the recent action of Mr. Coroner Langham. Last week he was holding an inquest at Guy's Hospital, and the house-surgeon failed to appear when called upon to give evidence. The coroner thereupon fined him £5 and dismissed the jury. After the latter had left the court the culprit appeared and tendered an explanation and apology, but the fine was not remitted. Mr. Langham added that on no other occasion had a doctor ever kept him waiting. Occurrences of this sort are to be regretted, as from every point of view it is desirable that friendly relations should be maintained between coroners and doctors.

Sir Wm. Broadbent, Bart., will take the chair tomorrow (Thursday) evening at the annual dinner of past and present students of St. Mary's Hospital Medical School, in the King's Room, Holborn Restaurant. The time announced is 7 p.m. and a large gathering is expected. Those of our readers who purpose being present will find full particulars on reference to our advertisement columns.

The Indian Sacrifice.

Under British rule the Suttee, the Juggernaut, and other ancient sacrifices of human life have been done away with among the natives of India. There is still another huge sacrifice that remains to be attacked, namely, the enormous waste of the lives of Indian women and children that is constantly going on from want of medical aid. The customs of the country forbid the women from consulting men upon matters concerning the health either of themselves or their offspring. The same reluctance, however, does not prevent them from going to their priests, who administer most disgusting and abominable methods of treatment. So far as modesty is concerned, all vestige of that is, as a rule, early abandoned by the Hindoo mother in the nameless abominations practised under the cloak of religion. If the people of India are to be raised from the slough into which their ancient civilisation has fallen it will only be through the agency of a reformation which shall embrace the whole native environment, both moral and social.

Deaths in Padded Rooms.

Some recent occurrences have drawn pointed attention to the use of padded rooms in Poor-law institutions. In one case it was shown that a woman of eighty-five was removed from the sick ward of Poplar Workhouse to a padded room, because she was noisy and kept getting out of bed. The resident Medical Officer stated that, although he could not say the patient's mind was actually affected, yet he thought restraint necessary. After a few days the patient was quiet, but afterwards died in the padded room. A second case occurred in Belfast, where a woman of thirty-four, the victim of chronic alcoholism, was transferred from the gaol to the workhouse. In the latter institution she was placed in the lunatic department, where she died. Now it seems that the root of the matter in both these instances is understaffing of Poor-law infirmaries. The burden of work thrown upon the nurses and attendants in these places is already, in most instances, far too great, and the addition of a noisy or uncontrollable patient means simply that the task cannot be performed at all. The only course is to send off the patient suffering from *delirium tremens*, or any poor old creature who has an attack of senile excitement, to the padded room of a lunatic ward, where stone walls and doors supply the want of skilled attendance. The root of the scandal, we repeat, is the utter insufficiency of the nursing staff in workhouse infirmaries.

Secret Commissions.

One is disposed to accord great indulgence to the editors of lay journals during the conventional "silly season," when the stereotyped "pressure on our space" is converted into a potential vacuum, but there are, or should be, limits to the discretion of even a copy-greedy editor. In the *Times* of last Saturday is published, in prominent type, a letter signed by Sir Edward Fry on the subject of "secret commissions." This is not the place to discuss the abstract question of secret commissions or otherwise, but we may safely assert

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without fear of contradiction, that the medical profession in this respect has cleaner hands than any other, except, perhaps, the clerical. Ignoring this obvious fact, Sir Edward Fry, with a recklessness that borders on the culpable, draws a harrowing, if hypothetical, picture of the practitioner touting for the undertaker. What a psychological study, he observes, is presented by the doctor standing by the bedside of a patient hovering between life and death with a pack of undertakers' cards in his pocket. Imagine, he continues, such a doctor, perhaps pressed for his last quarter's rent or his butcher's bill, computing the possible fees to be earned if the patient lives and setting these against the commission which will be paid if the patient be successfully buried, or contrasting the speedy payment of the prosperous undertaker with the probable delay and trouble of getting the fees from the slowly convalescing patient . . . and then the conflict between these degrading thoughts and the sense of duty not yet extinct in the doctor's breast. A more gratuitous libel on an honourable profession has never been penned, and the "conflict between degrading thoughts and duty" only exists in the writer's morbid imagination. We must confess to ignorance of the social identity of the Sir Edward Fry who has taken upon himself to give publicity to so atrocious a libel, but such an insinuation is as discreditable to the journal in which it appears as to the person who signed it. That such a thing never happened it must obviously be impossible to assert with confidence, but that such conduct, if made public, would meet with anything but opprobrium at the hands of the profession, even Sir Edward Fry would, we imagine, scarcely venture to deny.

Extract of Leeches in Therapeutics.

IN the course of researches on the properties of anti-coagulant substances Drs. Bosc and Delezenne, of Montpellier, observed that blood taken from an animal which had been subjected to intra-venous injections of extract of leeches remained a comparatively long time before undergoing putrefactive changes. The resistance to putrefaction thus engendered cannot be due to the possession of any antiseptic properties on the part of the extract, seeing that this affords a favourable culture medium for various micro-organisms. The authors are, therefore, driven to the conclusion that the preservative influence is in reality due to changes in the blood itself, induced by the extract in question. As a matter of observation, they found that the white corpuscles preserve their vitality and activity to an extraordinary degree, even at ordinary temperatures, in fact, the blood appears to "live" outside the organism for a long time. It may not unreasonably be assumed that this persistence, and even exaggeration of the vitality of the leucocytes, implies persistence and exaggeration of their phagocytic power, but, as the resistance to putrefactive changes outlasts the life of the leucocytes, it seems likely that putrefaction is also retarded by increased bactericidal powers on the part of the blood, due to secretions furnished by the leucocytes. The interest of this communication lies in the suggestion that this and similar anti-coagulant substances may be capable of increasing the means of defence of the organism, and of conferring immunity against infection, in the same way as the toxins. They have shown this to be the case in presence of lethal doses of the bacillus coli commune and streptococcus, and this new departure constitutes an interesting development of immunising therapeutics.

Mixed Clinical Classes.

THE announcement that Mr. Jonathan Hutchinson has been compelled to exclude ladies from his popular clinical afternoons on account of the unwillingness of male patients to undress before them is full of significance. It may be taken as evidence that the British male out-patient is not yet acclimatised to the presence of medical students of the other sex and his feelings have to be reckoned with, especially in a private clinic, at which his attendance is purely an act of grace. Why the modesty of the British working man should be so much more susceptible than that of his wife or sister, it is difficult to conceive, but he has yet to learn that science is asexual and regards the malady and not the man. It is greatly to be regretted that this course should have been deemed necessary, for it places yet another obstacle in the way of the acquisition of clinical knowledge by women. Doubtless, in the near future, the public will become as accustomed to women as clinical observers as to women cyclists, and will abandon foolish protests against the one as they have ceased to objurgate the other. There is no valid reason, however, why some prominent medical woman should not forthwith inaugurate a clinic of her own at which female patients will object to undressing before men. That would be the *reductio ad absurdum*.

Pruritus Vulvæ.

PRURITUS VULVÆ must be vastly more frequent in the United States than in the Eastern hemisphere, judging from the fact that one hardly ever glances through an American medical journal without coming across the most harrowing accounts of its severity and refractoriness to treatment, along with a series of formulæ destined to relieve or cure, according to the temperament of the writer. It might be inferred from the unceasing activity of obscure therapeutists in this direction that none of the remedies hitherto recommended have attained the object in view. We are not in possession of sufficiently trustworthy data to enable us to discuss the etiology of this affection as it affects American women, but it would be interesting, as well as instructive, to know, on good authority, whether the men of that hemisphere experience, *mutatis mutandis*, any analogous morbid symptoms. Everyday gynæcological practice over here does not reveal pruritus vulvæ as a common or intractable affection, so that an explanation of its greater incidence on the other side of the Atlantic must be sought in ethnological or climatological peculiarities, unless, indeed, there are more individual reasons associated with the prevalence of a highly-strung, quasi-neurotic temperament. Perhaps some of our trans-Atlantic *confrères* will throw a little light on this subject.

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Consanguineous Marriages.

In an interesting brochure which has just made its appearance in Paris, from the pen of Dr. Paul Perrin, we have this oft-recurring subject discussed from the earliest historical periods, and deductions based thereon with present-day knowledge from physiological as well as moral points of view. The Persians, Medes, Hindoos, and Ethiopians married with their mothers, daughters, and granddaughters in considerable proportions, and the first-named accorded a special consideration to the children born of marriages between mother and son. Amongst the Greeks, brothers and sisters of the same father but of different mothers could marry. At Athens, the brother, when sole heir was obliged to marry his sister or to give her a fortune. When the Ptolemys, of Grecian origin, became sovereigns of Egypt, they intermarried in the interest of the dynasty. Cleopatra. who issued from this family, married her two brothers, Ptolemy XII, and Ptolemy XIII. On the other hand, under the Roman empire alliances between relatives were severely prohibited; thus the marriage between uncle and niece was considered as incest, while marriages between cousins, after having been permitted for some time, were finally forbidden under pain of death. The Arabs married with their mothers until Mahomet, but the Prophet forbad such unnatural unions as well as many others when he came to power. The natives of Peru, Brazil, and California seemed to have paid but little attention to consanguineous alliances, but they were severely punished by the Mexicans. The Chinese Legislation forbids marriage between persons in the remotest degree related, and strange to say, the same law is in force in Turkey, where polygamy reigns supreme. The Roman Catholic Church, too, has shown herself in general severe against blood marriages. The Council of Tolide, in 531, prohibited them absolutely, but later on other councils showed themselves less rigorous, permitting marriages between first cousins, but as soon as Pope Gregory the Great came to the throne he cancelled that permission. To come down to modern times, consanguineous marriages are not infrequent in France. Statistics show that the annual average of marriages between aunts and nephews is 58, between uncles and nieces, 168, and between first cousins, 2,930. In Great Britain, although both the English and Roman churches forbid such marriages when they are known beforehand, they, nevertheless, are occasionally consummated.

A New Medical Journal for Scotland.

We announced in our last issue that the old *Edinburgh Medical Journal* had been sold to another publisher and a new editor appointed; we now learn that a movement has been on foot for some time with a view to starting a new medical journal, which should be the property of the profession, and should represent medicine in Scotland more fully than it has hitherto been. The proposal has been so strongly backed by offers of financial support, as well as by promises of literary contributions, and is so heartily approved of by a large and influential section of the profession, that it has been finally decided the new journal shall appear in January. It will be published monthly, under the direction of an editorial committee with an acting editor, and be issued from one of the leading publishing houses. Although ever ready to welcome any journalistic venture, we fear that two medical journals carried on in a small city like Edinburgh in direct opposition to each other, will not afford a very edifying spectacle, while the editors of both will have their work cut out in obtaining sufficient material to fill their pages.

Illegal Bargains at Poor-Law Medical Elections.

The Local Government Board for Ireland, has, we notice with much satisfaction, again peremptorily refused to allow Guardians or Dispensary Committees to impose upon candidates, any conditions whatever save those provided in the regulations. The Guardians of the Banbridge Union, when a vacancy occurred, advertised for a Medical Officer, with their own special proviso, that he should, on all occasions, pay his own substitute if absent or unable to discharge his duty. It has been long since declared by the Local Government Board, and, indeed, it is quite manifest without such declaration, that neither the Guardians nor the Dispensary Committee have power to add a tittle to the rules provided by the Board. If Guardians were permitted to impose upon the Medical Officer the obligation to pay his substitute, in case of unavoidable absence from duty, they would be equally competent to refuse to pay him his salary if he omitted to attend church or mass. The thing is an absurdity, and any one but a Poor-law Guardian would see that it is so, and that an election held subject to such illegal proviso would be itself illegal, and that it might be readily set aside by any candidate who refused to agree to the proposed condition, by an application to the Queen's Bench for a *quo warranto*. However, a legal proceeding is not necessary, because the sanction of the Local Government Board is needed on appointment, and the intimation has been given by it to the Banbridge Guardians that their advertisement is totally illegal and that no appointment made thereunder will be approved.

Jervis Street Hospital, Dublin.

We understand that the vacancy in the staff of this hospital caused by the appointment of Dr. Coleman as Assistant Physician of the Whitworth and Hardwicke Hospitals (*vice* Dr. Dempsey, transferred to the Mater Misericordiæ Hospital), is certain to be filled by the appointment to Jervis Street of Dr. William J Thompson, of Dublin. Dr. Thompson took his education chiefly in the Carmichael College, and graduated as M.B. of the University of Dublin in 1888, taking, in addition, the Licences of the Colleges and the Membership of the College of Physicians. He served as House Surgeon to St. Vincent's Hospital, and has been a Demonstrator in the School of the College of Surgeons also conducting a private practice in Dublin.

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Street Collections for Hospitals.

WE understand that the Council of the Metropolitan Hospital Saturday Fund has found the method of collection in the streets so objectionable in many respects that it has remitted to the supporters of the Fund the question whether it shall not be abolished altogether.

WE learn with satisfaction that Dr. D. J. Cunningham, Professor of Anatomy in the University of Dublin Medical School, is so far recovered from the typhoid attack from which he has been suffering that he has been able to leave home for a couple of weeks to recuperate before the opening of the medical session.

WE are asked to announce that owing to the death of Sir John Erichsen, the Annual Dinner of the Old and Present Students of the Faculty of Medicine, University College, London, fixed for Thursday, Oct. 1st, at the Hotel Cecil, has been abandoned.

DR. SAMUEL WILKS, President of the Royal College of Physicians has accepted the office of Consulting Physician to the Great Northern Central Hospital, Holloway Road, N.

THE death is announced of Mrs. Dr. Lucinda Key a coloured lady, who was the second female graduate of the Tennessee Medical College. She died on the 27th of August.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

"WHAT IS LISTERISM!"

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In answer to my query "what *is* Listerism?" you courtoously reply in your impression of the 26th ult.: "Sir Joseph Lister was the first to teach and prove by his practice the value of the principle of surgical cleanliness." Will you allow me with all respect, to emphasise that Sir Joseph Lister was not "the first" to do anything of the kind, and that the "principle of surgical cleanliness" is not "Listerism"? "Listerism" some 25 years ago presupposed that suppuration was *due to germs, and that suppuration in wounds* could be prevented *by killing or excluding these germs* Evey one with the most fragmentary knowledge of natural history knows that to perform such operations under these circumstances, it would be necessary to perform them *in vacuo!* Lister began with carbolic acid to kill his innocent spores, and by ridiculous *mouvements de manège*, followed by superficial members of the profession, he trod the bars of bichloride of mercury, cyanide of potassium, "putties," gauzes, steam-engines, and heaven only knows what not; and, like the mutilated rabbit, he at length arrived where he began, at carbolic acid, *minus his spores and his theory*, for he has for some time abandoned the attempt to kill surrounding germs, to prevent suppuration, by carbolic acid or any other germicide. Lister, with his surgical investigations, obtained results inferior to obscure and *unscientific men*, who laughed at them and his germs; see, for example, the recent obituary notice of Dr. John Borland, of Kilmarnock, in the *Lancet* If you contend that the application of antiseptics or deodorants to wounds is "Listerism," then I deny it. When I was a student, some thirty years ago, we applied permanganate of potash, chloride of zinc, chlorate of potash solution, charcoal, &c., to wounds, and these, as I pointed out in my *brochure* "On Therapeutics and Diseases" nearly thirty years ago, acted in Nature's way of deodorating, as oxidising agents. Antiseptics, as I pointed out in "Kochspiel," are totally different agents: they are agents which coagulate the albuminous principles of living tissues. But, further, yeast poultices were applied as deodorising applications—poultices of "germs" which Lister was so anxious to exclude from wounds and to kill; and they did good, and will do good still as oxidising agencies, reducing fœtid complex intermediate compounds to innocuous binary ones acting as occurs in nature. Yeast transforms sugar into alcohol by a process of oxidation, and it acts in a precisely similar manner on wounds and fœtid surfaces generally. "Listerism" is dead as Queen Anne, and not one day too soon. It was a fad from the commencement followed by the obsequious crowd, who pose as scientists *au courant* with the age. It has gone the way of many another fad in medicine and surgery. It and its congener, the germ theory, on which it was based, have done an immense amount of mischief to medical science, causing a diversion from the only true basis of medical and surgical science, viz., physiological chemistry and anatomy, and bringing undeserved ridicule and contempt on the fractional part of *real science* to which modern medicine could justly pretend.

I am, Sir, yours, &c.,

D. CAMPBELL BLACK, M.D., F.R.S.Ed.,
Professor of Physiology in Anderson's Coll. Med. School.

Glasgow, Sept. 18th, 1896.

[Although we publish the foregoing letter as a reply, we must not be understood to endorse any of the statements therein contained.—ED.]

SIR JOSEPH LISTER'S ADDRESS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am sorry to find an exception, the only one I would fain hope, to the almost universally appreciative notices of Sir Joseph Lister's address to the British Association at the recent meeting. This exception is to be the more deplored in that it emanates from a well-known medical man, who is a great and valiant upholder of medical ethics, but who contributes a signed letter to the *Glasgow Herald* of Sept. 24th, attacking the substance of the President's masterly address and ridiculing his modesty. In my humble opinion, it is not at all a gracious thing of Dr. Campbell Black to thus contradict the statements made in the address in the manner he has adopted, nor is it at all in keeping with his code of professional morality to puff his own opinions on the subject of antiseptic in a lay journal. The hysterical nature of Dr. Black's letter may be gauged by a few quotations. He terms Lister's world-famous experiments and methods as "mediæval surgical jugglerics," in which many "men of sense could neither believe in, ... nor adopt." Those who followed Lister in Glasgow when he was performing his earlier experiments are stigmatised as "fawning flatterere." Such statements as that "it is not true that the microbe of any disease (if we except a few parasitic diseases) has ever been isolated, nor has any single disease ever yet been cured by killing its so-called microbe," are simply indications of an obstinate resolve to believe nothing which does not fit in with a pre-conceived theory. It is amazing that any member of the profession can still persist in the old mistake of regarding "Listerism" in the light of one or two special methods. Listerism, as I understand it, simply implys the necessity for avoiding contamination of open wounds by organised fermentative agents, the method used in carrying out this injunction is immaterial. Lister at first used carbolic acid in various ways, applied directly to the tissues or in the form of a spray. Neither the spray nor the simple application of carbolic acid constitutes Listerism, they are simply methods of applying the principle, of which Dr. Black's "absolute cleanliness" is only another form. But Dr. Black descends still further in the slough of his own making when he denies the power of organisms so minute as microbes are to secrete poisonous substances. Has he never seen a large beaker of broth teeming with them? Are the countless millions in a pint of such a nutrient fluid unable to form nothing but innocuous bodies during their metabolism? What bearing his last two sentences

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have on the subject at issue is not clear, and their meaning is altogether beyond me. "Do the animalculæ of water *secrete* water? Do the mites of cheese *secrete* cheese?"

The high and dignified tone of the address should have saved the author of it from such puerile attacks as this, published in a lay paper by a vehement upholder of professional etiquette, and well calculated to make the profession more a byeword for preaching while not practising than ever.

I am, Sir, your obedient servant,

A Research Scholar.

Edinburgh, Sept. 26th.

DOES BAKING STERILISE BREAD?

To the Editor of The Medical Press and Circular.

Sir,—In the interesting special article on the "Sanitation of Paris," which appeared in your issue of Sept. 9th, I find the following passage:—"Now, it has been shown that in badly-baked bread, in order to make it weigh heavier, the centre of the four-pound loaf never receives a heat sufficient to destroy the disease spores conveyed by impure well-water employed for wetting the flour." With regard to that statement, I should like to ask the writer if he is expressing the opinion generally accepted in Paris, and, if so, what experimental proofs have been advanced in its support. So far as I know, the only work on the subject in England is that of Dr. Waldo and myself. In the *Lancet* of October 20th, 1894, we published a paper, of which one of the main conclusions was that under certain circumstances pathogenic organisms might be distributed in loaves, and so produce specific disease among consumers. This suggestion was extended and the whole matter of baking in relation to health dealt with in a small book published by us in 1895, under the title of "Bread, Bakehouses and Bacteria," (Baillière, Tindall, & Cox).

It is obvious that in Paris, with such a system of fouled water supply as that described by your correspondent, the question "Does baking sterilise bread?" becomes one of extreme sanitary importance. A first step surely, in any general scheme of preventive hygiene, would be to ensure the purity and harmlessness of bread, which is the staple food of the community.

The underground bakeries of this country are in many parts of the kingdom nothing short of a scandal and a disgrace to our nineteenth century civilisation (see cases quoted in our book). Those of Paris, if common report be true, are in no better condition. If the attention of French sanitarians has been turned to the scientific aspects of the question I shall be glad to learn the details of their work from your Commissioner.

I am, Sir, yours, &c.,

David Walsh.

Temple, London, E.C.,
Sept. 18th, 1896.

THE REPEAL OF THE CONTAGIOUS DISEASES ACTS IN INDIA.

To the Editor of The Medical Press and Circular.

Sir,—Apropos to your annotation on the above subject in this week's issue, I feel sure your readers will be interested to learn the precise figures relating thereto. Briefly, then, one British soldier quartered in India out of *thirty-three* is at present reported as constantly sick from some form of venereal disease; this is no doubt regrettable, but I should hardly call it "appalling," and one is less horror-struck on reflecting that the vast majority of such cases are really of no ulterior consequence at all. It is very seldom, indeed, that we find it necessary to confine private patients when suffering from such affections, or to limit their industrial occupations, and it cannot be otherwise with soldiers. Of course, if a soldier has nothing else to do, it can do him no harm to confine him to barracks for the brief space which usually suffices to effect a cure, but it is very seldom indeed that this is necessary, and it is an insult to common sense to insist that such patients would be *hors de combat* and incapable if required for active service; we all know that they would, with perhaps a few exceptions, be just as formidable as any other of her Majesty's servants. The promoters of the C.D.A. have always maintained that gonorrhœa was unimportant, certainly soft sores are of less consequence still, while true syphilis is best treated out-of-doors, with plenty of hard work and such exercises as soldiers delight in. But be that as it may it has been proved up to the hilt over and over again that the C.D.A. has never had any effect in diminishing disease either in India or anywhere else. Mr. Campbell Bannerman, who, in his capacity of Secretary to the Admiralty and subsequently Secretary of State for War, speaks with the greatest authority, tells us that "the conclusion to which he came and the conclusion to which everyone else came who went into the subject was that these Acts had no practical effect whatever in checking the progress of disease," and the Right Hon. Mr. Shaw Lefevre, his predecessor, says the same thing, only more so, here are his words: "The consideration I have given to the subject led me to the conclusion that the Acts had totally failed in their object; I contend that any candid man looking at the statistics, especially of the Navy, cannot come to any other conclusion than that the Acts have totally failed to fulfil the purpose for which they were intended. I believe the longer these Acts are tried the more complete and final will be their failure. They have more than failed, they have resulted in a positive increase of the disease they were intended to cure." The Army Sanitary Commission, in a special report on the same subject, declare, "That they had arrived at the conclusion that the evil had been very slightly mitigated in India under the Lock Hospital system, and that the re-introduction of this system, on sanitary grounds, could not be recommended." As to the Home Army, it is a fact that disease was falling off satisfactorily when the Acts were passed; that it increased during their operation; and that since their repeal, it has again fallen off very satisfactorily indeed. I append the table extracted from the Report of the Army Sanitary Commission, which shows how very little influence the Acts could have in diminishing venereal disease, although the conditions under which they were applied were far more favourable to their operation than those which exist in India.

I am, Sir, yours, &c.,

Chas. Bell Taylor, M.D.

Table showing the admission and constantly sick rates for venereal affections in the United Kingdom during the twelve years—1881-92.

Year.	Ratio per 1,000		Remarks.
	Admitted.	Constantly sick.	
1881	245·5	16·67	Contagious Diseases Acts in force.
1882	246·0	16·86	
1883	260 0	18·54	Contagious Diseases Acts partially repealed in May.
1884	270·7	20·14	
1885	275·4	19 34	
1886	267·1	19·29	Contagious Diseases Acts repealed in March.
1887	252 9	19·10	
1888	224·5	18·19	
1889	212·1	16·96	
1890	212·4	17·07	
1891	197·4	15 34	
1892	201·2	16·46	

The election of a member on the staff of the City of Dublin Hospital to fill the vacancy caused by the appointment of Dr. Gordon to the Adelaide Hospital, *vice* Mr. Kendal Franks gone to South Africa, has not yet been fixed. Probably it awaits the return home of the members of the Board of Governors, lay and medical.

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Obituary.

SIR JOHN ERICHSEN, BART., F.R.S., LL.D.

THE death of Sir John Erichsen has removed a distinguished ornament from the ranks of English surgery. He was born on July 19th, 1818, so that he was 78 years of age at the time of his death, which occurred on the 22nd September last, at Folkestone. In 1839, he took the qualification of M.R.C.S. of England, and the Fellowship in 1845. For some years he then acted as Lecturer on Anatomy and Physiology at the Westminster Hospital. The first appointment, however, that bore directly on his life work was that of Assistant-Surgeon at University College Hospital. After a short tenure of that post, at the early age of 32, he was appointed Professor of Surgery to the College, and full Surgeon to the Hospital. This took place in 1850, and three years later appeared his *magnum opus*, the "Science and Art of Surgery," which has reached its tenth edition. With the merits of that work, both from a scientific and literary point of view our readers well be sufficiently well acquainted. It was translated into German, Italian, and other foreign languages, and enjoyed a wide (unauthorised) circulation in America, a country in which the author had an extremely high reputation. The first of his published works was a "Practical Treatise on Diseases of the Scalp," in 1842. Two years later he wrote a work on "Aneurism," for the Old Sydenham Society, a volume that became the acknowledged authority on the subject. In 1845, the Fothergillian Medal of the Royal Humane Society was awarded to him for the work on "The Pathology and Treatment of Asphyxia." In 1886, he published a well-known treatise on "Railway Injuries of the Nervous System, followed some years later by a further contribution under the title "Concussion of the Spine," which ran into a second edition. Another widely-read monograph was 'Hospitalism, and the Causes of Death after Operations and Surgical Injuries," issued in 1874. The mere enumeration of the posts and honours conferred upon this distinguished surgeon would serve little practical purpose. Some of them, however, should be mentioned. For instance, he was appointed Examiner to the London Colleges of Surgeons and of Physicians, and to the Universities of London and Durham. He served on the Royal Commission of Vivisection, and afterwards as Inspector of Vivisections at the Home Office. The honorary degree of LL.D. was conferred upon him by the University of Edinburgh. For some years he has been Senior Surgeon Extraordinary to the Queen, and he was created a baronet in 1895, when 77 years of age. Among other distinguished recognitions, he was, in 1887, elected Honorary Fellow of the Royal College of Surgeons in Ireland, and also received the honorary degree of Master in Surgery of the Royal University of Ireland. He was also honorary member of the Belgian Academy of Medicine, of the American Surgical Association, of the Academie de Quiriti of Rome, and of other learned bodies, as well as corresponding member of the Imperial Royal Medical Society of Vienna.

John Eric Erichsen

For some years before his death he had retired from the active exercise of his profession. In 1842 he married the eldest daughter of Captain Thomas Cole, R.N., but his wife died without issue in 1893. For some months before his death he suffered from angina pectoris. The immediate cause of death was an apoplectic seizure, followed by lung complication. The late Sir John was a voluminous contributor to medical literature. His long and honourable career has added another name to the roll of great English surgeons. It may be said of him that he united in the highest degree the scientific and the practical aspects of modern surgery, albeit the bulk of his work was done in pre-antiseptic days.

SIR G. MURRAY HUMPHRY.

THE death of Sir George Humphry took place last week at Cambridge. He was the son of a barrister, born in 1820, so that he lived 76 years. He took the L.S.A., London in 1842, the Fellowship of the English College of

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Surgeons in 1844, the M.B. of Cambridge in 1852, and the M.D. in 1859. The first part of his professional career was spent at Norwich, whence he removed to Cambridge on his appointment to the Professorship of Anatomy at the University. From 1869 to 1889 he represented Cambridge on the General Medical Council, and from 1883 up till the time of his death filled the important Chair of Surgery in the University. Five years' since he received the honour of Knighthood. He himself used to tell the tale that in his younger days he was forced against his own inclination into the practice of his profession. He may be said to have practically founded the Medical School in the University of Cambridge. His published contributions are many, and much of his work dealt with comparative anatomy. His best known books are perhaps those on "The Human Hand and the Human Foot" and a "Treatise on the Human Skeleton."

Medical News.

Jenner Memorial Medal.

We are requested by the Honorary Treasurer of the Epidemiological Society to publish the accompanying (firs) list of subscribers to the Jenner Memorial Medal Fund. Subscriptions are limited to one guinea, and will be received by Dr Sweeting, 6 Hereford Mansions, Bayswater, London, W.:—

	£	s	d.
Dr. H. Armstrong	1	1	0
Dr. Robert Barnes	1	1	0
F. Blackwell, Esq.		10	6
Dr. F. T. Bond (Gloucester) ...	1	1	0
Dr. W. A Bond...	1	1	0
M. Brownfield, Esq.	1	1	0
Dr. Bulstrode (Hon. Sec.) ...	1	1	0
Dr. F. Clemow Cronstadt) ...	1	1	0
Dr. A. E. Cope ...	1	1	0
Dr. Andrew Davidson ...	1	1	0
Dr. Dickson (Constantinople) ...	1	1	0
Dr. Donnett, R.N.	1	1	0
Dr. W. W. E. Fletcher	1	1	0
Andrew Fuller, Esq.		10	6
E. Goddard, Esq.	1	1	0
Surg. Genl. Gordon, C.B. ...		10	6
E. C. Greenwood Esq.	1	1	0
A. L. Griffiths, Esq.		10	6
Dr. Grigg	1	1	0
Dr. S. Hague ..	1	1	0
Dr. Hamer ...	1	1	0
Dr. Hare	1	1	0
Dr. Harrison ..	1	1	0
Surg. Genl. Sir A. Home, K.C.B., V.C.	1	1	0
Dr. E. O. Hopwood	1	1	0
V. Jaynes Esq. ...	1	1	0
Dr. J. Little (Dublin)	1	1	0
J. Loane, Esq. ...	1	1	0
Dr. Longstaff ...	1	1	0
Dr. McVail ...	1	1	0
G. A. Miskin, Esq.		10	6
T. Mitchell, Esq.	1	1	0
Dr. Müller (Buda Pesth)		16	8
Shirley F. Murphy Esq.,(President)	1	1	0
J. Norton, Esq. ..	1	1	0
Dr. Louis Parkes	1	1	0
Dr. Franklin Parsons	1	1	0
Dr. Payne ..	1	1	0
Fleet-Surg. Theodore Preston, R.N.	1	1	0
Dr. Pye-Smith ...	1	1	0
T. F. Rogers, Esq.	1	1	0
Dr. Saltet, (Amsterdam) ...		10	6
Brig.-Surg. J. B. Scriven ...	1	0	0
Sir John Simon K.C.B	1	1	0
Dr. Smart ...		10	6
Dr. Sonsino, (Pisa)		4	0
Dr. Sweeting, (Hon Treasurer)	1	1	0
Dr. Theodore Thomson ...	1	1	0
Sir J. Tholozan K.C.M.G.(T'ran)	1	1	0
Dr. Thorne Thorne C.B	1	1	0
Dr. Washbourn ...	1	1	0
S. Welch, Esq. ...		10	6
Dr. Wheaton ...	1	1	0
Dr. Whitelegge ...	1	1	0
Dr. J. T. Wilson		10	6
Dr. Young ...	1	1	0

Dublin Conjoint Preliminary Examination.

It has been pointed out to us that the information respecting this examination, in our Student's Number, is, in some important respects, not accurate. We therefore publish in our present issue the following abstract of the Regulations as they stand:—The only preliminary examination held specially for medical students is now held conjointly by the Colleges of Physicians and Surgeons, but other examinations, *e.g.*, the public entrance at Trinity College, the matriculation of the Royal University, the Intermediate Education passes in the required subjects, and all other examinations recognised by the General Medical Council are accepted as equivalent. The preliminary is held in March and September in the following subjects:—1. English language, including Grammar and Composition. 2. Latin, including Grammar and translation. 3. Mathematics, comprising (a) Arithmetic, (b) Algebra, to Simple Equations; Geometry, First Three Books of Euclid, with easy deductions. 4. One of the following Optional Subjects:—A. Greek; B. French; C. German; D. or any other modern language; E. Logic. The books specified by the Colleges for their Preliminary Examinations are:—1. Latin—the First and Second Books of the "Æneid," or the Jugurthine Wars" of Sallust, or the Third Book of Livy. 2. Greek—The First Book of the "Iliad," the First Book of Xenophon's "Anabasis," or the Menippus Dialogue of Lucian. 3. French—Fénélon's "Telemaque," the First Three Books. 4. German—Schiller's "Wilhelm Tell."

Pharmacy at the International Exhibition at Kiel.

We are asked to announce that the Committee of the International Exhibition at Kiel, have awarded a gold medal for their pharmaceutical products, to Messrs. Burroughs, Wellcome & Co.

PASS LISTS.

University of Durham.

The following candidates passed the First Examination for the Degree of Bachelor in Medicine at this University during September under the new regulations:—

Elementary Anatomy and Biology, Chemistry, and Physics.

Honours—First Class.

Alderson, Reginald, College of Medicine, Newcastle-upon-Tyne.

Honours—Second Class.

Burn, James Robert, College of Medicine, Newcastle-upon-Tyne.
Lambelle, Frederic William, College of Medicine, Newcastle.
Johnston Duncan Matheson, College of Medicine, Newcastle.
Born, Edward Turner, College of Medicine, Newcastle-upon-Tyne.

Pass List.

Morrison, J. Wilson Howard, College of Medicine, Newcastle.
Moxon, Harold Richard, College of Medicine, Newcastle-upon-Tyne.
Parkinson, Thomas S. Percival, College of Medicine, Newcastle.
Peart, Robert, College of Medicine, Newcastle-upon-Tyne.
Russell, Thomas, College of Medicine, Newcastle-upon-Tyne.
Shepheard, Eleanor, London School of Medicine for Women.

Chemistry and Physics.

Alstrom, Hedda, London School of Medicine for Women.
Bodman, Christopher Osmond, University College, Bristol.
French, Joseph James, College of Medicine, Newcastle-upon-Tyne.
Harris, Herbert George, St. Bartholomew's Hospital.
Horan, Hubert Wolstenholme, College of Medicine, Newcastle.
Joyce, Margaret, London School of Medicine for Women.
Mitchell, John Robert, College of Medicine, Newcastle-upon-Tyne.
Spitta, Harold Robert Dacre, St. George's Hospital.
Stewart, Grace Harwood, London School of Medicine for Women.
Thomas, Alfred Messer, Guy's Hospital.
Widdas, Hugh, College of Medicine, Newcastle-upon-Tyne.

Anatomy and Biology.

Cochrane, Samuel Thomas, College of Medicine, Newcastle.
Clarkson, Frederick, College of Medicine, Newcastle.
Cooke Sydney John Snow, College of Medicine, Newcastle.
Gibson, Charles Henry, College of Medicine, Newcastle.
Kendle, Ernest J. Lambert, B.A., College of Medicine, Newcastle.
Vaux, Ralph Thomas, College of Medicine, Newcastle.
Raw, Stanley, College of Medicine, Newcastle.
Taylor, Evelyn E. Percy, College of Medicine, Newcastle.

Elementary Anatomy, Chemistry and Physics.

Asten, Walter, Mason College, Birmingham.
Braund, Henry, Guy's Hospital.
Jupp, Ralph Tennyson, Mason College, Birmingham.
Perkins, Philip Moyler, St. Bartholomew's Hospital.
Thorne-Thorne, Richard, Jun., St. Bartholomew's Hospital.
Thompson, Henry Bates, Mason College, Birmingham.
Wakefield, Walter, Mason College, Birmingham.

Elementary Anatomy and Chemistry.

Stormont, James Henry, Mason College, Birmingham.

The following candidate passed under the Old Regulations in Chemistry with Chemical Physics, and Botany with Medical Botany:—

Klumpp, Ernest George, St. Bartholomew's Hospital

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

SHORTHAND FOR MEDICAL STUDENTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me to call the attention of students to the examination in shorthand for students commencing their first winter session to be held in October, in London, and at any provincial schools where candidates intimate their desire to come forward. The place and time of examination will be privately notified. Candidates from London schools are requested to send their names to L. Eliot Crease, M.R.C.S., L.R.C.P., 1 Windsor Road, Ealing. Candidates from other schools will send their names to the representatives of the Society whose names and addresses are given in the notices that have been put up at the various schools.

I am, Sir, yours, &c.,
JAMES NEIL, M.D.,
Hon. Sec. of Soc. of Medical Phonographers.

Warneford Asylum, Oxford.
September 23rd, 1896.

ANOTHER REFORMER.—Your leader has been unfortunately crowded out at press.

CONISTON, (Epping).—There is much to be said in favour of such a step, but our correspondent will understand that it would not be within the province of our duty to move first in the matter.

DR. B. MONKTON, (Ripon).—We cannot advise upon such a matter. Our correspondent had better await events, and then use his own judgment as to his course of action. To proceed cautiously, however, would be the best policy to adopt under the circumstances.

MEMBER OF THE MEDICAL DEFENCE UNION.—Our correspondent has been misinformed. The General Medical Council never passed any such resolution.

EDUCATION *VERSUS* CRAMMING.

A CORRESPONDENT sends us the following:—

"The purpose and end of all education is the drawing out and expansion of the human mind in every direction, and the consequent evolution of the sense of our own ignorance; an acknowledgment of which is essential towards real thought and light. Modern education in most professions is apt to crush the mind and understanding by the vast array of immethodic facts which the student has to remember. An anecdote will illustrate how far these remarks apply to medical education:—Surgeon-Colonel Brown returned to London after his twenty-five years service in India, Africa, &c., and dropped in at —— Hospital, where his old student-days' chum was Senior Honorary Surgeon. "Well," said the Army doctor, "your students are far better off, with all your staff of teachers, laboratories, and classes, than we were in our pupil days." "No," replied the honorary surgeon, "*we* have not now to *teach* the student, but to prepare him for *passing his examination*."

PARENT, (Leeds).—We cordially agree with the advice contained in the letter forwarded by our correspondent, and it should certainly be acted upon.

GENERAL PRACTITIONER.—We consider that our correspondent was perfectly justified in accepting a fee.

HOUSE SURGEON.—The resident Medical Officers of Hospitals and other Public Institutions are not legally entitled to a fee for giving evidence at a Coroner's Court. But in the case of accidents in which death occurs before the person reaches the *inside* of a hospital, a coroner may order a post-mortem examination to be made, and under these circumstances a house surgeon is entitled to £2 2s. for the examination and his evidence.

VACCINATION IN AMERICA.

THROUGH a German Exchange we learn how compulsory vaccination is carried out in America. When a small-pox epidemic breaks out in any town everyone receives an order to get vaccinated. Anyone who delays the process is seized by a police officer, pinned to the wall, whilst another officer covers him with a loaded revolver. Whilst the dilatory citizen is thus effectually under control the operation is summarily carried out. *Verbum sap.*

M. S. P.—The new regulations in respect of the privileges conferred by the M.D. (Paris) are not retrospective in their application. All who actually possess that diploma, as well as students registering in Paris before the end of the present year, are entitled to existing rights and privileges.

DR. W.—We have the matter under consideration and propose to deal with it on an early occasion.

BACTERIOLOGIST, (Manchester).—We believe that the book is out of print, and is not likely to be republished.

Meetings of the Societies.

FRIDAY, OCT. 2ND.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY, (West London Hospital, W.).—8.30 p.m. Presidential Address by Mr. Bruce Clarke.

THURSDAY, OCT. 8TH.

SOCIETY FOR THE STUDY OF INEBRIETY, (in the Rooms of the Medical Society of London).—3.45 p.m. Reception to Professor G. von Bunge, (Chair of Physiological Chemistry), University of Basle. At 4.30. Paper: "The Opium Habit. Some Points in Diagnosis and Nosis," by Wm. Huntly, M.A., B.Sc., M.D., late of Rajpootana.

Vacancies.

Bethnal Green Board of Guardians.—Second Assistant Medical Officer. Salary £80 per annum, payable monthly, with rations, apartments, and washing. Applications to D. Thomas, Clerk to the Board, not later than October 1st.

East Riding Lunatic Asylum, Beverley.—Assistant Medical Officer (unmarried). Salary £100 per annum, with board, lodging, and washing. Applications with testimonials, to C. W. Hobson, Clerk, not later than October 3rd.

London Hospital.—Assistant Physician on the Honorary Staff. Applications and testimonials to the House Governor's Office before Oct. 9th. Extract from Section XIII., paragraph 1, of the bye-laws:—Candidates must be members of the Royal College of Physicians.

Metropolitan Asylums Board.—Assistant Medical Officer to the North Eastern Fever Hospital, Tottenham. Salary £100, rising to £200 with board, lodging, and washing. Applications to T. Duncombe Mann, Esq., Norfolk House, Strand. (See advert.).

Royal Hospital for Sick Children, Glasgow.—House Surgeon. Salary £5, with board, &c. Assistant in the Dispensary (non-resident). Salary £80. Applications with testimonials not later than Sept. 25th.

St. Marylebone General Dispensary.—Assistant Resident Medical Officer. Salary £50 per annum, with apartments, attendance, coal and light. Applications and testimonials to be forwarded not later than October 1st.

Wolverhampton Eye Infirmary.—House Surgeon. Salary £60 per annum, with board, lodging, and washing. Applications with testimonials to be addressed to the Secretary, on or before Sept. 30th.

Appointments.

CRAN, J., M.B., M.S.Irel., Surgeon to the New Hospital at Pretoria, South African Republic.

FOX, W., M.B., C.M.Glasg. House Surgeon to the Christchurch Hospital, New Zealand.

GLOVER, LEWIS, G., M.D., M.A.Cantab., &c., Honorary Assistant Medical Officer to the Hampstead Hospital, London.

HALL, J.P., M.B., Ch.B Vict., M.R.C.S., L.R.C.P., House Surgeon to the Salford Royal Hospital.

HIGGINS, J., L.R.C.P., L.R.C.S.Ed., L.F.P.S.Glasg., Surgeon to the Goulburn District Hospital, Wood's Point, Victoria, Australia.

JACKMAN, C. H., L.R.C.P., L.R.C.S. Ed., L.F.P.S. Glasg., Medical Officer for the No. 10 Sanitary District of the Hackney Union.

PEARSE, F. E., L.R.C.P.Ed. M.R.C.S., Medical Officer for the Horsley Sanitary District.

THURNELL, H. L., M.A.Cantab., M.R.C.S.Eng., L.R.C.P., and L.S.A. Lond., Surgeon to H.M. Customs at Gravesend.

TURNER, R. T., M.D.Vict., Ch.B., Medical Officer of Health for the Nantwich Rural Sanitary District.

VICKERY, W. H., F.R.C.S.Eng., Honorary Surgeon to the Hospital for Sick Children, Newcastle-on-Tyne.

WOODROFFE, A. W., M.D.Dubl., L.R.C.S., Medical Officer for the Workhouse and Sanitary District of the Ticehurst Union.

Births.

BATTERHAM.—Sept. 21st, at Bank House, Grand Parade, St. Leonards-on-Sea, the wife of J. W. Batte ham, M.B., F.R.C.S., of a son.

CRAIG.—Sept. 23rd, at Whitbrook House, Bridgnorth, the wife of W. Wallace Craig, M.R.C.S., L.R.C.P., of a daughter.

GORDON DILL.—Sept. 21st, at 16 Brunswick Square, Brighton, the wife of John Frederick Gordon Dill, M.A., M.D., of a son.

SWAINE.—Sept 21st, at 37 Gratton Road, London W., the wife of Surgeon Lieut.-Colonel C. Lethbridge Swaine, I.M.D., of a son.

Marriages.

LACE—THOMASSEN.—Sept. 21st, at the Parish Church, Sunninghill, Frederick Lace, F.R.C.S., of Bath, to Frances Margaret, eldest daughter of the late E. S. Thomassen, Esq., C.E., of Shepherd's Bush.

LYLE—MASTER.—Sept 24th, at St. Mary's Church, Ealing, Joseph Vacy, eldest son of the late W. V. Lyle, M.D., of Westbourne Square, London, to Amy Caroline, daughter of the late Robert Master, Esq., of Ealing.

MAY—PERN.—Sept. 21th, at All Saints', Fulham, Percy May, M.R.C.S., L.D.S., of 15 Endsleigh Gardens, London, N.W., to Katharine Mary Pern, of 4 Dornciffe Road, Fulham.

WILSON—ENGLAND.—Sept. 23rd, at St. Mary's Axminster, Samuel Wilson, L.R.C.P., L.R.C.S., &c., of Rochdale, to Amy Gertrude England, of Axminster.

Deaths.

BERRY.—Sept. 19th, suddenly, at Blackpool, William Berry, L.S.A., of Preston House, Holmfirth, Yorkshire, Medical Officer of Health for Holme Valley combined District, aged 75 years.

BOWING.—Sept 26th, at The Cottage, Surbiton, the wife of W. A. Bowing, L.R.C.P., M.R.C.S., of a daughter.

CASTLE.—Sept. 22nd, at St. James's Square, Newport, Isle of Wight, Henry Thomas Castle, M.D., J.P., in his 77th year, formerly of Park Square, Leeds.

HUMPHREY.—Sept. 24th, at Grove Lodge, Cambridge, Sir George Murray Humphry, M.D., F.R.S., Professor of Surgery in the University of Cambridge, aged 76.

MARTYN.—Sept. 21st, at his residence, Westmoreland Lodge, Wimbledon Park, William Martyn, M.D., F.R.C.S., aged 81.

TAYLOR.—Sept. 19th, at Harrogate, Henry Sharp Taylor, F.R.C.S., Quarry Street, Guildford, aged 79.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, OCTOBER 7, 1896. No. 15.

Original Communications.

TUBERCULOUS DISEASES OF THE HIP-JOINT.

By R. L. SWAN, F.R.C.S.I.,

Surgeon to Dr. Steevens' and Orthopædic Hospitals, Dublin.

ALTHOUGH the almost universal favour which Thomas' splint enjoys among surgeons, shows that it is considered the most useful apparatus for fixation in hip-joint disease, there are circumstances in which it is inefficient for the reduction of distorsion, especially in advanced cases with adduction of the limb; where the head of the bone has become tilted on the postero-superior edge of the acetabulum, or where, as after excision, the tissues are fused in an osteo-genetic neoplasm, and there is a tendency to adduction. Thomas' splint will not overcome this, and in such conditions it is necessary to maintain extension in an abducted position until consolidation has been effected. Mr. Walter Cheyne has, in such cases, advised the addition of a pelvic band to the splint, but even with this supplement, there is much difficulty in maintaining abduction, owing to the power which children possess of rotating the pelvis until an easy posture is secured. A double Thomas' splint is often a good apparatus in those circumstances. Another useful appliance is a T-shaped splint made of wire woven from a strong margin, and well-padded. The horizontal arms of the splint are bent so as to grasp the thorax, and maintained in position by a roll of plaster-of-Paris bandage. The vertical part passes down the outside of the limb, as far as the external malleolus, and is attached, first by a few turns of flannel, and next by plaster-of-Paris above the ankle and knee. If the wire margin be of proper strength (and this is all important), the set of the splint can be so arranged as to keep the limb in any required position of abduction.

Phelps' box (although chiefly applied by its inventor to the treatment of spinal disease) is often a useful appliance to rectify distorsion in hip disease. It consists of a wooden frame in which the patient lies, having at the lower part two narrower diverging offsets for the legs. Opposite the rectum the frame is hollowed out so as to permit of alvine evacuations. The patient is carefully padded into the box. The trough is left about six or eight inches longer than the leg at the side of the diseased limb, and traction applied either over a pulley in the footboard by means of a weight, or elastic attachments are adapted, between the limb and footboard. The latter is more convenient if it be desired to carry the child from place to place. The child is immoveably fixed in the frame by plaster-of-Paris bandages. Phelps' box has undoubtedly many advantages, and if we were dealing with the skin and flesh of a healthy person, and one trained to habits of personal cleanliness, it would be an ideal method of preserving absolute immobility, but we know how very easy, in the case of patients suffering from hip-joint disease, it is to produce surface lesions. In very young children it is also very extremely difficult to convey the urine away, as it is often passed on the abdominal surface and consequently makes its way into the trough, wetting the pads and bandages next the skin, and necessitating continual re-adjustment. I have, therefore, found Phelps' box most suitable (at least in hospital practice) for children about eight or nine years old, who have the sense and training to assist in the management of the details above alluded to, and even then careful nursing and supervision are necessary. In private practice where a nurse can devote her attention exclusively to the case, it may sometimes be applied with advantage in younger children.

The wire canvas of Bauer may in suitable cases be used in chronic inflammation of the hip-joint when perfect rest of the affected part is desired. It consists of a heavy wire frame covered with wire gauze to fit the posterior half of the body from the axilla to the sole of the foot. Proper sized openings may be cut through the gauze to admit of dressing any wounds without being obliged to remove the splints. There is also an opening for the anus, so that the patient can pass his fæces by having the lower end of the apparatus raised, and a bed pan placed under it. The splint may be lined with cotton batting, and the patient securely fixed by adhesive plaster strips and roller bandages. After the feet are secured to the footboards, extension can be made by means of thumbscrews at the affected side. Mr. Lewis A. Sayer speaks very highly of a similar device, and Bonnet has devised an arrangement which he terms a wire cuirass, and which has been satisfactorily used in the practice of Messrs. Bradford and Lovett. Illustrations of those appliances can be seen by reference to the catalogue of George Tiemann & Co., or to the work of Mr. Sayer. I have had one made in Dublin, and while it certainly ensures immobility, it possess the same disadvantages which renders the use of Phelps' box undesirable in hip-joint disease in young children. It is, in addition, costly to manufacture, and this forbids its use in the case of poor children, and especially as hip-joint diseases are, unfortunately, very numerous in that class.

Hamilton's splint is a good appliance where there is but little flexion, or in suspicious cases, where the symptoms are not very acute, and but little fixation. I have found it of use, when a child is brought for treatment after a fall on the hip, where there is some lameness, but no symptoms present sufficiently definite to assume that tuberculous disease is present—in short, a doubtful case. If it be the result of a traumatism in a healthy child, it will, with rest, recover in a few days. If it be incipient tuberculosis, the proper treatment is fixation, and this splint is very well adapted to secure that where there is no flexion, abduction, or starting. It consists of an iron wire frame moulded to the outside or back of the pelvis and thigh, covered with wire gauze. It is kept in place by a pelvic and broad thigh band and secured with buckles. A delineation of this splint may also be seen in the catalogue of George Tiemann & Co., but may be easily constructed by any instrument maker.

In the selection of any one of the above appliances for fixation of the joint we must be guided by the circumstances of the individual case, the existence and position of the sinuses, the amount of spasm, the age, habits and circumstances of the patient. Where one splint may be suitable, another may not be, and the surgeon must decide as to the proper one to select.

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OXYGEN INHALATIONS
IN SOME
HEART AND LUNG CASES.

By J. CHRISTIAN SIMPSON, M.D.

OXYGEN inhalations were used in the following six cases with varying degrees of success, and it is most probable that the two cases that recovered would not have done so had these inhalations not been administered.

CASE 1.—In 1888, when I was Senior Resident Surgeon, in the Edinburgh Royal Infirmary, a man was admitted into Professor Annandale's wards suffering from simple fracture of several ribs with pneumothorax and some pleural effusion. Twenty four hours after his admission, dyspnœa was most distressing, and inhalations of oxygen and bleeding from the arm afforded him considerable temporary relief. Later in the day, the dyspnœa again became urgent, and as the effusion seemed to have increased, it was deemed advisable to aspirate it; while this was being done he suddenly collapsed, and died. During the inhalations and for some time after, the respiration rate was reduced by about one-third. The post-mortem examination revealed extensive injuries to the thorax and lungs from which it was very improbable he could have recovered.

CASE 2.—In Feb. 1895, a lady, æt. 68, was under my care here during a rather severe attack of influenza. There was considerable bronchial irritation, but this subsided, though the heart remained somewhat unsatisfactory, the first sound being very weak. During convalescence the most marked symptoms were referable to the cutaneous and nervous systems, and consisted in periodic drenching perspirations and rise of temperature every afternoon, the morning temperature being usually normal. She took nourishment very well, but as her condition did not improve much under a course of quinine given to anticipate the rise of temperature, as well as a mixture containing strychnia, digitalis, and hydrobromic acid, Dr. Robson Roose kindly saw her in consultation with me on March 22nd. He was of opinion that she was suffering from a vaso-motor neurosis chiefly affecting the cutaneous system. Nothing beyond slight bronchial catarrh could be detected in the lungs, and the weak first sound of the heart due to some dilatation. A very guarded prognosis was given, and within twenty-four hours this was justified by symptoms of right-sided pneumonia and slight pleurisy appearing. A stimulating mixture was prescribed, and digitaline and strychnine administered hypodermically night and morning for the next two days. On the third day champagne was necessary, and the hypodermics were given at shorter intervals as the heart was missing beats at the wrist. As this did not improve, strophanthine and strychnine were administered with a more rapid effect than the digitaline, the pulse falling from over 120 to 105 to 110, and not missing beats. On the fourth day the dyspnœa was so distressing, that Brin's oxygen was administered, and gave great relief during the remainder of her illness. The oxygen was freely inhaled every hour or half hour according as discomfort arose from the want of it, and in all about 120 feet of the gas were used. The relief afforded by the oxygen was by no means commensurate with the actual diminution in the rate of breathing, but it had a most peaceful and calming effect. Notwithstanding careful hypodermic medication, it was impossible to maintain the improvement in the heart's action, and though the crisis was passed on the ninth day, the patient died of collapse on the eleventh day, having exhibited Cheyne-Stokes respiration for three days.

CASE 3.—A woman, æt. 38, had suffered from a large cystic fibroid of the uterus for many years, and as it had been increasing much more rapidly lately, she was anxious for an operation to be performed. As her general condition was very fair, the tumour was removed by Mr. Keith on March 10th, 1895. It was found to be in very close apposition to the diaphragm and many adhesions had to be broken down before it could be raised out of the abdominal cavity. It was estimated that its weight was about 70 pounds. She bore the operation fairly well, but next day her respirations became markedly changed, being then very slow and almost purely intercostal in type. The pulse was, however, 120 per minute. Hypodermics of strophanthine and strychnine were give every four hours, and ether more frequently; oxygen was procured and she had frequent inhalations of it, but no permanent benefit accrued, and the diaphragmatic paralysis did not pass off. She died on the morning of the 13th, though there had been absolutely no bad abdominal symptoms.

CASE 4.—A young man, æt. 20, was suffering from a severe attack of pneumonia, and probably influenza. There was profuse hæmoptysis for a pneumonia, and the temperature was 104°, and respirations from 60 to 70 per minute. The crisis occurred on the sixth day, and he was delirious during its taking place. As he seemed in a very critical condition, the oxygen, which had not been all used by the previous case, was sent to him in the country where he had taken ill. His friends were instructed how and when to administer it, and this they did most conscientiously all night, with the happiest results, for next morning he was found to be practically out of danger, and his further progress was most satisfactory. He probably inhaled from 10 to 15 feet of the gas during the night.

CASE 5.—On the evening of May 15th, 1895, I saw a young woman, æt. 21, who had taken ill the previous day when away from home. As it was thought she might be developing typhoid fever, she was sent home in a carriage, a drive of eight miles. The following day, it was evident she had double pneumonia, and the day after, being the fourth of her illness, she required hypodermics of strophanthine and strychnine, as her heart was uncontrolled by mixtures given by the mouth. At first the hypodermic was given night and morning. As her respirations varied from 60 to 70, and her pulse from 120 to 140, oxygen was given on the fifth day, her mother being instructed how and when to administer it. Her temperature remained at or about 104°. Early on the morning of the seventh day of the pneumonia. I was sent for as she had had epistaxis, and when I saw her she was in a most critical condition, her breathing being 70 per minute and her pulse 145, temperature 104°, delirious and semi-conscious by turns. The 1-200th of a grain of strophanthine and the 50th of a grain of strychnine were injected every four hours, and oxygen almost continuously. Epistaxis recurred several times during the day. Next day the crisis was completed, the respirations and pulse fell, and the day after she was practically out of danger. About 80 feet of oxygen were inhaled.

CASE 6.—A boy, æt. 8, had long been suffering from chronic heart disease, congestion of the liver and ascites. I had twice aspirated his abdomen to relieve the dyspnœa, which was not caused by any pleural effusion. I thought if oxygen could relieve the dyspnœa, it might save aspirating so frequently, as the fluid accumulated rapidly. Unfortunately no very material benefit accrued, so its use was discontinued after he had inhaled 20 feet of it. He died about a fortnight later.

REMARKS.—From these few cases, it is evident that oxygen can do much in giving relief to patients suffering from certain severe forms of dyspnœa, but unfortunately it cannot be relied on on every occasion. On the whole I think there are very few cases of uncomplicated pneumonia, which would be fatal, even if of the worst type, if oxygen, bleeding, and hypodermic medication were used in time.

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The beneficial action of oxygen in these cases is perhaps more complex than might at first sight appear. I have noted that the relief obtained does not exactly correspond with the diminished rate of breathing, and this is a result which varies in different cases, as it depends not only on the amount of pulmonary consolidation, but also on the cardiac condition. Oxygenation is imperfect, the excretion of carbonic acid is defective, and by oxygen inhalations the blood is made less venous and the amount of fibrin ferment is diminished. Thus, the more arterial the blood is kept the more perfect is tissue metabolism, and the less the risk of intravascular coagulation occurring. This is an important point, as intravascular coagulation, though of rare occurrence in pneumonia, does sometimes take place. Wright found that inhalations of carbonic acid and air increased the coagulability, but that if air be excluded an anoxyhæmic condition of the blood was produced which diminishes coagulability, and the well-known fluid state of the blood in asphyxia is the result. It may also be mentioned in relation to this, that alcohol is useful in more ways than one, for it acts not only as an antipyretic and stimulant in suitable doses, but it also diminishes the coagulability of the blood. Alcohol was given to all these cases, as it seemed necessary.

The point when to bleed is one of great importance, and it seems to me that there are two indications, first, when there is extreme or increasing cyanosis, and, secondly, when there is great pallor with blue lips, which indicates heart failure. I did not bleed the patient (Case 2) as I thought her age and previous severe illness were contraindications, however, it might have done no harm, and possibly good. Case 4 had profuse hæmoptysis, which was perhaps sufficient to relieve the heart and lungs without further depletion, and the result was satisfactory. In Case 5 there was marked pallor with cyanosis, and the question of bleeding was under consideration the evening before the crisis was ushered in by repeated epistaxis. It therefore seems to me that the most satisfactory results from oxygen inhalations will be obtained in cases of dyspnœa of purely intrapulmonary origin, and that it is often most desirable to bleed coincidently with the inhalations, if no spontaneous depletion, such as epistaxis or diarrhœa, has taken place. In the *Lancet*, February, 1896, page 808, Dr. Wright remarks that "the occurrence of diarrhœa after croupous pneumonia at a time when peptone (albumose) is being excreted in the urine, is probably referable to a serous hæmorrhage into the bowel, induced by a defect of blood coagulability. This inference is based upon the fact that diarrhœa due to serous hæmorrhage is invariably seen in dogs whose blood coagulability has been diminished by an injection of peptone." In the *Lancet*, November 1st, 1890, I reported four cases of dyspnœa of various origins, treated by pulmonary phlebotomy without oxygen inhalations. In The Medical Press and Circular, December 26th, 1894, I advocated paracentesis in cases of dyspnœa with pleural effusion, and endeavoured to show that the mechanical relief this affords is in many ways equivalent to bleeding in a more direct manner.

As regards medicine in these cases, I have great faith in the hypodermic administration of digitaline, strophanthine and strychnine, at intervals according to results obtained. It is difficult to estimate how much of a drug is absorbed by a stomach under such conditions, and though ammoniacal and alcoholic stimulants may be given in this way, the sheet-anchor is hypodermic medication.

Tunbridge Wells.

THE PART PLAYED BY THE LYMPHATICS AND VEINS IN THE ABSORPTION OF EXUDATIONS.

EXPERIMENTAL RESEARCHES MADE AT THE LABORATORIES OF THE R.C.P.Lond., AND R.C.S.Eng. (a)

By ARVID KELLGREN, M.D Ed.,
AND
CARLO COLOMBO, M.D.Turin.

(*Continued from page* 334.)

4. Peritoneal Injections.

4th March, 1895.—(*a*) Grey male rabbit, weight 2·250 grms.; red female rabbit, weight 2·100 grms.

At 1 *p.m.* an injection was made of 2½ ccm. of Prussian blue in gelatine into the peritoneum of both the rabbits.

At 1.45 *p.m.*, 2 30, and 3.30 p.m., the *red female* was subjected to *mixed massage* of the abdomen for five minutes on each occasion. The other rabbit had no massage.

Both rabbits, kept at rest, soon after the injection took up the characteristic position associated with peritonitis. They laid down with the abdomen on the floor and kept the hindlegs stretched backwards. The following morning they were livelier and rested as usual on their legs.

5th March —Post-mortem Examination.—At 12 o'clock the two rabbits were killed by destruction of the bulb.

On opening into the abdominal cavity of the *white* rabbit, *without massage*, particles of colouring matter were seen disseminated over the whole serous membrane, on the parietal layer, on all the abdominal viscera, having the appearance of coagula and of being enclosed in a film formed by exudation products of the inflammation.

No trace whatever of absorption was found either in the cistern of Pecquet, in the thoracic duct, or in the abdominal or thoracic lymphatic glands. In the *red* rabbit, *with massage*, the colouring matter presented not only the same distribution on the parietal and visceral layers of the peritoneum with the signs of peritonitis, as in the preceding rabbit, but in the abdominal lymphatic glands in the cistern of Pecquet and in the thoracic duct the presence of colouring matter was clearly seen.

On opening the thorax one is at once struck at finding the mediastinal glands beneath the origin of the great vessels, the great lymphatic vein, the lymphatics which follow the intercostal spaces, and the internal mammary vein coloured blue.

7th March.—(*b*) Black rabbit, weight 2,800 grms.; Red female rabbit, 2,200 grms.

At 2.15 *p.m.* an injection was made of 2½ ccm. of Prussian blue in gelatine into the peritoneum of both rabbits.

At 3 *p.m. mixed massage* for five minutes on the abdomen of the *black* rabbit. The massage was repeated for the same length of time at 4 and 4.55 p.m. The red rabbit had no massage.

They both took up the position characteristic of peritonitis.

(a) One of us (A. K.) always conducted the massage manipulations, while the other (C. C.) charged himself with the arrangement and the *technique* of the experiments. We have the very agreeable duty of expressing our sincere thanks to Dr. Woodhead, Director of the Laboratories of the R.C.P.Lond., and R.C.S.Eng., for having placed his services and advice so freely at our disposal.

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8th March.—Post-mortem Examination.—Both the rabbits were killed at 2 p.m.

The *red* rabbit *without massage* showed no other signs of absorption than some coloured mesenteric glands.

The *black* rabbit *with massage* presented the same signs of rapid and great absorption as in the foregoing experiment.

12th March.—(c) Red male rabbit, weight 2,000 grms.; grey male rabbit, 1,800 grms.

At 1.30 *p.m.* an injection was made of 2½ ccm. of Prussian blue in gelatine into the peritoneal cavity of both rabbits.

At 2 35 *p.m. mixed massage* was given for five minutes on the abdomen of the red rabbit. The massage was repeated for the same length of time at 2.55, 3.25, 3.55, and 4.25 p.m. on the same day, and at 1 25 and 1.55 p.m. on the following day. Both rabbits were kept immovable. They showed the same signs of peritonitis.

14th March.—Post-mortem Examination.—The animals were killed at 2 p.m.

Grey rabbit, *without massage*, showed like the others particles of colouring matter studded all over the serous membrane encapsulated in already well-organised fibrinous exudations. The mesenteric glands, the cistern of Pecquet, the thoracic duct, the great lymphatic vein, and the superior mediastinal glands were visibly coloured. This result, so unlike the others, must be attributed to the longer time which the animal was allowed to live after the injection, as well as the great power of absorption which the peritoneum possesses.

The *red* rabbit, *with massage*, presented the same phenomena, but more pronounced.

V. Difference between the Action of Deep Effleurage and Petrissage on the Absorption.

It is necessary to indicate what is here understood by *deep effleurage*. It is a movement which is made by passing the whole palmar surface (or part of it) of the hand slowly and with a certain, decided and gradually increasing pressure in the centripetal direction over the surface of the part which is subjected to massage.

In this manner it differs from the effleurage generally given, in which the individual movements are not only more superficial, but also much quicker.

The *pétrissage* also differs from the movement usually *en vogue* in that each separate manipulation is made more slowly, that the hand during it is on no account permitted to lose its contact with the part of the skin on which it was first put down, that it is thus never allowed to slide on the skin causing hyperæmia and irritation of the same. That hyperæmia of the skin is not produced nor wished for, and lastly here, as in effleurage, the increase of the pressure is gradual and not sudden.

Here we shall show the different action of these two forms of massage in the absorption of injections :—

1. *Under the skin.*
2. *Into the muscles.*
3. *Into the articulations.*
4. *Into the peritoneal cavity.*

1. Subcutaneous Injections.

5th March.—Black male rabbit, weight 1,800 grms.

At 3.35 *p.m.*, an injection was made of 1 ccm. of Prussian blue in gelatine underneath the skin about 2 ccm. below the knee of each hindleg.

At 4.15, 5, 5.45 *p.m.*, *pétrissage* was applied for 5 min. on the *left* hindleg; *deep effleurage* for 5 min., at 4.30, 5, 5.45 p.m., on the *right*.

The rabbit was kept immovable. He seemed to feel some pain after the injection but recovered after the first treatment.

6th March—Post-mortem Examination.—The animal was killed at 11.30 a.m. The *left* leg, *with pétrissage*, showed at the place of the puncture a blue patch under the skin, which extended downwards as far as the foot and upwards over the surface of the gluteal muscles. The coloured substance was diffused in the intermuscular connective tissue and infiltrated the sheath of the sciatic nerve.

The popliteal and inguinal glands were strongly coloured.

The *right* leg, *deep effleurage*, showed the colouring substance much more localised at the place of puncture. The infiltration of neighbouring tissues and the diffusion were very limited.

Only one superficial popliteal gland was found coloured, while the inguinal glands showed no colouration.

In Figs. 2 and 3, a section of a popliteal gland of

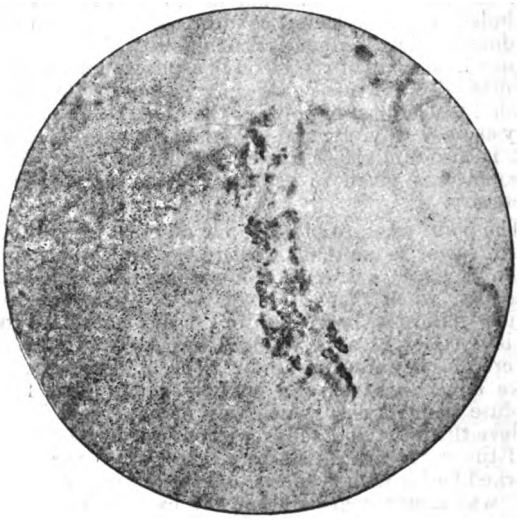

FIG. 2.

the right hindleg is seen feebly, and a section of one of the left strongly coloured.

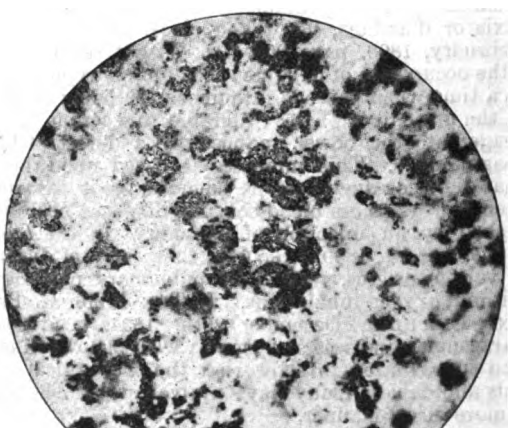

FIG. 3.

2. Intramuscular Injections.

1st March.—Male rabbit, weight 3,200 grms.

At 3.15 p.m., an injection of 1 ccm. of Prussian blue in gelatine was made into the muscular masses of flexors of the toes of the two forelegs about 1½ ccm. below the elbow joint.

At 3.50, 3.55, 4.45, 4.50, 5.40, and 5.45 p.m., *pétrissage*

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of the *left* and *deep effleurage* for 5 minutes of the *right* leg.

2nd March.—Post-mortem Examination.—The animal was killed at 11 a.m. by destruction of bulb and the usual inflammation was found.

In the *right* leg—*deep effleurage*—the colouring substance was diffused downwards as far as the metacarpals and upwards, as far as the upper third of the humerus. It followed the course of the intramuscular connective tissue always underneath the aponeurosis. We found it in the sheaths of the tendons and in the neuro-vascular bundles. In this region both the lymphatics running up to the axillary glands, as well as these latter, were distinctly coloured.

In the *left* leg—*pétrissage*—the same diffusion of colouring substance was observed, but it extended somewhat more downwards as well as upwards, where it went as high as the clavicle, following the bundle of brachial vessels and nerves.

The axillary glands are deeply coloured. (Fig. 4.)

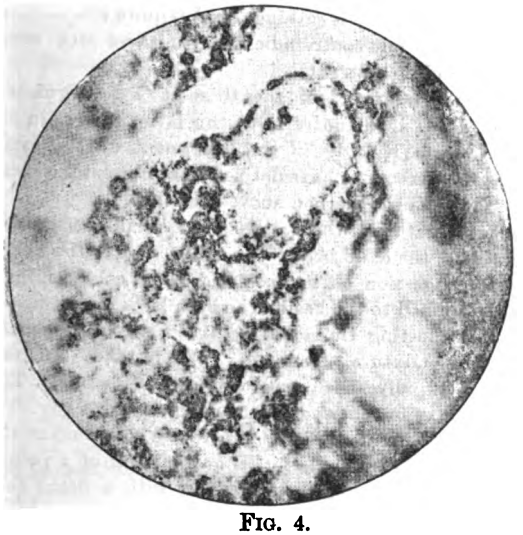

Fig. 4.

3. Intra-Articular Injections.

1st March.—Male rabbit, weight, 3,200 grms.

At 3 p.m. an injection of 1 ccm. of Prussian blue in gelatine was made into the two tibio-femoral articulations.

At 3.40 p.m. massage was given for five minutes on both legs; *deep effleurage* on the *right*, *pétrissage* on the *left*. The massage was repeated under the same conditions, and for the same length of time at 4.35 and 5.30 p.m. The animal exhibited symptoms of pain, and was kept at rest.

2nd March.—Post-mortem Examination.—The rabbit was killed at 11 a.m. The *right* hindleg—*deep effleurage*—showed the articular cavity containing only a little coloured substance mixed with a certain quantity of muco-purulent looking material.

The Prussian blue was diffused amongst the intermuscular tissue, in the sheaths of the tendons, which are inserted into the neighbourhood of the articulation; it followed the course of the vessels as far as the crural arch.

The popliteal and inguinal glands were only feebly coloured. (Fig. 5.)

The *left* leg—*pétrissage*—showed the same diffusion of the injection, only more marked, and going both lower and higher along the connective tissues and neuro-vascular bundles.

Upwards the injection has passed as high as under the skin of the lateral lumbar region, where the lymphatics are clearly coloured.

The popliteal and inguinal glands are deeply coloured. (Fig. 6.)

4. Intraperitoneal Injections.

5th March.—(*a*) Black male rabbit, weight 1,800 grms. (b) Black male rabbit, weight 1,550 grms.

At 3.30 p.m. an injection of 2½ ccm. of Prussian blue in gelatine was made into the peritoneal cavity of each of the two rabbits.

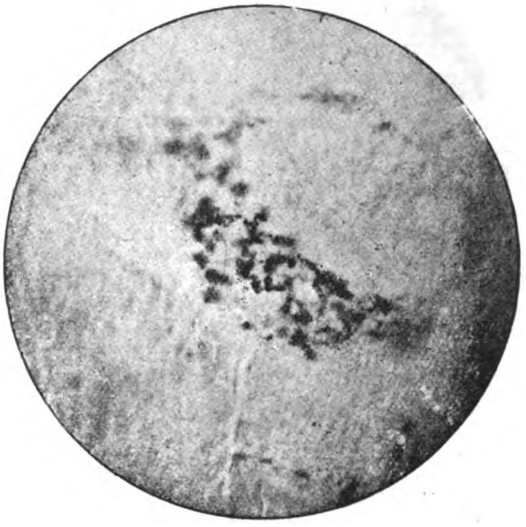

Fig. 5.

At 7.15 p.m. massage was given for 5 minutes to each, *large* rabbit, *pétrissage*, *small* rabbit, *effleurage*. The massage was repeated in the same manner and for the same length of time at 5 and 5.15 p.m.

A short time after the injection the animals showed signs of peritonitis. They were kept at rest.

6th March. Post-mortem Examination.—The two rabbits were killed at 1 p.m. by destruction of the medulla oblongata.

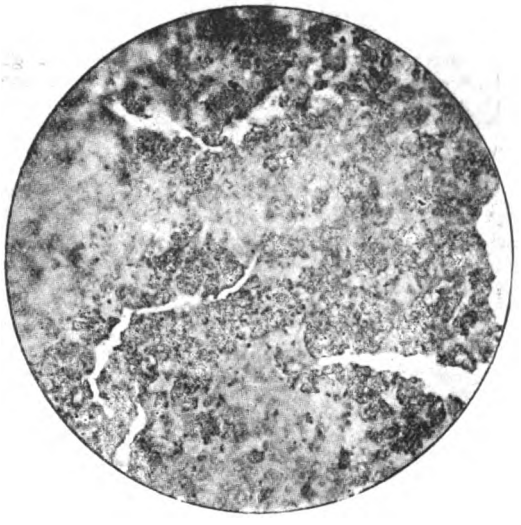

Fig. 6.

Large rabbit—pétrissage.—On opening into the peritoneal cavity the signs of active peritonitis were seen at once; there is a certain quantity of serofibrinous liquid in the cavity and the colouring substance is distributed all over the surface of the serous membrane in small and large pieces in the abdominal organs either free or encapsulated by solidified exudations and adherent to the viscera.

The mesenteric glands are slightly coloured (Fig. 7).

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The cistern of Pecquet and the thoracic duct as far as the diaphragm are distinctly coloured.

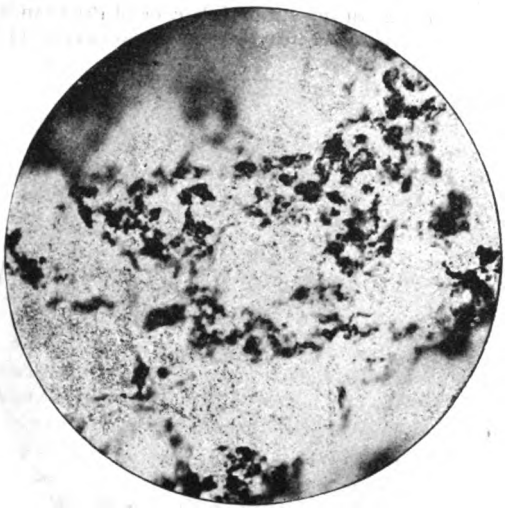

FIG. 7.

The *small rabbit—deep effleurage.* The peritoneum shows the same general appearance as in the other rabbit but there is also distinct colouration of the cistern of Pecquet, and the thoracic duct as well as of many small mesenteric and large mediastinal glands. (Fig. 8.)

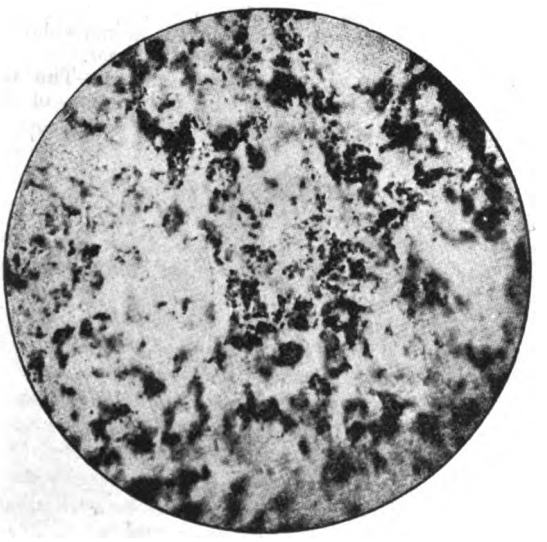

FIG. 8.

(To be concluded in our next.)

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Oct. 3rd, 1896.

TREATMENT OF INFANTILE BRONCHO-PNEUMONIA.

THE success obtained by cold water applications in the treatment of infectious diseases of children, and especially of broncho-pneumonia, is becoming daily so accentuated that the method has gained the favour of the most enlightened amongst practitioners, and is well-received by the public. Dr. Albert has just published a new series of cases which cannot fail to convince the most sceptic, and to give courage to the most timid. In succinct detail he describes the *modus operandi*, which is as follows:—The child is stripped to the waist, and a piece of gauze (tarlatan) folded in six or eight doubles, and so cut that it reaches from the clavicles to the umbilicus in front and to the sacrum behind, and wide enough to overlap in front, is steeped in hot water, so as to remove as much of the starch as possible, and when properly wrung out, it is plunged again into cold water (the temperature of the room). The gauze is then squeezed as much as possible, and applied around the thorax, and the upper portion of the abdomen; a piece of oil-silk of the same size is placed over this so as to prevent evaporation. The child is then dressed and put to bed. At the end of half an hour, the application is renewed, and so on as long as the symptoms (temperature over 100°, with vesperal exacerbation, agitation, quick-breathing, &c.,) require it.

There exists no contraindication to these wet compresses should be always tried.

According, however, to the thèse of a distinguished pupil of Prof. Lemoine of Lille, this latter prefers in his practice warm bathing in the treatment of the same affections, asserting to have derived from it greater advantages than from the method above described.

The temperature of the baths should oscillate between 97° and 100°, the child being plunged in it up to the neck. To avoid congestion of the face and brain, cold applications are applied to the head. The bath lasts ten minutes, and before putting the child into it a spoonful of some stimulating mixture is given. When taken out the patient is rapidly dried and wrapped in flannel. The treatment may be renewed twice or three times daily.

Mustard baths are ordered where the condition of the patient causes grave anxiety; about a quarter of a pound of ordinary coarse mustard is blended with a little cold water at the bottom of the bath and the hot water added.

These baths are always indicated in broncho-pneumonia, and pneumonia as well as capillary bronchitis. The effect of these baths on the child is most favourable; the respiration becomes more tranquil, the pulse less rapid, and most beneficial sleep supervenes.

Prof. Lemoine affirms to have thus treated thirty-three cases of broncho-pneumonia without losing one patient.

THE TREATMENT OF LUPUS.

Dr. Moty employs in the treatment of lupus injections of camphorated naphthol with considerable success. A Pravaz syringe half filled with the liquid is plunged into the centre of the tumour and one drop injected; the syringe is withdrawn and inserted in another direction, and so on in five or six places. Once or twice a week these injections are renewed, and at the end of two months the disease is got under. The effect of the injections is to produce a small slough, which drys and falls off of itself leaving a smooth and soft cicatrix.

THE SILKWORM DISEASE—ANOTHER STATUE TO PASTEUR.

The anniversary of Pasteur's death was celebrated in France on September 28th. A statue in his honour was unveiled at Alais which is one of the chief centres of the silkworm industry rescued by the great scientist, by his investigations, from extinction. At the same time a statue was dedicated to the Abbè de Savage, who, more than a century before Pasteur commenced his work, spent five years in studying the diseases of the worm and afterwards wrote a book which contained all that was then

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known of the matter. The Abbè was also a native of Alais.

Lymphatisme—Scrofula.

Iodide of sodium, ʒij ;
Bromide of sodium, ʒiv ;
Chloride of sodium, ʒj ;
Water, ʒxii.

A tablespoonful twice a day in milk.

Arsenious acid, i gr. ;
Hydrochlorate of quinine, xx gr. ;
Ext. of gentian, q.s. ;

For 50 pills—one to four daily.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, October 2nd.

Alleviation of Pain in Labour.

At the Pirogoff Congress in Cracow, Hr. Bukoemski read a paper on the alleviation of pain in normal labour. After careful consideration he concluded that alleviating remedies did not retard labour, they never did harm and were sometimes of great service. By the toxodynamometer (ether 45 cases, and chloroform 8 cases), he determined that when ether was used the pulse and respiration were unchanged. The labour was shortened, albumen was never seen in the urine, the uterine contractions were more powerful, and involution was improved. Ether was a reliable and non-dangerous drug that did not require accurate dosage. Chloroform rather retarded labour, but was not injurious to either mother or child. Ether deserved the preference. Both were good and reliable.

Hr. Ssawitzki had obtained good results from antipyrine of which he gave 10 grains along with 15 to 25 drops of Tr. opii in enema, and repeated in from two to six hours.

Hr. Dobronrawow purposed a collective inquiry into the alleviation of pain during labour. An inquiry of that kind was being carried on in Russia, and the report would be submitted to the 12th International Congress of Medicine in Moscow. The proposal was accepted by the Congress.

Hr. Kraniski read a paper on the

Etiology of Epilepsy,

in which he expressed his conviction that a regular connection existed between the excretion of uric acid and epileptic attacks. For 24 to 48 hours before an attack the mass excreted rapidly fell to below the normal, and after the attack it again rose. As soon as the quantity of uric acid excreted fell below 0·45 grm. in an epileptic an attack might be expected with certainty. In opposition to the opinion of Haig, he looked upon epilepsy as a disease of tissue change, and not as a nerve lesion. In epilepsy there were certain deviations from normal tissue change, in the form of diminished formation and excretion of uric acid. As soon as these abnormalities had reached a certain intensity, a product was formed that acted on the central nervous system as a poison. It irritated the eclamptic centre, and an epileptic attack succeeded. He gave drugs supposed to influence the excretion of uric acid, piperazin, lysidine, and lithium carbonate. The first two gave a negative result. The lithia, on the other hand, without increasing the quantity of uric acid excreted, given in doses of 3 grm. per diem, reduced the number of fits. If given to the extent of 6 grm. per diem, it produced symptoms of intoxication, and increased the fits. Epileptic attacks must be looked upon as means of self defence of the organism against a morbid course of reaction which would otherwise lead unavoidably to destruction of the individual. Blood withdrawn during a free interval had no effect when injected into rabbits, but when withdrawn during the height of an attack, 1 to 3 ccm. injected into a rabbit immediately caused paralysis of the posterior extremities and periodical convulsive attacks, under which the animal generally succumbed in from four to eight days. These experiments confirmed the belief that a poisonous product of abnormal tissue change was present in the individual before an attack, which disappeared under the influence of the attack itself.

Extract of Chelidonium Majus for Cancer.

It appears that celandine (chelidonium majus) has long been in use as a domestic remedy for corns in some parts of Russia. The plant, as is known, belongs to the order papaveraceæ and exudes a milky juice possessing acrid properties on fracture. It occurred to Dr. Denissenko to give a systematic trial to the drug in its various forms of extract, infusion, &c., in cancerous diseases. For his first trials some cases of cancer of the lip were brought and the fresh juice was applied. These trials were incomplete, as in all cases the patients ceased attending before anything could be determined; he was therefore driven to the use of the commercial extract. In February of last year he began his experiment with it and gave internally 1·5 to 5 grm. of the extract dissolved in distilled water thrice daily; and into the substance of the new growth, as near the periphery as possible, he injected in various places one to three divisions of a Pravaz subcutaneous injection syringe full of a mixture of equal parts by weight of ext. chelidon maj., glycerine, and distilled water. But the whole quantity injected did not exceed one syringeful. The surface of the tumour was painted night and morning with a mixture of equal parts of the extract and glycerine. Iron, quinine, and other tonics were given as seemed desirable.

With the exception of one case the internal use of the drug did not disturb the digestion. The painting when the surface was ulcerated caused a slight transient burning. It was different, however, with the parenchymatous injections. In all the cases after the injection, and especially after the first, in addition to a burning at the point of injection, there was a feeling of faintness, a more or less severe rigor, and subsequent rise of temperature to 38 and 39° C. Although the symptoms subsided the next day the experimenter felt the need of caution in his proceedings.

An effect was observed even in the first few days. The colour became more natural, the tumour became softer. In from three to five days fistulous openings appeared at the sites of the punctures, in the immediate neighbourhood of which the softening of the tumour went on more rapidly. After from fifteen to twenty days a line of demarcation could be seen between the diseased and normal tissues, the former appearing to be forced away by the latter. On the whole, the tumour diminished in size by more than a half, and the neighbouring enlarged glands disappeared. The method described appears to be that already so frequently tried of surrounding the growth by a zone of inflammatory infiltration, and thus limiting its blood supply. If this can be done in the way described more readily and more safely than by ignipuncture, electrical

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puncture, &c., or inoculation with erysipelas germ, it may be worth a trial, and will, no doubt, get one.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Oct. 2nd, 1896.

IMMUNITY AND URINE ANALYSIS.

POEHL, of St. Petersburg, again repeated, at the meeting of the Naturforscher, his observation wherein he affirms that the predisposition to auto-intoxication is induced by "(*a*) A reduction of the alkalinity of the blood in consequence of the acidity abstracted from the stimulated tissues; (*b*) An insufficient importation of acid material; (*c*) Abnormal fermentation in the alimentary canal; (*d*) Exogenic bacterial intoxication; (*e*) or a retention of the metabolic products in the body" that can be diagnosed by the urinary co-efficients which he sets down for this morbid condition. This is important in the recognition of cases that are already immune and where no necessity exists for antitoxic inoculation. "Intra-organic oxidation" is a common chemico-biological phenomenon that can be readily diagnosed by a simple analysis of the urine, no matter whether the immunity is natural or acquired. The theory of phagocytosis ceases when the alkalinity of the blood falls below the normal standard and susceptibility to infection induced. This alkalinity of the blood has long been acknowledged as a protection against infection owing to an "active spermin" being developed out of the retrograde white blood corpuscles from a ferment produced by "tissue respiration." The oxidation produced by the catalytic action of the "spermin" acts as a physiological protection for the organism as well as a therapeutic antagonist against auto-intoxication.

SERUM AND TUBERCULOSIS.

Dörrenberg recorded the results of his experiments in tuberculosis, in which he used the serum of an ass which had primarily been obtained from a goat. He experimented on different animals with the serum and then injected pure cultures of tubercle into the peritoneum. The animals were inoculated at intervals of three weeks and, became immune to the tuberculous poison, but the resistance appeared soon to fade, as many of the animals finally died of tuberculosis. He also treated eleven human subjects with the serum which appears to act less violently than tuberculin, and can therefore be longer applied in large doses without much rise in temperature. All the cases seemed to improve under the treatment.

CANCER SERUM AND ALCOHOL.

Emmerich-Scholl's cancer serum seems to have attracted considerable attention, as Opitz gives a long history of successful results in cancer formation. The serum is combined with absolute alcohol, and is injected into the margin of the carcinomatous tissue, which it instantly attacks, leaving the trabeculæ little changed. There is yet some difficulty in the explanation of the healing process, although improvement is undoubted, but similar results have been obtained from the application of cantharidin salts, as well as Coley's toxin. There seems to be little in common in all the injections yet all are apparently anti-parasitic and locally pyretic in their operation. Opitz presumes that the toxic effect of the serum lies in the antiseptic property of the alcohol which may act on the hypothetical cancroid parasite when the injections in large numbers are inserted around the tumour thus acting on the micro-organism, necrotising the tissue and localising the inflammation.

ANTI-TUBERCULOSIS AND ANTI-TOXINE.

Maragliana has recently been confining his attention and efforts to the antitoxine of tuberculosis which he has extracted from virulent cultures of tubercle bacilli.

His preparations may be classed in two groups, viz., "A," which is obtained by concentrating the culture material on a water bath at 100° Cent. for three or four days somewhat after the fashion that Koch obtained his tuberculine. Group "B" is obtained by passing the culture through a Chamberland filter, then concentrating in a vacuum at a temperature not exceeding 30° C. (86° Fahr.) For his inoculations he used three parts of "A" and one part of "B," which were injected into a horse at regular intervals for six months, at which period no reaction occurred after large quantities of the original virulent culture had been injected while the control animals suffered seriously. In the blood serum there was a notable quantity of antitoxin; four weeks later the blood serum was used therapeutically after being prepared in a similar manner as above described. In this tuberculine so prepared the specific antitoxic substance was present and had the power of acting as a toxic in tuberculous animals and human subjects. To prove the efficacy of this substance, it was inoculated into both healthy and tuberculous guinea pigs, as well as tuberculous human subjects. One cubic centimètre of the serum was sufficient to neutralise the toxic effect of a fatal dose of tuberculous protein. From his experiments, he concludes that 1 ccm. of the serum will neutralise any tuberculous febrile condition and act as a certain bactericide.

Australia.

[FROM OUR OWN CORRESPONDENT.]

MELBOURNE, Sept. 1st, 1896.

AN OVER-POPULATED PROFESSION.

DURING the last five years the colony of Victoria has passed through a period of unexampled financial depression, the effect of which has extended to all classes and, as a matter of course, our own profession has shared the monetary straits with the rest of the community. But we are hoping that the long lane of weariness and difficulty is about coming to the proverbial turn, and that medical men, as well as their non-medical fellows, will find themselves presently getting round the corner. But in this process of emerging into a more prosperous way, it is manifest to those who are cognisant of the situation, that there are hindrances to us here of an exceptional kind. To put it plainly, there are too many of us, we are too thick on the ground, the result being that competition which of itself is fair enough under ordinary conditions, has grown into an actual struggle for existence. The population of the colony hardly reaches a million and a quarter, and the number of qualified practitioners upon the "Register" is 1,017. And the number increases by about 60 yearly, somewhere about half of whom are supplied by our own University. This increase is out of proportion to the growth of the general population, which, as a matter of fact, is not now growing, and it follows that the struggle for existence is becoming almost desperate. This city of Melbourne is flooded with young medical men, well-

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educated no doubt, but so full of their newly-acquired knowledge that they are eager to make a show of it on every possible occasion, and, therefore, neglect no opportunity of bringing themselves into conspicuous notice. Within limits, of course, there can be no reasonable objection to a practice of this kind, but those who thus seek to declare themselves to the world, are curiously enough the readiest to discover the ethical sins of others. Indeed, there has been, of late, quite a revival of activity on the subject of medical ethics generally, only the difficulty seems to be to find out what are the absolute and fundamental principles of the ethical creed, and, upon this point, no one seems to be quite sure. The Victorian Branch of the British Medical Association, some years ago, compiled a code of medical ethics which seemed to answer the purpose fairly well as a means of reference and a guide, but as it was found to restrain too much the growing enterprise of the rapidly increasing adolescent members of the profession the code was abolished; so that, now, it is as once it was in Israel, when, we are told, there was no judge, and "every man did that which was right in his own eyes." This, however, is certain, that in this part of the world, at any rate, the younger members of the profession have not only no reverence for their elders, but, on the contrary, look down upon them as unprogressive fossils, and comport themselves accordingly.

Medical Ethics and the Adelaide Hospital Difficulty.

In connection with this question of ethics, we have been a good deal exercised here of late on the subject of the withdrawal of the medical staff from the principal hospital in Adelaide, and the difficulties which have arisen out of their resignation. The excitement has been very great, but, as is the case in many controversies, a good deal of partisanship, without a proper understanding of the precise origin and nature of the dispute has been shown, although the dispute is a very simple one. The Adelaide Hospital, unlike other Australian hospitals, is maintained and managed entirely by the State, which has, consequer tly, and properly, the right of controlling the officials. This authority includes the right of engaging and dismissing the nurses. One of the nurses, some time ago, was charged by the honorary staff with having acted contrary to instructions, and they demanded her dismissal. The Minister in whose department the hospital is placed, wishing to act fairly in the matter, appointed a board to consider the protest raised by the nurse, the staff having, of course, the opportunity of justifying their complaint, if posible. After a prolonged inquiry, the board resolved that the charge against the nurse had not been sustained, and the Minister, very properly, reinstated her, upon which the staff resigned. This, it is hardly necessary to say, they had a perfect right to do. The matter was one personal to themselves. Not content with their own withdrawal, however, they resolved to make their quarrel one in which the rest of the profession ought to join, and they succeeded in doing so. The hospital was boycotted, and, not content with a local boycott, they took measures to prevent the Government filling the places of the revolted staff from a distance. One of your two weekly contemporaries refused to insert the advertisement inviting applications from medical men in England to take the place of those in South Australia, and, moreover, denounced in anticipation, the conduct of anyone who should dare so to apply. Meantime, the patients of the hospital were virtually left to their fate. The staff held aloof and sulked, and, so far as they were concerned, the patients might have died; but what of that? The petulance of the malcontents was gratified, and what they pleased to consider a great principle was asserted. But the appeal of the Government to the profession in England was successful. They obtained their officers, who in due course arrived, and, now, the work of the hospital is proceeding as usual. Necessarily, however, those men who have had the hardihood to brave the mistaken indignation of their order in Adelaide are themselves ostracised, and they must wait the current of their lives to bring them forgiveness for their sin. But if it be any consolation to them they have the sympathy and support of the entire public which, although oft enough wrong, where the interests of the medical profession are concerned, seems, in this instance at least, to have taken the right view of the situation. No doubt a great deal of outside and irrevelant matter has been introduced into this controversy which need not here be referred to, but, as I have already said, the matter was a very simple one from the beginning, and with a little concession and reasonableness might have been arranged without setting the whole profession aflame.

Public Hygiene in Melbourne.

Going back to ourselves here in this city of Melbourne, it is pleasant to know that we have reason to congratulate ourselves upon certain matters of progress in which medical science is closely concerned. After suffering the ills arising from half a century's neglect of proper drainage, and making of a poor little river a very filthy ditch, we are nearing the completion of a large scheme of metropolitan sewerage, which we confidently hope will contribute to render Melbourne the healthiest city in the world. The Board of Public Health under the wise direction of Dr. Gresswell, himself one of the most energetic and scientifically accomplished sanitarians in the world, is unceasing in the exercise of its functions. The crass municipal ignorance, and, therefore obstinacy, with which Dr. Gresswell has to contend, in enforcing the provisions of the Health Act, would be inconceivable, if it were not remembered that hygiene is yet, to the common mind, a practically unknown science; and, that the entire community requires to be educated, even in its elementary principles. The question is sometimes asked here, what will be left for the medical men to do, if the city is made perfectly healthy, and if everybody is taught to understand the laws of health, and persuaded to carry them out in practice?

In reply, I would only say that, as that Millennium has not arrived, nor is as I think, likely to happen for many years to come, we may leave to posterity the duty of completely answering the query.

London Hospital Medical College.—Entrance Scholarships.

The following gentlemen have been awarded Entrance Scholarship at this College:—Epsom Scholarship, value £126, Mr. E. F. Fisher. Price Scholarship in Science, value £120, Mr. H. E. Ridewood. Entrance Science Scholarship, value £60, Mr. A. B. Lindesey. Entrance Science Scholarship, value £35, Mr. C. E. Ham. Price Scholarship in Anatomy and Physiology, open to students of the Universities of Oxford or Cambridge, value £60, Mr. E. W. A. Walker.

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OPENING OF THE MEDICAL SCHOOLS.

THURSDAY last, Oct. 1st being the commencement of the Medical Session, introductory addresses were delivered in some of the schools attached to the London and Provincial hospitals. At others the session was opened without formality. In Ireland and Scotland the Medical Session begins somewhat later. The following are abstracts of some of the introductory addresses:—

MIDDLESEX HOSPITAL.

THE Inaugural Address was delivered by Dr. W. ESSEX WYNTER, who insisted upon the prime importance of devotion to practical work during the hours spent within the walls of the hospital. The lecturer suggested that his hearers should consider themselves as looking forward to a long expedition, and of having the opportunity then of providing themselves with what they would need by the way, knowing well that whatever they neglected they would suffer for by-and-by without being able to make good the deficiency. Curiosity, he observed, was mental appetite; when it was aroused the utmost advantage should be taken of it to get a full and clear impression of the subject which excited it, and to gain as much information as possible under its stimulus. Those things which really interested them at the moment would be readily understood and remembered without effort. Dr. Wynter then passed on to the main consideration in his discourse. Omitting further allusion to those technical studies which would claim most of their attention, and at least a quarter of each twenty hours, he asked his hearers to give thought to the important period they were called upon to devote to the acquisition of medical knowledge, which comprised the years of highest educational value in their lives. Hitherto, he said, they had been training their minds to comprehend and remember, acquiring habits of application, attention, and reasoning; henceforward their aim must be the acquisition of knowledge and skill, not merely as an exercise, but for their use in the interests of others. These years corresponded with those usually spent at a university, they covered the transition from youthful dependence on the guidance of others to freedom and the assumption of more than ordinary responsibility, they included the principal period of moral, intellectual, and physical growth, and that of development of their social qualities. It would not be enough that they should leave the hospital with the information and training they brought from school together with a certain amount of medical knowledge. They must develop their senses to a degree beyond what would suffice for ordinary life, they had to acquire manipulative skill and cultivate the capacity for deliberation and prompt action in the midst of disturbing circumstances, and, above all, their experience should supply them with a habit of patience, kindliness, and tact. In few words, they should learn to relieve the individual, not merely to diagnose and remedy the disease, and so carry out that quotation from Maro which they may have appropriately read as they entered the medical school, "Miseris succurrere disco." They would then perhaps be able to appreciate that famous aphorism of Hippocrates, "Life is short, art is long, opportunity fleeting, experience delusive, judgment difficult. It is the duty of the physician not only to do that which immediately belongs to him, but likewise to secure the co-operation of the sick, of those who are in attendance, and all the external agents." Outside their immediate studies, which with the best intentions would be found to consist in chronic strain with not infrequent acute crises of anxious pressure at the time of examinations, they must find leisure for recreation and exercise such as would counteract the effect of their application in the hospital and could in no wise be dispensed with.

ST. MARY'S HOSPITAL.

THE Inaugural Address was given by Mr. MORTON SMALE, Surgeon in charge of the Dental Department, and dealt largely with so-called patent medicines. It may surprise many outside of our profession, Mr. Smale remarked, to know that the composition of all these vaunted proprietary medicines are well known to the medical profession, that their component parts are common property, and that while many of them are nearly entirely innocent of medicinal qualities, others are combinations of drugs in use in daily practice more or less poisonous in character; the real difference being they are prescribed on the one hand by trained, skilled, and qualified men for each individual case, after careful and painstaking investigation and diagnosis. Moreover, they are combined and modified according to the necessity of the patient. On the other, they are administered indiscriminately in fixed quantities, the consumer being the sole arbiter of the necessities of the case. It is also well known that the more immediate action of many of the preparations is due to the use of a larger dose of some active or leading ingredient than is prescribed or advised by the British Pharmacopœia, or than is justified by the united experience of the medical profession after many years of observation, or than is considered consistent with genuine safety. This much, however, cannot be said of all the so-called patent medicines, and of all preliminary treatment of minor complaints; if the medical man dare speak, and if there were the slightest likelihood of his being believed if he did speak, he could tell of conclusions which in a measure would justify the incredulity of the uninitiated, however free it might be from justifying disbelief in the veracity of the medical man. The baneful presence of transmitted disease, so well known to us all, is in many instances not more apparent than the influence of specific drugs in the growth and development of children, and in their more advanced life every observant practitioner of my own speciality must frequently see instances where the Duty-Stamped drug has left its indelible mark. In the year 1880 the medicine stamp duty yielded £135,366; ten years later, in 1890, its yield reached £217,264. So that in the present year of "educational enlightenment" which gives "power over minor diseases," we may take it that the returns are over a quarter of a million from the medicine stamp duty alone. The rates of duty vary from 1½d. in a packet not exceeding 1s. in value to 20s. on a package over 50s. in value, and the vendors of dutiable medicines have to pay 5s. yearly for a licence. If we take the duty at 10 per cent. all round, a very low estimate, we shall find that the amount of money spent on stamped medicines bought and used by the public—in the majority of cases for they know not what—amounts to something like £2,500,000 per annum. This enormous sum is annually spent by the intelligent British public, which imagines it is doing a smart thing when it listens to and is guided by the quack as against the medical man; but then the quack, with his plausible platitudes, pretends to bring the mysteries of scientific medicine to the level of the uninstructed (speaking professionally), while persuading his victims that he is raising their knowledge to the level of that possessed by those who have devoted their lives to the study and alleviation of disease, and who have patiently worshipped at the shrines of nature and of science; he panders to the worst traits in man's character—his self conceit, his superstition and his blind faith in those who claim to be able to perform miracles. Much of the so-called success of the quack is no doubt due to the natural impatience of suffering, especially when accompanied by credulity and incapacity. The doctor who cannot in a few weeks or months cure the malady which has been for years gaining its ascendancy, and which may have been materially helped on by the ubiquitous patent medicine perseveringly applied to symptoms, under the assumption that treating symptoms and treating disease are the same thing, is called an impotent pretender and dismissed. Perhaps, if the doctor were in many such cases less reticent, and were he to tell the patients a few plain truths, it might be better for both parties; but the British public, which provides customers for the patent medicine man, also provides juries for the Law Courts, and so can prescribe penalties as easily as it recommends quack medicines.

UNIVERSITY COLLEGE, LONDON.

THE Introductory Lecture was delivered by Dr. SIDNEY MARTIN, F.R.S., Professor of Pathology in University College and Assistant Physician to the Hospital, who remarked that the profession of medicine in its varied aspects

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had to do with life and death; with the study of life and its phenomena, and with the prevention of death from preventable causes, and thus, with the prolongation of life. And even though the essential phenomena of life are still far beyond our comprehension, the progress that has been made gives good hope that in the future much will be accomplished in the way not only of disclosing the secrets of the processes of disease, but of the discovery of rational means of counteracting them. In the history of medicine, as in that of many other practical subjects, the great change that has taken place has been from the speculative to the real. In all ages, thinkers have had before them the phenomena of life—the beat of the heart, the presence of blood, the exercise of the mental faculties, the phenomena of birth and development, and the passing of life into death. And it was but natural that the cause of these phenomena should be investigated by those following learned pursuits. Accurate knowledge of the body, both anatomical and physiological, was scanty, so that speculation, often of the wildest character, tinged indeed, in some cases by theology, was indulged in to explain what a more extensive knowledge of facts would have made clear. Real progress in medicine is made by two processes. The first is the accumulation of facts either by simple observation or by observation and experiment; the second is the interpretation of those facts. This century has been the age of progress in medicine as in other fields of natural knowledge. In medicine, the progress, I think, has been quite as marked as in physical or chemical science, and the results have been obtained by the patient work of many individuals. Progress has been made in many different ways, to a great extent simply by the accumulation of facts, anatomical, physiological, and chemical, both in healthy and diseased conditions. This accumulation of observations has now increased to such an extent that it is impossible for one person to know all the recorded facts; much more so than in previous ages when workers were few and opportunities for observation and recording were more scanty than at present. The development of the experimental method has also greatly aided the progress of medical science, and has been the means of improving the treatment of disease. It cannot be too strongly stated that the more that is known of the prime causes of disease, the more is it likely that measures will be discovered to prevent or counteract them. This is well illustrated by the advantages which medicine has obtained from the study of bacteriology. It is not many years ago since bacteria began to play an important part in the study of medicine. Investigated first almost solely from the biological side, their evident injurious effects when introduced into the body soon revealed a possible relationship to disease. By the development of accurate methods of study we now can, as we wish or not, obtain a given liquid full of bacteria or free from them, or we can exclude bacteria if we wish. By research it has been shown that bacteria are not naturally present in the tissues of the animal body—a question which was discussed for a long time. By improved methods of isolation we can study each individual bacterium and observe its mode of growth and other peculiarities, study its metabolic processes, and determine whether when introduced into the body it will kill an animal or not. For there are bacteria which are innocuous and those which produce disease, and of the latter there are some which will cause certain lesions in man and different lesions in animals, some that will affect one kind of animal and not another, and some that will affect both men and animals in the same way. All such facts have a bearing on the study of medicine. The importance of the development of bacteriology on medicine has been that it has explained infection; it has replaced the theory of infective disease by an array of facts. Its study and the results of its teaching have had, and will increasingly have, a profound effect on the progress of medicine.

ST. GEORGE'S HOSPITAL.

The Introductory Lecture was delivered by Mr. W. Adams Frost, F.R.C.S., Ophthalmic Surgeon to the hospital, who, in the course of his address, said that every year a large number of men enter as medical students who are utterly unfit to be medical men. That this is so is shown by the large proportion of rejections at examinations. Of course, it may be said that this only proves the inefficiency of the examination test. But this can hardly be so. It must be remembered that the majority of examiners are teachers in the medical schools of the subjects in which they examine. As teachers their great aim is to impart such knowledge as shall enable the student to pass. As examiners their aim is not (as is often supposed) to discover something that the candidate does not know, which would be a simple task, but to find something which he does know, a matter sometimes of insuperable difficulty. Yet the qualifications required to pass an examination are not of a very high order—a moderate capacity for work, some common sense, and a capability of inwardly digesting and assimilating a portion of the knowledge that is nowadays crammed into the student as if he were a prize goose. Unfortunately some men have absolutely no capacity for work, have no common sense, and cannot digest knowledge. Some of these are weeded out at the preliminary examination, probably not nearly as many as should be. Until the Society of Apothecaries, in 1855, instituted an examination in arts, no standard of general education was required. If this society had done nothing else, it would deserve the gratitude of the profession for instituting this reform. A certain standard of general education is necessary for a medical man, and I think the standard might well be raised, not merely because the *status* of the profession would thereby be improved, but also because by that means we should weed out many who, having shown that they have no capacity for learning as boys, are not likely to develop it as men. The man who is deficient in the so-called common sense, the stupid man who always flounders worse when the examiner tries to help him, is absolutely unfitted for a profession for the practice of which tact, promptitude, and judgment are essential qualities. Your moral dyspeptic indeed sometimes works hard, but never seems to learn anything; he was a dunce at school and will be a dunce all his life; and it is a misfortune for himself and his future patients if he ever succeeds in getting qualified. An efficient preliminary examination of course weeds out a few of both these classes, but many filter through, and spend long years dawdling about a medical school, presenting themselves occasionally at examinations, apparently under the impression that the examiners are unjust judges who may be wearied by their continual coming.

YORKSHIRE COLLEGE, LEEDS.

The Address at the Leeds Medical School was delivered by Mr. Victor Horsley, F.R.C.S., F.R.S. He pointed out to the students that, from the very outset of their work, they had become members of an honourable guild or profession in which, until the close of their careers, they would yet always remain students, and in which they were each bound to endeavour to maintain the highest standard of professional conduct and work. In mediæval times powerful guilds existed for the regulation of all kinds of professions and trades, but radical defects in their constitutions gradually caused their decay. These defects in the guilds concerned with medicine were principally self-satisfied inertia, unprogressiveness, and, as may be seen in the former method of admitting members to the College of Physicians, an affectation of mystery in the art of medicine which was bound to be exposed by the spread of the knowledge of physical science. The most objectionable feature of the guild, however, was its failure to punish medical offenders and thus to preserve a high standard of ethics and practice, a condition of affairs with which the present inaction of the General Medical Council had many features in common. Passing to a subject more especially affecting the student, Mr. Horsley proceeded to urge the fundamental importance of chemistry in medical work in all its stages. It underlies the study of physics, biology, and physiology, and the understanding of those obscure chemical actions which we call the vital changes in living tissue. As an example, he pointed out that the change in the electrical state and of the temperature of a muscle in action is not nearly so important to understand as the chemical change which has concurrently occurred in its protoplasm. But still more vital is the help of chemistry for the elucidation of pathological

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questions. In the science of bacteriology, for instance, five years ago the morphology of the microbe was the great question. Now it is found that what really concerns us is to know the chemistry of the products of the microbe's existence, and still more the much wider problem of what are the antitoxic substances which are evoked in the living tissue and tissue juices of the body by the introduction therein of the microbic toxic material. Such questions immediately concern not only the scientist but the "practical man." The new discovery of to-day is the commonplace text-book of to-morrow, and greatly in proportion as the student accepts this fact and acts on it is his success in subsequent practice and the confidence reposed in him. The public no longer want to be told, for instance, that they have dyspepsia; they want to know what is the chemical process of change which is going on in the alimentary canal, appreciating that he who best knows this is best able to deal with the condition. To the pathologist and the therapeutist, therefore, chemical pathology is in truth of the most essential value, and in University College this has been so fully realised that a chair of chemical pathology has been formed under Dr. Vaughan Harley, which, through the extension of post-graduate work in his laboratory, should lead to a rational improvement of therapeutics. Passing from the preparatory studies for a medical career to conditions of work for the qualified practitioner, Mr. Horsley proceeded to point out various difficulties that he would have to combat either for himself or others, and the best means of meeting them. Among these difficulties were unethical conduct of brother practitioners, the machinations of the agents of so-called medical aid societies in flooding districts with touts to persuade patients to take the cheap and nasty advice of men dishonourable enough to sell their services to such dishonest associations, the petty slanders of some unwittingly offended person, or the illegal employment by a colleague of an unqualified assistant. In such cases redress can only be found in combination.

SHEFFIELD SCHOOL OF MEDICINE.

THE Address at this school was delivered by Sir HENRY LITTLEJOHN, M.D., of Edinburgh. He referred to the necessity for medical students being alert, and at the present time this was more than ever required, as they found themselves confronted in what was styled the weaker sex, by another competitor for public patronage. The ladies had entered the arena, and must accept the position, and face all the consequences. That was what ladies had recognised, and they were fully prepared to act accordingly. All the ladies could expect in return was courtesy, a fair field, and no favour. He was bound, as one of their teachers and examiners, to testify that no set of students could be more intelligent or more responsive to the teaching of the lecturer than the lady medicals. As a senior in the profession, he was indeed surprised at the courageous manner in which they faced the drudgery of the subjects of their first and second examinations, and when they came to their final trials in the examination hall they bore themselves well, and made a highly creditable appearance. In this country, except in the centres of population, there was little or no demand for their services. They would never be able to compete with the hard life of a country practitioner; and, overstocked as the profession notoriously was, few so-called prizes could fall to them in the shape of assistantships, *locum tenentes*, and house-surgeonships. The public and the profession, however, were undergoing a species of education in this respect, and the time might come when the portals of all these institutions might be thrown open to ladies. He recognised in them the regenerators of native Indian society; he would have supported by the public purse a lady medical at all our important stations in the East; and at all missionary stations the presence of a skilled and prudent lady would prove of incalculable service.

SCHOOL OF MEDICINE FOR WOMEN.

MR. A. B. BARROW, F.R.C.S., Senior Surgeon to the Royal Free Hospital, delivered the Address. He advised the students to train their own mental powers, so as to develop the various functions of the brain to the greatest state of perfection. He cautioned them, however, against exercising any one part of the body to the detriment of the others. He pointed to the beneficial effect of exercise upon the organs concerned in maintaining the body, and condemned the practice, which had become so much the fashion, of rubbing and manipulating an injured part, with the erroneous idea of causing the absorption of what might be called "Nature's splint." He spoke of the bacterial inhabitants of the air and dust as a part of creation, and of their proper sphere of activity being to attack dead bodies. They must take care to guard themselves against them when they were wounded. He concluding by congratulating the students upon having given up the idea that it was an undignified thing for a woman to work, and especially upon their joining the medical profession, a calling of the highest and most responsible character. They were fortunate in joining at the present time, when a doctor was no longer spoken of as a necessary evil; and he spoke in a very hopeful way of their future success in practice if they worked especially at the diseases of women and children, and thus gained the confidence of their own sex.

The Operating Theatres.

MIDDLESEX HOSPITAL.

DOUBLE OVARIOTOMY.—Mr. ANDREW CLARK operated on a woman, æt. about 25, who had come under his observation about three weeks previously, complaining of a gradually increasing enlargement of the abdomen and a growth from her vulva. She stated that two years ago she began to feel uncomfortable, and noticed that her abdomen was increasing in size, but did not like to tell her friends. About four months ago, however, owing to the increasing discomfort and to the fact of her size beginning to attract attention, she consented to take medical advice. On admission to the hospital, an investigation of her case showed that she had a cyst connected with the right ovary, and there appeared to be a second cyst impacted in the pelvis, causing protrusion of the uterus through the vulva, which was the swelling of which she complained. She was in good health in other respects. An operation, with a view to the removal of the tumour, was advised and consented to; ether was administered, and an incision about three inches long made midway between the umbilicus and pubes; the tumour was exposed, and found to be adherent all round. The adhesions were easily separated, the incision enlarged upwards and downwards to the extent of about eight inches, and the tumour projected through the opening. It was found to have a long pedicle, which was easily transfixed, tied with a double ligature, and the mass removed. On further investigation, a second cyst was found impacted in the pelvis; this was connected with the left ovary; it was drawn out and treated in the same way as the other. Both cysts proved to be dermoids, and contained, in addition to the usual grumous fluid, a large quantity of hair; the smaller cyst contained also a tooth. The next step in the operation was to draw the uterus well up into the pelvis, and it was attached by a gut suture to the abdominal wall; the wound was then closed in the usual way and dressed with iodoform and cyanide gauze. Mr. Clark remarked that there were two points of interest about this case: 1. The presence of a dermoid cyst in each ovary, which in itself was a condition not often met with, the one impacted in the pelvis and producing prolapsus of the uterus. 2. It might be suggested that it was hardly necessary to make so large an opening as had been done to evacuate the cyst, which might have been tapped, but the trocar was not used, lest the contents of the cyst might prove, as they did, to be a material which would much complicate the operation had it escaped into the peritoneal cavity.

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Pericæcal Abscess.—The same surgeon operated on a case of Dr. Sydney Coupland's; a stout woman, æt. 41, who had been in the hospital 24 hours, on account of trouble in the right iliac fossa. There was a distinct swelling in this locality, and tenderness; there was also elevation of temperature, and a history of an attack of perityphlitis a year before. She readily assented to an exploratory operation, and an incision was made about two fingers' breadth above the anterior superior spine through the abdominal wall; the cæcum presented bound down by tolerably firm adhesions; these were cautiously broken down, the opening in front into the peritoneal cavity being carefully closed by a sponge, and, at the back of the bowel, an abscess containing six or eight ounces of fœtid pus was met with; this was evacuated, the cavity thoroughly flushed with boric lotion, and well dusted with iodoform. As there was pretty free oozing from the surface, the cavity was packed with iodoform gauze, and a drainage tube inserted. A point to notice about this case, Mr. Clark said, was the depth at which the abscess was situated; the operation also was rendered more difficult owing to the large amount of fat on the patient's abdomen; the vermiform appendix was not felt, although it was probable the disease originated in it. The age of the patient was more advanced than in the majority of cases of perityphlitic abscess.

ROYAL FREE HOSPITAL

Amputation for Traumatic Gangrene.—The patient was a navvy, æt. about 40, in good health and of strong physique, who had been admitted a week before for an injury to the left knee; it appeared that he was working in the street on a tram line, and, whilst doing so, received a severe blow on the inner side of his knee from a scaffolding pole, which had been placed to guard a working party, of which he was one; the pole projected too far over the tram line which was in use and was caught by a passing car and knocked down. On admission, the man had presented signs of considerable shock, being cold, trembling, pallid, with a weak pulse; the knee was partly displaced outwards, the structures under the skin on the outer side felt pulpy, and a separated piece of bone, apparently the head of the fibula, could be moved about in all directions; the biceps tendon was still attached to it; there was some effusion into the knee-joint, no fracture of tibia or femur could be found; the leg below the knee was cold, and the tenderness, which one might have expected after such an injury, was absent; there was no pulsation in the anterior tibial artery or in the posterior tibial artery, and the surface of the leg was whiter than normal; as the pulse was weak in the right leg at the ankle and that leg was also cold, it was decided to place the injured limb on a back splint, and adopt the precautions which are usually taken in the treatment of a leg after the ligature of the main artery. Gangrene had, however, slowly developed without constitutional disturbance or much swelling of the limb; it had gradually spread upwards until discolouration had reached to within about two inches of the inner side of the knee; its progress had not been attended with pain. The method of amputation chosen was the Stokes-Gritti, and this Dr. Melsome, the house-surgeon, performed under the supervision and with the assistance of Mr. Battle. The anterior flap came close to the line of discolouration, and there was some bruising evident in the line of section; the posterior flap was cut a little longer than usual so as to avoid any tension whatever on the flaps, the vitality of which was probably low. Esmarch's bandage was used; the cut section of artery in the stump was normal after removal of the bandage the principal bleeding was from unusually large vessels in the periosteum. A section of the patella removing the cartilage was made and the remainder of the bone brought over the end of the femur, which it accurately fitted. The flaps were closed with interrupted sutures, a drainage tube placed across the joint, and the usual dressings applied. Examination of the amputated limb showed that the head of the fibula had been separated from the shaft, and that the top of the internal tuberosity had been broken off, but only to a slight extent; the external lateral ligament had been completely ruptured and the external semilunar cartilage partly torn away from the bone. The popliteal artery had a clot projecting from it. Mr. Battle remarked before the operation that the case was one of unusual character for two or three reasons. External displacement of the knee-joint was not a common accident, fracture of the head of the fibula not due to direct violence was almost unknown, and rupture of one of the main arteries of the limb was luckily seldom seen even in hospital practice. The most serious of these was the damage to the artery; whilst the other conditions admitted of repair, the injury to the vessel had resulted in gangrene of the limb. The rupture of the artery he considered to be of a partial character, that is, limited to the inner and middle coats, because the amount of swelling at the point where the rupture had probably taken place was very slight and hardly observable at any time; he had no doubt that the clot which was seen projecting from the artery extended to the point of most severe injury, although the damaged coats of the artery had probably been sufficient to block the lumen of the vessel. The exact condition of the artery would be shown by careful dissection. He pointed out after the amputation the manner in which the patella fitted over the end of the femur without any tension of the quadriceps, the result of the operation being to give a most excellent stump.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 7, 1896.

THE NEW MEDICAL YEAR.

The new *annus medicus*, which began on the 1st instant, was, as usual, inaugurated by the delivery of Introductory Addresses at several of the Metropolitan and Provincial Schools of Medicine. The themes chosen this year by the Lecturers were, perhaps, of a more attractive nature than is usually the case. For the most part, the students whose lot it was to listen to these addresses will have only themselves to blame if they have not profited by the sagacity and plain-speaking to which they were treated. It is to be trusted, also, that the opportunity of gathering up some of the grains of wisdom in this connection has not been lost upon the public, by whom the addresses could be read in any of our lay contemporaries. Especially, we hope, was this the case, so far as the dis-

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course of Mr. Morton Smale was concerned. Mr. Smale's address at St. Mary's Hospital, for the most part, dealt with the subject of quack medicines, and he pointed, with no sparing hand, to the idiocy of the public in treating themselves, or allowing themselves to be treated by the patent medicine manufacturers. The subject was one which could not have been better chosen at the present time, either in the interests of the public themselves or of the medical profession. So much money is annually wasted upon amateur doctoring by the resort to patent messes and concoctions that the folly of the practice cannot be too forcibly declaimed. Of course, everyone knows how the trade of patent medicine-mongers is frequently so successfully conducted. It is merely a question of spending large amounts of money on extensive advertisements. The profits on the sale of the quack products are so enormous that the proprietors are thus enabled to freely push their wares before the public. Without free and almost unlimited advertising the patent pill or ointment would soon be forgotten. This is exactly where all the humbug comes in. If the public could only understand that there is nothing in the shape of a patent medicine, no matter what the form, which is at all special or better than anything that a chemist could compound from a doctor's prescription, there would undeniably be less of the consumption of these commodities within a short period. But the public are impressed by the specious advertising announcements as to the marvellous efficacy of the various wares of the patent medicine monger, and, moreover, they find it convenient to buy a medicine ready at hand without having to submit to the ordeal of consulting a doctor. Again, common ailments like constipation, sick headache, and so forth, are such as to demand very little more than a purge, and what can be easier than for the sufferers to buy somebody's pill, which effects the object in view? The pill merely purges, but a great deal more credit is generally assigned to it than it deserves, and hence its value soon becomes exaggerated, and marvellous results are attributed to its action. The address of Dr. Sydney Martin at University College was an able, scientific exposition of the progress of medicine. Real progress in medicine, he holds, is made by two processes. The first is the accumulation of facts, either by simple observation or by observation and experiment; the second is the interpretation of those facts. "The first is discovering what can be seen, the second is describing what the seen means." Full attention is drawn to the important place now occupied by bacteriology in modern medicine. By means of the revelations of bacteriological science, the world of medicine has profited much, and Dr. Martin emphasised this fact by giving many examples of it. Of the address of Dr. Essex Wynter at the Middlesex Hospital, the chief point was the insistence of the lecturer upon the observance of definite methods of study by the medical student, so that no time might be wasted, and no opportunity of learning lost. Mr. Adams Frost, at St. George's Hospital discussed, among other things, the qualifications for general practice, in which he pointed out that a serious defect on the part of a general practitioner was the want of sympathy. "I do not mean," he said, "by that term any morbid sentimentality, but that ability to see matters from the patient's point of view, which alone can secure his confidence." Mr. Victor Horsley, at the Yorkshire College, Leeds, had a good deal to say upon the subject of medical defence, in connection with the organisation of which he is the President. This, again, was a subject about which there was much that could be said for the benefit of the public.

THE GENERAL MEDICAL COUNCIL.

THE forthcoming election of the "Direct Representatives" of the General Medical Council brings the composition of that body once again prominently before the profession. It may be well, therefore, to touch briefly upon a few of the leading points of interest in the position, mainly with reference to the wants and aspirations of the general practitioner. As everyone knows, the Medical Act of 1886 increased the numbers of the Council from 24 to 30. Six members were nominated by the Crown, five were elected by the resident registered practitioners of the three divisions of the United Kingdom, while the rest were selected by the licensing bodies. It will thus be seen that the Council is made up to an overwhelming extent of the nominees of the autocratic and irresponsible corporations which it had ousted from the government of the medical world. The interests and the protection of the great mass of practitioners for whom and by whom both Council and corporate bodies had been created, were left to the watchfulness of a hopelessly small minority. Constituted in this way, the General Medical Council is naturally a conservative body, ready to act only in directions which avoid the reforms and drastic action that are more than ever imperative to protect the vital interests of the rank and file of the profession. The Council has little relish for the subjects which loom large in the addresses of candidates for election, such as the amendment of the penal clauses, the control of midwives, and the absolute necessity of increased direct representation. On the other hand, there is no question that it has done good work in raising and levelling the standard of medical education. It has also purged the profession of a certain number of black sheep, by removing their names from the *Register*. Still, while the absurd anomaly of permissive registration is allowed to continue, removal from the official roll is shorn of half its terrors. Moreover, as pointed out recently by the Medical Defence Union, in spite of such erasion, at this very moment several notorious offenders are carrying on a large and lucrative unlicensed practice in London close to the very gates of the Council. Indeed, if carefully conducted, the man who elects to stroll in shady paths is, to a certain extent, safer without a diploma in his wallet. But there are important practical matters that may well engage the attention of anybody concerned with the control of medical education. Take the matter of fees. During the last few years the cost of medical

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education has been greatly increased. Fees have been raised and multiplied on all hands and in all quarters, always at the expense of the unfortunate medical student. Is such a matter beneath the notice of the Council, or does it think that the numbers of medical men may be kept down by such an illiberal and fatal policy as the raising of costs? But in whatever way we approach the situation we find no satisfactory answer to the question "What has the General Medical Council done for the general practitioner"? The Council has from the first adopted as its main planks the care of medical education and of the *Register*. It is hardly too much to say that all or almost all its other work has been done reluctantly and under pressure. Take Section 40 of the Medical Act of 1858—what use has the Council made of the powerful weapon thus ready at its hands? Does the profession realise, we wonder, the drift and tenour of that famous and oft quoted Section? "Any person," so it runs, "who shall wilfully and falsely pretend to be, or take and use the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner, or apothecary, or any name, title, addition, or description, implying that he is registered under this Act, or that he is recognised by law as a physician or surgeon, or licentiate in medicine and surgery, or a practitioner in medicine, or an apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds." To the non-legal reader the foregoing technical clause will seem comprehensive enough to cover the whole of the ground and to afford a means of banishing the unlicensed from the face of the land. At any rate, were it faulty any council with its heart in the work would speedily bring such pressure upon Government as to render the clause absolutely drastic and legally sound. On the whole, it seems hopeless to imagine that the General Medical Council will ever do anything of its own accord to protect the general practitioner. Some amount of good might be effected by increasing the number of Direct Representatives, so that they shall at least equal the number sent up by the Colleges. If the Council does nothing for the protection of the main mass of the profession, then it is time for medical men to agitate and combine for the creation of a body that will be really representative, and to which the various corporate bodies will be subordinate. In other words, following the trend of modern sociology, our professional Parliament should be an elected democratic and not an aristocratic class government.

PRELIMINARY EXAMINATIONS IN IRELAND AND SCOTLAND.

It will be recollected that, from time to time, the General Medical Council has passed resolutions suggesting that the examinations held by Colleges in Ireland and Scotland should be discontinued, and that the entry of all students to the medical profession should be through a University portal. It is nothing surprising that a Council, the majority of whose members represent University interests, should desire to extinguish competing colleges, and to deprive them of the function of preliminary examination, and, indeed, of every other function which can be taken from them, and it is a matter of common knowledge that Sir William Turner, the representative of the University of Edinburgh, is the leader of this movement. Under this influence the General Medical Council has recently reiterated a resolution in favour of the abolition of the Irish Conjoint Preliminary Examination, and we understand that the pronouncement has been under the consideration of the Irish Colleges, and a unanimous decision has been arrived at that the Irish Conjoint Preliminary cannot be abandoned, simply because no other examination is held in Ireland which could conveniently take its place. The examinations of the two Universities and of the Intermediate Examination Board are alike unsuitable to the circumstances of medical education in Ireland, though all these tests are willingly accepted by the Irish Colleges as equivalents for the Conjoint Preliminary whenever they are offered by students. It, however, is the feeling of the Colleges that, although there has never been any reason to accuse these examinations of insufficiency, it is not unreasonable that the General Medical Council should be offered some further guarantee for the *bona fides* of the test, and that this can be best done by placing the Conjoint Preliminary examination in the hands of examiners whose competency cannot be questioned, and who cannot be supposed to be in the slightest degree biassed in favour of any class of students or any medical school. With this object the Royal College of Physicians of Ireland, at its meeting on the 2nd inst, nominated two junior fellows of the University of Dublin to examine on behalf of the College. The Council of the College of Surgeons has, also, we understand, adopted the proposal for the appointment of non-medical examiners for the Preliminary Court, but as some question might be raised as to whether the existing collegiate law limits the selection of preliminary examiners to Fellows of the College, it has been resolved, as the shortest way to settle the question, to ask the Lord Lieutenant to approve of a change of the bye-law so that examiners in general education shall be exempted from its operation. It will take time to arrange this difficulty, and it is probable that no change in the Examining Court will be made until May, 1897, when the general election of the examiners of the College takes place.

Notes on Current Topics.

Another Milk Sophistication.

In last week's *Times* there appeared an able if undisguised "puff" of a substance, known to the initiated as "Viscogen," intended to remedy certain physical defects hitherto associated with pasteurised or sterilised milk and cream. The complaint which, we are told, is more apparent than real, bears on the fact that milk thus treated is "thin" and, therefore, inferentially possessing less nutritive value than the untreated

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articles. It has been discovered, whether fortunately or otherwise remains to be seen, that by the admixture of lime in solution the normal consistency can be restored. As lime dissolves but sparingly in water, it is proposed to take advantage of its well-known comparative solubility in water containing sugar to impart the necessary consistency to the attenuated milk. As such a solution, made by the aid of cane sugar, contains a hundred times as much of the base as ordinary lime water, it may be added to cream in sufficient quantities to produce the desired result without perceptibly changing the proportions of solids of the cream. It is confidently anticipated, that the consumption of "Viscogen" for various purposes, will be considerable though, it is added, in view of its strongly alkaline character it must be used with care, and in no case should enough be added to render the cream alkaline. As we are not told exactly what proportion of this uneuphoniously-named compound is to be added per gallon of milk, it is impossible to speak dogmatically of its probable effects on the infant organism. Useful, it may be, for the alimentation of rickety children whose bones lack the earthy base, it could hardly prove other than injurious to the normally constituted infant whose organism requires no surplus lime, and whose digestion must suffer *pro tanto* from the unnecessary admixture of so powerful an alkaline astringent. The distrust, based on experience, with which we have hitherto regarded the exclusive feeding of infants on so-called sterilised foods, will be reinforced by the knowledge that a further danger will in future lurk in the stoppered bottle. The point is one to which we would call the attention of public analysts, for there is much doubt whether the laws regulating the sale of milk allow of the addition of foreign substances in appreciable quantities.

Veterinary Medicine and General Practitioners.

THE question has often been asked why medical practitioners in outlying districts do not cultivate a knowledge of the diseases of domestic animals and turn it to account. In these days of great competition and waning incomes, the suggestion might be worth discussing. Obviously, there can be nothing derogatory in the study of comparative pathology, and the principles of treatment must be the same in animals as in human beings. The patient, careful observation of the manifestations of disease in dumb animals would, indeed, be excellent training for practice in any department of medicine, and the relief of suffering is a noble object whether its victim be biped or quadruped. The average of scientific attainments among professed veterinary surgeons is certainly not very high, and rule-of-thumb appears to predominate in both diagnosis and treatment. It is generally considered to be derogatory for medical men to devote attention to the diseases of animals, but that feeling is probably due to the notoriously slipshod, unscientific methods of the ordinary horse-doctor. The high position and scientific eminence of the foremost veterinary surgeons of the day afford sufficient proof, if any were wanting, of the ample scope for sound scientific work in the investigation and treatment of disease as it affects the lower animals. It is difficult to conceive that a country gentleman should think less of a medical man simply because he displayed a knowledge of animals' diseases far in excess of that possessed by the farrier, indeed, the contrary would probably obtain, and there must be old maids by the score who would devotedly sing the praises of the practitioner who had been the means of rescuing a favourite Tabby from premature decay.

The Appeal of the Council of the College to the Fellows of the College of Surgeons, England.

THE Council of the Royal College of Surgeons, England, have just issued a circular letter to the Fellows of the College asking for replies to definite questions relating to the direct representation of the Members on the Council. After an elucidatory statement containing an account of the previous proceedings in connection with the subject, the circular deals with the interrogatories, which are divided into two categories. The first relates to the broad question of whether it is desirable to give to Members of the College direct representation upon the Council, and the second, granting that such representation should be conceded, deals with the special details by which the concession should be regulated. For example, the Fellows are asked to give their opinion upon whether the representation should be (*a*) by Members only, (*b*) by Fellows only, or (*c*) by Fellows and Members indifferently. Also, as to how many seats on the Council should be assigned for the representation of the Members, and whether there should be an increase in the number of the present Council, or whether seats should be taken from the Representatives of the Fellows and given to the Representatives of the Members. These and other interrogatories have been addressed to the Fellows, and it is requested that the answers will be forwarded to the College at the earliest convenience. For some reason or other no definite date has been fixed for the documents to be returned; it is possible, therefore, that the Council will have no statement to make on the subject until the next half-yearly meeting of the Fellows in January, 1897. Recent events would rather seem to show that some of the provincial Fellows will favour the present *régime*, and strenuously oppose any attempt to concede representation on the Council to Members.

"Sequah, Limited," in Liquidation.

THE great flourish and bombast with which the quack calling himself "Sequah," some years ago, perambulated the country selling his Prairie Flower Oil, and extracting teeth painlessly—that is to the loud accompaniment of a brass band—was largely instrumental in persuading many persons to take up shares when he floated his trade as a company. Unfortunately, however, for the deluded shareholders the concern has now definitely come to an end. Not much pity need be felt for those who now find themselves minus their capital. Indeed, there is some difficulty in understanding how any one could have

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parted with his money for such a speculation. The present state of affairs is that a first dividend of twopence a share has been paid, and that any further dividend will amount to only a fraction of a penny. Thus, there will be no more brass bands on the village greens in the country to drown the cries of the hapless persons undergoing extraction of teeth under the tender mercies of Sequah. Both the teeth-drawing and the "Prairie Flower Oil," the brass bands and Sequah, have come to an end as attractions for village inhabitants, and the riddance will be regarded as highly satisfactory, doubtless, in many districts.

The Importation of Typhoid Fever from the Seaside.

The holiday season, which has almost closed, has been specially noteworthy for the number of cases of typhoid which has occurred in consequence of visits of persons to popular seaside resorts. The Medical Officer of Hanley in a recent report particularly draws attention to this fact, and asserts that in July and August last there were many fresh cases of typhoid fever in his district, the source of which could be traced to the above cause. It is quite true that many seaside resorts whose population normally ranges from one to ten thousand persons, are quite unable with safety to provide for an invasion of from 20,000 to 50,000 visitors. The consequence is that dangerous overcrowding results, and the sanitary resources of the localities concerned are strained beyond a degree which is safe. Under such circumstances it is not to be wondered at that infective disease of the nature of typhoid should be contracted by the visitors. When the danger is so great the authorities of the most favoured seaside resorts should take measures to provide for such serious inroads of visitors. We understand, for example, at Scarborough that the corporation at great cost have thoroughly rebuilt and enlarged the sewerage system on the South Cliff, experience having clearly shown that the old sewers were quite insufficient for the requirements of the district.

A New Move by the Anti-Vaccinists.

The tactics of the anti-vaccinists are always original. The artful way in which the statistics of various small-pox epidemics are seized upon and worked up for the purpose of showing the uselessness and evil of vaccination is well known. Anti-vaccinists, too, do not mind intentional prevarication when it serves their purpose; in short, their aim and object is to try and make the public swallow their creed at all costs. We have now to chronicle a new move on the part of these silly agitators. They have started a scheme which will be known as the "Anti-vaccination Medical Service." A branch of this new organisation has been inaugurated both at the ill-famed anti-vaccination City of Gloucester, and at Coventry. Mr. Hadwen, to whose anti-vaccination practices and utterances we have upon several occasions referred, has been invited to officiate as the Medical Officer to the latter branch. But he has declined for the reason that he has accepted a similar post in Gloucester. We trust that Mr. Hadwen, as a medical practitioner, feels proud of his appointment, and of the position to which he has attained in consequence of his views on vaccination.

Mixed Medical Classes.

We notice that the *British Medical Journal* in an editorial note refers to a recent statement published by Miss Williams, to the effect that no inconvenience has followed upon the teaching of male and female students in the same classes in Dublin. Our contemporary appears to discredit this statement, and says that "more experience is needed before any useful opinion can be expressed on this difficult subject." We profess to know something of mixed teaching in Dublin, and we can assure our contemporary that there has been already the experience of about seven years of the working of mixed classes, and we can assert that, at least as far as Dublin is concerned, the statement of Miss Williams is perfectly accurate. There has never been occasion for complaint either by teachers or students, and, in fact, it is our experience that the sex distinction is practically ignored, and that the female students pursue their studies without interfering or being interfered with in any way. The only recognition of the sex distinction is that women dissect in a separate room from other students, and it is even questioned whether this distinction need continue.

"Cutting" Among Dentists.

It will soon become necessary for dentists to react against the tendency to cut down prices on much the same plan as that which is just now exciting the dismay of general practitioners in connection with medical aid associations. We have received from one of the large general "stores," which are gradually absorbing the commerce of the Metropolis, a leaflet advertisement announcing the opening of a "dental department" wherein the fees are moderate and the discount 10 per cent. We note with some surprise that the name and qualifications of the "well-known and skilled practitioner" are embodied in this precious document, and we shall be greatly surprised if the attention of the General Medical Council be not directed to this unblushing infringement of the resolutions forbidding professional advertising. *Quid fecit per alias fecit per se.* If the rules, as at present formulated, do not cover this particular case, then the sooner they are revised the better. To be voluntarily associated with an advertising institution is, in every respect, as condemnable as to advertise oneself directly.

A Hospital Reform Association.

An attempt to deal with the abuses of the hospital system has been made by the establishment of the Hospital Reform Association. Last week, at the offices of the Medical Defence Union, a meeting o medical men was held, with Dr. Ward Cousins in the chair, at which a resolution embodying this conclusion was arrived at. We have as yet no knowledge of the lines upon which it is proposed to work this new organisation, nor, save in a general sense, what its objects and aims will be. The question, however, in

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this connection may be pertinently raised: Is such an organisation really necessary in view of similar bodies already existing? We cannot see that there is any real need for adding another association to the list. Why cannot a Hospital Reform Committee be formed from among the members of the Medical Defence Union, and be empowered by the Council to undertake the duties appertaining thereto. Some such step would certainly be wiser than to embark upon a separate organisation as that now proposed.

The Degeneracy of the Human Breast.

A GERMAN observer has just promulgated some novel ideas in respect to the arrangement of marriages. He appeals to young men on behalf of posterity to select women with well developed breasts for their wives, and suggests that the young women can retaliate by refusing to marry a man unless he can prove that he had been a "breast baby." He also quotes statistics to show that inability to nurse a child is a sure sign of degeneracy, and produces degeneracy. These sentiments may be all very well, but it would be quite transcendental to suppose that they would ever be acted upon. The suggestion that Angelina should ask Edwin whether he was a breast baby, and withhold her engagement to him until a reply in the affirmative was obtained, is decidedly humorous.

Opening of the Medical Societies.

THE new session of the London medical societies has already commenced, and this week will see the opening meetings of three of these, namely, the Obstetrical (this evening), the British Gynæcological (Thursday), and the Clinical (Friday). On Thursday in next week the Harveian will hold its first meeting. The West London Medico-Chirurgical Society began the new session, the fifteenth of its existence, on the 2nd inst., when the President, Mr. Bruce Clarke, took the chair for the first time, and delivered his presidential address on "Some Effects of a Lack of Muscular Development," which was listened to with much interest.

The Medical Officership at Somerset House.

THERE will, we understand, soon be a vacancy for the post of Medical Officer at Somerset House. Dr. Vine, the present officer, who has held the appointment for twenty-two years, is about to retire in consequence of ill-health. The duties are not arduous, being almost wholly confined to the issue of certificates to officials examined for prolonged sick leave or for retirement on account of ill-health. The regulations, moreover, we believe, admit of private practice being engaged in, despite the fact that the salary attached to the post is £400 per annum. There will doubtless be keen competition for this sinecure of an office which is associated with such desirable conditions.

SURGEON-COLONEL MICHAEL COGAN, Principal Medical Officer of the Belfast District, has been selected for service in India.

The Ownership of a Prescription.

No one regards very much the decisions of Courts of Law of American States, nor indeed the laws themselves which such States may fulminate, because no one outside the limits of the particular State is bound by such law or decision, and it is as likely as not that, within the range of a half-crown railway ticket, a totally different law will be found in force. Nevertheless it is worthy of mention that, in New York, Massachusetts, and some other States it has been legally decided that the property in a prescription lies with the druggist to whom it is handed for dispensing. The theory upon which this extraordinary judgment is founded is that the fee paid to the physician is only for his advice and for formulating a remedy, and that, when the drug has been supplied by the dispenser, the contract between the patient and both the physician and the dispenser is completely discharged and the latter is entitled to hold the paper as his security against a possible impugnment of his accuracy. Such a judgment does not conform to British ideas, for it is held among us that the patient's fee to his physician covers not only the advice and the formula for a remedy, but the paper upon which that formula is written. Certainly it seems reasonable that the patient who pays out the money to both doctor and chemist should retain the property in what he pays for, and it seems very unreasonable that either of the latter, having received this money, should set up a further claim to the article which he has sold. Such a claim savours too much of the scandalous law of our own country, which authorises a solicitor to impound a client's documents, and thus puts the client entirely at the mercy of the solicitor, and compels him to submit to any roguery to which he may be subjected. Fortunately, patients can protect themselves everywhere by simply keeping a copy of the prescription before handing it to the dispenser.

The Operation Hour.

A THOUGHTFUL and convincing article on this subject is to be found in *Galliard's Medical Journal*, in which the earliest available hour of the day is recommended on the following grounds:—(*a*) That the patient may have had a good night's rest, has an empty stomach, suitable for the administration of an anæsthetic, and is not worn out by hours of agonising suspense and anticipation. (*b*) That the operator comes with mind and body refreshed to a task which often demands from him the exercise of all the genius, memory, and firmness which he possesses, all of which attributes are likely to be dulled when he operates late in the day by the anxiety incident to a long forenoon's work. (*c*) That the nursing arrangements are probably more complete at the early hour than after the nurses have been worked out by a forenoon's attendance upon patients and the medical staff. (*d*) Lastly, that when an operation is performed at an early hour the operator and his assistants have before them twelve hours in which to note the condition of the patient and to take precautions if necessary, whereas, if the operation is delayed until afternoon, the period before the patient

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settles down for the night is too short to afford any conjecture as to the progress of the case.

Irish Workhouse Reform.

The movement for the promotion of improvements in Irish Workhouses (and especially in the infirmaries of those institutions), which had its origin in the investigations pursued by Dr. Moorehead of Cootehill, and by the Special Commissioner of the *British Medical Journal*, who visited and reported on the workhouses eventuated, as our readers may recollect, in a conference held in London some months ago, at which it was decided that a further conference should be held in Dublin in the autumn. The meeting thus decided upon took place last Friday at the Antient Concert Rooms, in Dublin, and was entirely successful as a first effort at organisation. The chair was occupied by the Earl of Meath, and the Hall was crowded with notabilities, including the Archbishop of Dublin, Lord Plunket, Lord Powerscourt, the Hon. Horace Plunket, the Hon. Dudley Fortescue, the President of the Royal College of Surgeons, the Hon. Ion Trant Hamilton, Lady Victoria Hamilton, Lady MacNaghten, the Countess of Mayo, Lady Monteagle, and a number of other persons of distinction. The medical profession was represented by many gentlemen from both Dublin and the provinces, and a large number of Guardians delegated by various Unions to attend the meeting were present. To Lord Monteagle, who acted as secretary, the credit of having so successfully organised the meeting was due. The meeting opened with an address from the Chairman, Lord Meath, and, subsequently, it was addressed by the President of the Royal College of Surgeons, Lord Powerscourt, Dr. MacArdle, Count Moore, the Hon. Horace Plunket, the Archbishop of Dublin, Dr. Jacob, Dr. Moorehead, Dr. Laffan of Cashel, Sir Robert Sexton, Dr. Kenny, Mr. John Byrne, and Mr. Lenchen, of the South Dublin Union, and many other speakers. The length to which the proceedings extended precludes our reporting them. It is sufficient to say that, on all sides there was a consensus of opinion that, speaking generally, the details of workhouse administration in Ireland urgently called for reform, and that, in some workhouses and in some details, the treatment of the sick poor was simply barbarous. While this state of affairs was deplored and reform was loudly demanded, it was satisfactory to note that very few hard words were used with reference to the Guardians charged with the management of these institutions. It seems to have been recognised that the system is effete, expensive and inefficient, and that the time had come when someone should take in hand the task of planning out an improved method of working. There were, of course, specimens of the Guardian who think that everything in his own Union is perfect, and when confronted with such abominations as the locking up of a ward full of sick people without light or nursing from dusk to dawn, and in a room reeking with many odoriferous and plague-dealing emanations suggests that "it does not do to make paupers too comfortable." Mr. John Byrne, the spokesman of the South Dublin Union, took very much this line, when, indeed, any line at all could be discerned in the current of his discursive observations. On the whole, however, it was unquestionable that, by the experiences of speakers, an overwhelming case had been established for reform. As the result of the conference, the nucleus of a working committee was formed, whose first duty it will be to attract the assistance of leaders of opinion and philanthropists, and to formulate the improvements which are most needed, and the methods by which those improvements may be attained.

Mr. Du Maurier's Illness.

We are sorry to learn that the well-known and popular author of "Trilby" is still suffering from the serious effects of cardiac disease. Mr. Du Maurier's grave condition has, for a long time past, given great anxiety to a large circle of friends. We trust that the rest enjoined by his medical advisers may be the means of restoring a considerable measure of renewed health to an artist so gifted and popular with the public.

Small-pox Epidemic in Madrid.

In the summary of the week in our Spanish contemporary, *El Siglo Medico*, Don Decio Carlan draws attention to the death-rate in Madrid from small-pox and urges the necessity for vaccination and revaccination. In the month of May the deaths from the epidemic were 57, in June, 86, and in August they rose to 142. He shows that the death-rate is rapidly increasing; having risen from 31 in March to 142 in August. The last epidemic of small-pox commencing in June, 1890, and ending in June, 1891, caused 3,118 deaths—a terrible loss of life from a purely preventible disease.

Her Majesty's Eyesight.

The fact that Professor Pagenstecker, the distinguished German oculist, has been to see her Majesty has given rise to alarming rumours in Court circles and a rumour has gained ground that an operation for cataract would shortly become imperative. We learn, on what we believe to be trustworthy authority, that there is no ground for this sinister report. Her Majesty's sight has been failing for some time past, but the diminution of visual acuity has only been, in nature and degree, what one expects to find in elderly people *pari passu* with the gradual decrease of functional activity generally. This condition implies no defect of the organ of vision beyond that which can be corrected by glasses, nor does it justify the assumption of constitutional weakness.

A Parsee Resident Medical Officer.

There has just been appointed to the post of Resident Medical Officer at the Finsbury Dispensary, Mr. Ratonjee Dinshaw Dalal, L.R.C.P., M.R.C.S., who has thus gained the distinction of being the first Parsee medical man who has held such a position in England. Mr. Dalal is a native of the Bombay Presidency, and studied at the Grant Medical College, Bombay. In 1894, he entered at St. Bar-

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tholomew's Hospital, to his connection with which, no doubt, he owes something of the election to the post which he now holds.

The Surgeoncy to the Lord Lieutenant of Ireland.

WE hear that an intimation has been conveyed to Mr. Thomson, President of the Royal College of Surgeons in Ireland, that His Excellency, Earl Cadogan, will be willing to appoint him as Surgeon to His Excellency and the vice-regal household in room of Mr. Kendal Franks, whose departure for South Africa has rendered impossible his continuance in that office. We expect that Mr. Thomson's appointment will appear in the next issue of the Dublin *Gazette*.

International Specialisms.

SCIENCE is cosmopolitan in more senses than one. When the late German Emperor was ill Sir Morell Mackenzie was called to his bedside. The Russian Grand-Duke has an impacted gallstone, Mr. Lawson Tait is summoned to restore order out of physiological chaos. Now, when the condition of her Majesty's eyesight excites apprehension, Professor Pagenstecker, of Wiesbaden, is summoned hither to reassure an anxious nation. Doubtless, our own group of ophthalmologists are scarcely satisfied that a foreigner, however eminent, has been preferred, but a patient, be she Queen or peasant, has the privilege of choosing her medical advisers where she pleases.

A QUACK was prosecuted last week in Hereford for defrauding a foolish old woman of 7s. 6d., which she paid him for a few grains of soda bicarbonate in solution. The magistrate could discern no legal offence nor was there any, unless the obtaining of money under false pretences could be averred, but the magistrate recouped the old woman by deducting the 7s. 6d. from the sum found on the prisoner, and he strongly advised the quack to get himself out of Hereford for his own sake as soon as possible.

WE understand that the Marquis of Bute has given a donation of £10,000 to the University College, South Wales.

Scotland.

LEGACIES AND DONATIONS TO THE EDINBURGH ROYAL INFIRMARY.—During the past six months the legacies and donations paid to the Edinburgh Royal Infirmary, consisting of £100 and upwards, reached the respectable total of £68,919 12s 10d.; £50,000 of this is represented by the legacy of the late Earl of Moray of Donibristle, which was notified earlier but paid in during the six months. £300 has been paid in addition to the Convalescent House.

DRINK AND LONGEVITY.—In our contemporary, the *Temperance Record*, for October 1st, an editorial note refers to our leader on this subject in connection with the results of the investigation conducted by the Scottish Insurance Companies; an article which it is pleased to term "destructive" and "significant." In addition to the facts given by us some further figures are adduced from the experience of the United Kingdom Temperance and General Provident Institution during the last thirty years. The figures are divided into two sections, the one dealing with the rate of mortality among the total abstainers insured, the other with the mortality in the general class, that is among the moderate drinkers. The difference between the two sections remained very constant during each of the six quinquennial periods into which the thirty years were divided. The rate of mortality for the moderate drinkers only varied from 93 per cent. to 104 per cent. of the expected, for the abstainers from 68 per cent. to 71 per cent. That is to say that the normal accepted rate of mortality, as recognised by the offices, applies very fairly to the general population, but is considerably in excess of that applicable to total abstainers as a class. The only thing we can add to this is to express the doubt whether the general class was really composed only of moderate drinkers, and if so whether many of them would not rather indulge in and enjoy rational quantities of alcohol throughout their life, even if by doing so they lost a few years in this world, than forego the pleasure altogether.

MAGNIFICENT SALARIES FOR ASSISTANT SANITARY INSPECTORS.—At a meeting of the Perthshire Central District Committee the salaries of the present assistant sanitary inspectors were considered, and it was recommended that the eight inspectors should receive sums ranging from £12 per annum, the highest, down to £4 for the same period. The Committee were further graciously pleased to allow them such outlays for travelling expenses as might be considered absolutely necessary by the County Medical Officer or County Sanitary Inspector. The idea of not allowing an official with the munificent salary of £4 travelling expenses surely could not have at any time been entertained. It would be interesting to know the amount of work required and the standard of efficiency laid down for the attainment of such valuable appointments. At the same meeting, Dr. Simpson, Trinity College, was appointed Assistant Medical Officer for Logiealmond Parish at a salary of £3 a year!

THE WOOD BURSARY IN MEDICINE.—This prize of the value of £60, founded in memory of the late Dr. Wood, will be awarded during the present month. Medical students, male or female, are eligible to compete if they have passed in the subjects of the Preliminary Medical Examination during the past twelve months. Intending competitors must send in their names to Dr. Philip, Secretary of the Royal College of Physicians of Edinburgh, before the 15th inst.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

"WHAT IS LISTERISM?"

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall be much obliged if you will allow me space for a few remarks on the question "What is Listerism?" Time was when it was easy to answer this question, when the doctrine and practice were well-defined and could be stated in a few words, and when the following would have been taken as a succinct and fair description:—Listerism was founded on the idea—for that it was only an idea subsequent events have conclusively proved—that ordinary atmospheric air contained so-called germs, that these germs falling into a wound or diseased area there developed into their respective bacteria, and that these bacteria produced all the results which characterised unhealthy processes, while the practice, founded, as a distinguished writer in *The Times* said, upon a "hypothesis which had not been proved, and probably was not true," was to cover the field of operation with a cloud of spray impregnated with carbolic acid, and to employ a solution of the same substance for the purpose of destroying the germs that lurked in the sponges, on instruments, and on the hand of the operator, together with a mode of dressing which should subsequently exclude them from the wound.

Since then both doctrine and practice have undergone a series of almost kaleidoscopic changes, so that at the present day, the question is a very difficult one to answer. These changes vary from a thorough belief in the injurious effects of atmospheric germs to a total disregard of them—as proved by Sir Joseph Lister's admission that "the germs

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in the atmosphere may be *totally disregarded*" (Berlin address); from a belief in the efficacy of the carbolic spray in destroying these germs to a confession of shame that the spray had ever been invented for the purpose for which it was used, and a demonstration of the impossibility of its producing the effect it was supposed to have (same); from a conviction as to the special properties of carbolic acid to its complete rejection on account of its irritating effects, and the substitution of a poisonous substance (corrosive sublimate) or an absolutely insoluble and, therefore, inert substance (a double cyanide), and then to a final return to carbolic acid in "virtue of its powerful affinity"—a mere assumption—"for the epidermis and oily matters associated with it, and also its great penetrating power," and as being "still the best agent at our disposal for purifying the skin around the wound." Can it, therefore, any longer be maintained that Listerism is a definite dogma and practice?

Your correspondent "A Research Scholar," in his laboured reply to Dr. Campbell Black's unanswerable arguments in his letter to the *Glasgow Herald*, exhibits an amazing confusion of ideas when he maintains that "Listerism," as he understands it, "implies the necessity for avoiding contamination of open wounds by organised fermentative agents, the method used in carrying out this injunction is immaterial," and then adds, "Neither the spray nor the simple application of carbolic acid constitutes Listerism, they are simply methods of applying the principle of which Dr. Black's 'absolute cleanliness' is only another form" If the use of a solution of carbolic acid in the form of spray and otherwise did not constitute Listerism, then the term "Listerism" was meaningless. I cannot refrain from saying that "A Research Scholar" appears to me to have made a very poor use of his opportunities. If "A Research Scholar" will only search back through the literature of this subject of some twenty years ago he may yet be able to justify his title to the honour he appears to have won. I would recommend him to study this subject at the bed-side, as I have done, not in "beakers of broth," and not to draw, from observations on dead animal, or vegetable matter, conclusions applicable to living tissues. Listerism was then a definite doctrine and practice, which it is not to-day. Not only has the spray finally disappeared from the operation room, but it may be affirmed that, on the continents of Europe and America, where the doctrine was accepted with marked enthusiasm, there is scarcely to be found an operator of any note who uses any antiseptic substance as applied by Lister. Operations are now conducted on what is called the *aseptic* system—a term that implies as much confusion of thought as that exhibited by "A Research Scholar." It is quite correct to speak of performing an *antiseptic* operation, but it is utter nonsense for a man to say that he has performed an *aseptic* operation, for he has to await the result to know whether the operation has been done *a*septically or otherwise. No one has ever seen a germ, and if he believe in germs he has no means of proving their presence or absence.

Driven from pillar to post, bewildered with the multiplicity of changes, and staggered by the results obtained under a system in which all so-called antiseptic substances are "conspicuous by their absence," the advocates of Listerism now claim the doctrine of "cleanliness" as their own, forgetting that there was a time when Lister affirmed that he did not even aim at "surgical cleanliness," so confident was he as to the virtues of carbolic acid. But, as Dr. Campbell Black well says, "Cleanliness *is not* Listerism." It is, in fact the very opposite, for it aims at avoiding the access to the wound of any irritating substance. So intent was Sir Joseph Lister on maintaining his guiding principle that, in his Berlin Address, he claimed me as an "Antiseptic Surgeon" because I used sulphurous acid to clean my sponges *after* the operation, although he must have known that all trace of it was got rid of *before* it.

As akin to this subject, I may, perhaps, be allowed to remark further that the recent observations of Dr. Geo. Stoker, accidentally resulting from his marvellously successful treatment of chronic ulcers, &c, by means of oxygen gas, demonstrate conclusively that, as I have long maintained, the various forms of bacterium, now called bacilli, *are the result and not the cause of* disease, tending, therefore, to show that the whole modern doctrine of bacteriology is a gigantic mistake, and sadly in need of revision.

I am, Sir, yours, &c.,
Geo. Granville Bantock.

12, Granville Place, Portman Square,
Oct. 1, 1896.

"HOW BRITISH LAW PROTECTS THE GENERAL PRACTITIONER."

To the Editor of the Medical Press and Circular.

Sir,—With the main statement of your correspondent "A Reformer," every one acquainted with the course of medical legislation in late years must agree. Parliament has always displayed hostility to propositions intended merely for the protection, that is the personal benefit of the medical profession, and has consistently refused to do anything to check unqualified practice not in its view hurtful to the public. While not dwelling too much upon this fact, I think it cannot be denied that this feeling which pervades the great body of those who have the making of laws is due to the want of respect with which the medical profession as a body is regarded. The enlightened public know how wide is the prevalence of quackery within the profession, and they not unnaturally expect that this shall be put an end to before exceptional privileges are conferred. I agree with "A Reformer" that quackery outside the profession hurts the legitimate practitioner less than is usually supposed, and I would point out further that it is quackery within which does most harm to the individual and to the general body of respectable men. Many of the public know, and often from bitter experience, that qualified quacks are common; and they frequently stigmatise the whole body because of the faults of the few. It is, however, evident that the construction of laws and provision of machinery for working them to protect professions and the public are tasks not beyond the power of statesmen; and if it can be shown that amendment of medical acts is likely to prove of sufficient public advantage, there need be no doubt such an amendment might be considered by the Legislature or even seriously taken up by the Cabinet.

As Dr. Bateman points out in his letter in your issue of the 23rd, an atttempt of an unqualified man to practise as a solicitor invariably meets with speedy condign punishment, and such a flagrant abuse as unchecked practice and assumption of titles by unqualified adventurers is, in the legal profession, virtually impossible. But Dr. Bateman might have brought forward an exemplification much more to the point in the Veterinary Act of 1881. The preamble of this Act states that its main purpose is to make provision "to enable persons requiring the aid of a veterinary surgeon for the cure or prevention of diseases in or injuries to horses and other animals to distinguish between qualified and unqualified practitioners." The College of Veterinary Surgeons encountered no difficulty in enforcing the law. For example, it had long been the custom for unqualified farriers to display a sign inscribed "Veterinary Forge." A number of these men were summoned under the Act, and in every instance heavily fined, on the ground that use of the words cited was calculated to lead to their being mistaken for qualified veterinary surgeons; and no attempt being made to reverse in the High Court the magisterial decisions the Act was fully vindicated. For the protection of suffering brutes the law thus ensures that the public shall be prevented so far as possible from mistaking unqualified pretenders for educated practitioners. Can it be doubted that similar protection would be afforded suffering humanity if once the strong case which exists were properly put before the public and Parliament.

I am, Sir, yours, &c.,
Another Reformer.

Sept. 25th, 1896.

University College, London.

Medical entrance scholarships have been awarded to Mr. L. A. E. de Zi wa (£137 11s.), Mr. C. S. Parker (£57 15s.), and Mr. R. E. Lloyd (£57 15s.)

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Literature.

THEORY AND PRACTICE OF HYGIENE. (a)

THE honoured name of Dr. Parkes has at length been allowed to drop off from the title-page of the Netley text-book of hygiene. We have now a manual of this very complex and comprehensive science brought, perhaps, as well up to date as a book constructed from continuously changing material can well be. Under the headings of some few sections the original language of Dr. Parkes has been in great measure retained; we have examples of this in the chapter upon "Exercise" and "Clothing"; and in the accounts of the dietetic value of alcohol and of the now, happily, old-fashioned disease, scurvy.

The present volume presents the latter-day feature of a "Bibliography" and "References to Athors Quoted" at the end of each chapter, while the foot-notes are omitted. We now have an extremely well-printed and portly octavo of 1,034 pages, of which the last twelve are occupied by the index. There are 135 woodcut illustrations and nine coloured plates. The important subjects of analysis of water and of air are dealt with exhaustively, and the closely-related ones of ventilation and heating have also had full justice accorded to them. Special chapters are devoted to the subjects of "Offensive Trades," "Disinfection," "Infective Diseases," "Parasites," &c. The extremely dry and uninviting subjects of "Sanitary Law" and "Vital Statistics" are extremely well treated. The subjects of "Military Hygiene" and "Marine Hygiene" receive the full share of attention which would be expected in a volume issuing from a military medical school; while the very comprehensive one of "Offensive Trades" receives less proportionate space and attention than would probably have been accorded to it in a volume created under "civil" auspices. The chapters on Climate and Meteorology present us with a somewhat puerile account of physical facts and inferences; and show, in a somewhat disappointing way, the limitations of the writers in one direction. Upon the whole, however, we think the work very fairly and conscientiously carried out, and we wish it all the success which it certainly deserves.

ESSENTIALS OF CHEMICAL PHYSIOLOGY. (b)

THE success of this elementary text-book is the best proof that it has supplied a distinct want in the student's list of manuals. Chemical physiology is, of course, a domain of recent cultivation; a wilderness of science, the greater part of whose soil still remains untrodden by the foot of man. But our progress in its reclamation has, since commenced, been very rapid indeed; the results have been most instructive, and the future is full of the brightest promise.

The volume before us gives, of course, the student's requirements without attempting much detail of statement or elaborate description of processes. The results are given in the clearest form, without over-wearisome elucidation of the facts; and the reasoning therefrom by which these results were arrived at by the original investigators, or the more recent commentators. In other word, its has been prepared exactly as a student's manual should be: a tastefully-bound, well-printed, portable volume, giving all the matter necessary for laying the foundation of a solid knowledge of the subject without over-taxation of either the memory or reasoning powers. There can be no doubt of its success, so far as we can see; for it has no very considerable rival in one of the most important departments of modern science. In its present form it has been brought well up to date; and, in many places, has been improved by the results of the author's own increased experience as a teacher. We cordially recommend the text-book as an excellent manual of a most important subject.

(a) "The Theory and Practice of Hygiene." By J. Lane Notter, M.A., M.D.Dub., Professor of Hygiene in the Army Medical School, Netley; Brigade-Surgeon Lieut.-Colonel, Army Medical Staff; and R. H. Firth, F.R.C.S., Assistant Professor of Hygiene in the Army Medical School, Netley. London: J. and A. Churchill. 1896.

(b) "The Essentials of Chemical Physiology, for the Use of Students." By W. D. Halliburton, M.D., F.R.S., F.R.C.P., Professor of Physiology, King's College, London, &c. Second Edition. London: Longmans, Green & Co. 1896.

St. Thomas's Hospital Medical School.

THE following is a list of prizes and prize-winners for the past Winter and Summer Sessions, 1895-96. The distribution of which took place on October 2nd, by the Right Hon. Lord Justice Lindley:—Winter Session—Entrance Science Scholarships: F. B. Skerrett, first scholarship, £150; W. B. Fry, scholarship, £20. University Scholarship: P. W. G. Sargent, scholarship, £50. First Year's Students: C. F. Selous, the Wm. Tite scholarship, £27 10s.; W. B. Fry, college prize, £20: F. B. Skerrett, college prize, £10. Second Year's Students: J. Gaff, the Peacock scholarship, £38 10s.; H. T. D. Acland, college prize, £20; A. W. Jones, college prize, £10. Third Year's Students: H. E. Hewitt, college prize, £20, and 2nd tenure of Musgrove scholarship; R. W. C. Pierce, college prize, £15. Summer Session—Second Year's Students: H. T. D. Acland, college prize, £15; H. H. R. Clarke, college prize, £10. Third Year's Students: H. E. Hewitt, college prize £15; R. W. C. Pierce, college prize, £10. Practical Medicine: A. W. Sikes, the Mead medal. Surgery and Surgical Anatomy: J. P. Scatchard, the Cheselden medal. Pathology and Morbid Anatomy: E. L. Collis, the Bristowe medal. Surgery and Surgical Pathology: B. Dyball, the Beaney scholarship, £52 10s. For reports of Surgical Cases: E. H. T. Nash, the Solly medal and prize, £20. For General Proficiency and Good Conduct: J. P. Scatchard, the Treasurer's gold medal.

Westminster Hospital Medical School.

THE following is the list of prizes and prize-winners for the year, 1895-96:—Guthrie scholarship, £60, F. W. W. Dawson; natural science scholarship, £60, W. Payne: entrance scholarship, £40, E R. Carling; governor's scholarship, £40, J. E. Skey; treasurer's prize, 10 guineas, C. H. Auchmuty; president's prize, 20 guineas, A. J. V. Betts; Frederick Bird prize and medal. £14, J. R. McKinlay; clinical surgery prize, £5, A, E. German; clinical medicine prize, £5, A. E. Jerman; Fish prize. £20, E. B. Sherlock Class Prizes.—Midwifery prize, A. Riley; forensic medicine prize, H. T. Barron; histology prize, F. W. W. Dawson; biology prize, C. H. F. Bailey; practical pharmacy prize, H. H. Elworthy; practical chemistry prize, C. H. Auchmuty; pharmacology and therapeutics prize, E. A. Parsons; physics prize, J. E. Skey.

King's College, London, Faculty of Medicine.

THE following is the list of scholarships and prizes, 1895-96:—Senior scholar, R. P. Williams; second year scholar, W. H. M'Mullen; junior scholars. F. C. Carlé, W. L. Stuart, and A. C Williams; Warneford scholar, Cl. II., M. S Mayou; Cl. I., R. N. Batterbury; J. G. Pritchard and H. G. Wright (bracketed); Sambrooke exhibitions, W. L. Stuart, A. C. Williams; Worsley scholars, W. H. Lowman, P. P. Tobit; Leathes Prize, T. H. Gardner; Warneford, first prize, T. H. Gardner; second prize, L. D. Saunders; Jelf medal, M. S. Mayou; Tanner prize, C. T. Lewis; Barry (divinity), W. H. Lowman; divinity, J. A. Bache; anatomy, A. Brown; physiology, C. A. Sprawson; chemistry, C. A. Sprawson; medicine. F. C. Clifford; clinical surgery, C. T. Lewis; special prizes, G. L. Atkinson and H. N. Harness; surgery, F. C. Clifford; forensic medicine, T. H. Gardner; mat. med., C. A. Sprawson; hygiene, T. H. Gardner; obstetric medicine, G. A. Roberts; pathological anatomy, T. H. Gardner; comp. anat. and zool., W. W. Campbell and W. H. Lowman (bracketed).

Sheffield School of Medicine.

AT the opening of this School on October 1st, for the Winter Session, Dr. Dyson took the chair in the absence of the Senior Surgeon, Mr. Favell, and expressed the sincere sympathy of the meeting with him in his continued illness. He also stated that Mrs. Arthur Jackson, widow of their late much-honoured colleague, with great munificence, was perpetuating his memory by endowing a chair of anatomy. Towards this object she had given the magnificent sum of £5,000, and other supplemental amounts had brought up the total to £5,800. They wished to make the chair a complete success, and would be glad to receive further donations. He apologised for the absence of their worthy "Dean of Faculty," Dr. Tusting Cocking, who was convalescent from his acute illness, but not able to be present. It was also announced that his colleagues on the Council and teaching staff had presented Dr. Cocking with a Congratulatory Address and a handsome Library

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Desk, in recognition of his valued services as Hon. Secretary and Dean of the School. The following list of prizes for the past session was announced by Dr. Hall:—The Entrance Scholarship of the value of £110 was awarded to E. Lyth. Prizes and certificates have been awarded during the session 1895-96 as follow:—Prize for Clinica Medicine (£10): Mr. E. W. Adams. Prize for Clinical Surgery (£10): Mr. G. W. White. Prize for first year's students: Mr. C. Thackray. Prize for second year's students: Mr. W. S. Inman. Prize for third year's students: Mr. E. W. Adams. A list of certificates gained was also read ont, and Sir John Henry Littlejohn delivered the inaugural address for present session, a brief abstract of which will be found in another column.

Durham University—Faculty of Medicine.

The Winter Session was opened on Oct. 1st. The President, Professor Philipson, in opening the proceedings, was able to announce that the department of Medicine was progressing satisfactorily in every way, and that the number of students who had attended the College during the past academical year had been 219, an increase of 10 on the preceding year. The number of degrees and titles conferred during the year by the University had been 141, an increase of 19. It was, he said, with much satisfaction that he announced that the first position in the competitive examinations of Her Majesty's Navy in April this year was obtained by a graduate of the University of Durham, and a former student of that College, this being the third occasion in which a student of the College had received that distinction, whilst on three other occasions former students of the College had obtained first positions in Her Majesty's Army. The Lord Bishop of Newcastle then distributed the prizes won by students during the past session as follows:—Charles Palmerston Newbolt, M.B., F.R.C.S.—Health Scholarship, £200. Robert Alfred Bolam, M.D., B.S., Durh.—Examination for the Degree of Doctor in Medicine—Essay Gold Medallist for the year 1896. Edwin Gilbert Emmerson Arnold, M.B., B.S., Durh.—Luke Armstrong Scholarship, £24 19s. 8d. Charles Salkeld, B.A.—Dickinson Gold Medal and Scholarship, £15 9s. 4d.; Charlton Scholarship, £30 7s. 4d.; Gibb Scholarship, £24 3s. 4d.; Prize for the Principles and Practice of Medicine, and for Principles and Practice of Psychological Medicine. Edward Gofton—Tullock Scholarship, £14 19s. 8d.; Prize for Anatomy (Senior): Prize for Dissections (Senior); Prize for Practical Physiology (Senior). Norman McCall-Smith—Goyder Scholarship, £18. Bertram Crossfield Stevens—Prize for Midwifery. Reginald Alderson—Prize for Anatomy (Junior), for Dissections (Junior), and for Biology. Norman Christian Bailes—Prize for Physiology. James Robert Burn—Prize for Chemistry, Practical Physics, Practical Physiology (Junior), and Biology. Richard Henry Dix—Prize for Physics. Frederic William Lambelle—Prize for Practical Chemistry and for Practical Physics. James William Hugh Boyd—Prize for Materia Medica. George Grey Turner—Prize, 1st Class for Pathology, 3rd Class for Medical Jurisprudence. James Muirhead - Prize for Practical Physiology (Senior). Robert Peart—Prize for Practical Physiology (Junior). William Simpson—Prize for Operative Surgery. Daniel Wells Patterson—Prize for Medical Jurisprudence. In addition to the prizes before given, all the recipients obtained certificates of honour, and several other students—the full list of which we have unfortunately not space for—received honour certificates in the various subjects of examination.

The Meath Hospital, Dublin.

The session of this Hospital was inaugurated on Monday last by the delivery of an eloquent and interesting address by Mr. Glasgow Patterson, one of the medical staff. The meeting was presided over by Lord Powerscourt, and the Presidents of the Colleges of Physicians and Surgeons were present. At the conclusion of the address it was announced by the Chairman that the new wing of the Hospital, intended for infective disease, would be fully furnished for the accommodation of patients and the instruction of the class within a fortnight. The wing will provide bed accommodation for 44 sick people, and, when furnished, will have cost the hospital £7,500.

St. Bartholomew's Hospital Old Students' Dinner.

A large number of old students sat down to the annual dinner in the handsome and historic hall facing the hospital square. The chair was taken by Dr. Champneys, who proposed the healths of the Queen, the Royal Family, and the Hon. Sec., Mr. Bruce Clarke. The toast of the evening, "the Hospital and School" was given in felicitous terms by Sir W. MacCormac, and responded to by Sir Trevor Lawrence, M.P.; the popular treasurer of St. Bartholomew's. The latter gentleman made special allusion to the improved conditions under which the resident staff would in future be placed. The health of the visitors was proposed by Mr. Tom Smith, and replied to by the Rev. E. F. Russell; while the toast of "The Chairman" was entrusted to the able care of Dr. Church. The dinner, an excellent one, was provided by Lyons and Co., and cooked in the kitchens of the hospital. A novel feature was the menu card which was faced with a handsome picture of the new recreation pavilion at Winchmore Hill, with the following lines underneath:—

"'Tis here,
"The organs, though defunct and dead before,
"Break up their drowsy grave, and newly move,
"With casted slough and fresh legerity."
Henry V., Act iv., Sc. I.

Society of Members of the Royal College of Surgeons of England.

A meeting of the Executive Committee of this Society was held on Friday last at which a communication was read from the Association of Fellows inviting the Society to join with them in supporting Mr. Walter Rivington as a candidate for the General Medical Council. After a discussion, in the course of which the feeling was generally expressed that the Committee, if it took any part in the election at all, was bound to support the two candidates on its own body (Mr. Brown and Dr. Alderson) the following resolution was ultimately carried:—"That the Committee of this Society joins with that of the Association of Fellows in inviting Mr. Walter Rivington to become a candidate at the approaching election of direct representatives to the General Medical Council in conjunction with Mr. George Brown and Dr. Alderson. This Committee supports the candidature of these gentlemen on the ground that they are reformers who have consistently advocated the claims of the members of the Royal College of Surgeons of England to representation on their Council, and have also for many years practically interested themselves in all matters calculated to benefit and to raise the status of the general practitioner." Mr. Joseph Smith and Mr. W. G. Dickenson were appointed to act in conjunction with the Committee of the Association of Fellows in matters connected with the election. A communication from the Civil Right's Defence Committee having been read it was agreed to co-operate with that Committee in supporting Mr. Anderson's case. Mr. Joseph Smith and Thos. Morton were appointed representatives of the Society. The circular of the Council to the Fellows was then read. After discussion it was agreed that it would be more dignified on the part of this Society to take no action in the matter until the result of the poll becomes known.

Windfall for the Bristol Royal Infirmary.

We understand that the Governors of the Bristol Infirmary have recently received an intimation to the effect that Miss Mary Cannington had given £10,000 towards the support of a ward in that excellent institution. The donor wrote saying she had intended leaving a legacy, but for several reasons thought it better that the institution should benefit by her money now rather than wait till her death. It would be well if other benevolently-inclined folk in possession of this world's riches would imitate Miss Cannington's charitable example. From one point of view there would be an obvious advantage in this method of bequeathal in advance, namely, that the benefactor would be able to supervise for a time the disposal of the gift.

The Royal College of Physicians in Ireland.

The election of the President, Censors, Examiners, and all other Officers of the College, will take place on St. Luke's Day, which falls on October 18th. We understand that Dr. Grimshaw, the Registrar-General, is not anxious to retain the Presidency of the College for a second year, and that Dr. George F. Duffey, Physician to the City of Dublin Hospital, will, in all probability, succeed him in the Presidential Chair.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

CONDENSED MILK FOR INFANTS.

DR. STOCKER, the Medical Officer of Health for Willesden, has made a vigorous attack on condensed milks as food for infants, and avers that a large percentage of deaths among children of the poor is caused by slow starvation; nine-tenths of the so-called condensed milks possessing no nutritive value whatever. He affirms that there are but four brands that should be allowed to be sold—Nestle's, Anglo-Swiss, Viking, and No. 1 Swiss Brand—all of which yield the due percentage of fat; the rest are sold at a much cheaper rate and this attracts the poor, whose infants thus become victims of dishonest traders.

G.A.—You have no legal claim to the fee, once paid, but an application for its return, under these very special circumstances, might conceivably be entertained.

GUARDIAN, (Exeter).—We are decidedly of the opinion that a medical degree, of some University, should be obtained by a medical student, if possible. Now-a-days, the possession of such a degree is distinctly advantageous, even if it is not expected by the public.

MR. JENKINS, (Boston).—Apply to the Dean of the Medical School.

THE NAVAL MEDICAL SERVICE.

TWO or three correspondents having written us concerning the competition for entrance to this Service, which is to be held on Nov. 2nd, at the Examination Hall, London, we may reply generally by saying that the number of vacancies is not yet known, although it was announced by the Department in last July that the number would be published "later on." We hope to have the information by next week.

PENSATOR.—It is against our rule to reply to anonymous communications.

PUBLIC HEALTH.—The article appeared in THE MEDICAL PRESS AND CIRCULAR for September 2nd, 1896.

W. G. and B.—We do not see that we are called upon to take sides in such a matter. Our duty consists in reflecting public opinion, the ultimate decision resting with our readers.

Meetings of the Societies.

WEDNESDAY, OCT. 7TH.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m.—Specimens will be shown by Dr. Dakin and others. Papers:—Dr. Lewers: A case of Double Hæmatometra and Complete Absence of the Vagina. Dr. T. G. Stevens: A Case of Completely Cleft Spine associated with an Unusual Visceral Malformation in an Anencephalic Fœtus.

THURSDAY, OCT. 8TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.).—Specimens. Paper:—Mr. Bowreman Jessett: The Early Diagnosis of Carcinoma of the Body of the Uterus and its Treatment by Total Extirpation, illustrated by Seventy-five Cases of Operation and Specimens.

FRIDAY, OCT. 9TH.

CLINICAL SOCIETY OF LONDON.—8.30 p.m.—Mr. W. G. Spencer and Mr. S. Tippett: Punctured Wound of Right Ventricle of the Heart through the Second Left Intercostal Space; Severe Primary and Three Secondary Hæmorrhages; Healing of the Wound; Subsequent Post-mortem Examination after Death from Disease. Mr. R. Lawford Knaggs: Aseptic Inflammation following the Operation of Tapping in Certain Hydroceles. Dr. F. Hawkins: Case of Hyperpyrexia with Double Lobar or Croupous Pneumonia (Jaundice); Recovery. Mr. H. B. Robinson: Very Large Hydatid Cyst of Liver, involving Right Pleural and Peritoneal Cavities; Abdominal Section and Drainage.

THURSDAY, OCT. 15TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—First Meeting, Autumn Session, 1896-97.—8.30 p.m. Mr. John Griffith, F.R.C.S.: On Sudden Loss of Sight, its Causes and their Differential Diagnosis.

Vacancies.

Birkenhead Borough Hospital.—Senior House Surgeon. Salary £100 a year, with board and washing; no wine or beer. Applications, with copies of testimonials, to the Chairman of the Weekly Board not later than Monday, October 12th.

Hulme Dispensary, Dale Street, Stretford Road, Manchester.—House Surgeon. Salary £130 per annum, with apartments, attendance, coal, and gas. Applications, with testimonials, to the Honorary Secretary, Medical Committee, on or before October 19th.

Metropolitan Asylums Board.—Assistant Medical Officers at the North Eastern Fever Hospital, Tottenham, and the Brook Fever Hospital, Shooter's Hill, Kent. Salary commencing at £160, rising to £200, with board, lodging, and washing. Immediate Applications to T. Duncombe, Manu, Esq., Norfolk House, Strand. (See advert.).

West Herts Infirmary, Hemel Hempstead, Herts.—House Surgeon and Dispenser, who shall also be Assistant Secretary. Salary £100 per annum, with furnished rooms, board, fire, lights attendance, and washing. Applications, with testimonials, to the Hon. Sec., on or before October 15th.

Wolverhampton Eye Infirmary.—House Surgeon. Salary £60 per annum, with rooms, board, and washing. Applications, with testimonials, to the Secretary, Mr. W. Blake Burke, on or before Oct. 8th.

York County Hospital.—Assistant House Surgeon. Salary £60 per annum, with board, rooms, washing, &c. Applications, with testimonials, to the Secretary, Fred. W. Howell, on or before Wednesday, October 14th.

Appointments.

ASHTON, G., M.B., Ch.B.Vict., M.R.C.S., L.R.C.P., House Surgeon to the Manchester Southern and Maternity Hospital.

Dalal R. D., M.R.C.S.Eng., L.R.C.P.Lond., Resident Medical Officer of the Finsbury Dispensary.

DERHAM, T. H. C., M.B.Ed., Junior House Surgeon to the Preston and County of Lancaster Royal Infirmary.

FARTHING, THOS., M.B., C.M.Edin., Deputy Medical Superintendent to the Dartford Joint Hospital Committee.

HARDY, L., M.B., C.M.Ed., Senior House Surgeon to the Preston and County of Lancaster Royal Infirmary.

HARNETT, C. J., L.R.C.P.Lond., M.R.C.S., House Physician to Guy's Hospital, London.

LAWLER, W., L.R.C.P., L.R.C.S.Irel., Medical Officer to the Newtownbarry, Enniscorthy Union.

MOFFAT, H. A., L.R.C.P.Lond., M.R.C.S., House Surgeon to Guy's Hospital, London.

PANTING, L. C., M.B., B.S.Oxon., Assistant House Physician to Guy's Hospital, London.

PHELPS, WM., M.R.C.S.Eng., L.S.A., Medical Officer of Health for the Shire of Narracan, Victoria, Australia.

RYAN, E. W. ST. VINCENT, District Medical Officer for the No. 5, District of the Parish of Battersea.

SMITH, R. B., L.R.C.P.Ed., L.R.C.S.Irel., Medical Officer for the Burton, Sanitary District of the Nuneaton Union.

TYSON, W., L.R.C.P.Lond., M.R.C.S., House Physician to Guy's Hospital, London.

WADD, H. R., M.R.C.S.Eng., L.R.C.P.Lond., Senior House Surgeon to the Great Northern Central Hospital, London.

WHITE, J. H., L.R.C.P.Edin., M.R.C.S., Medical Officer for the Second Sanitary District of the Holsworthy Union.

WOOD, S., L.R.C.P., L.R.C.S.Ed., Medical Officer for the Fifth Sanitary District of the Newmarket Union.

Births.

BLAKESLEY.—Sept. 30th, at 46 London Road, Leicester, the wife of Henry J. Blakesley, F.R.C.S.Eng., of a daughter.

DENT.—Oct 1st, at Yerbury, Cromer, the wife of H. C. Dent, M.R.C.S. Eng., of a daughter.

HACKETT.—Oct. 1st, at Farnborough, Hants, the wife of Surgeon-Major R. I. D. Hackett, M.A., M.D., Army Medical Staff, of a son.

HODGSON.—Sept 28th, at Bilsworth, Northampton, the wife of Harold Hodgson, M.B., B.S Lond., of a son.

KELLY.—Sept. 11th, at Campbell House, Clapham Common, London, S.W., the wife of Mark Kelly, M.D., of a son.

MACKINLAY.—Sept. 29th, the wife of W. H. Mackinlay, M.B., and C.M., Coatham, Redcar, Yorks, of a daughter.

THOMAS.—Oct. 1st, Park House, Caterham, the wife of E. G. Thomas, M.B., C.M Edin., of a daughter.

VISE.—Sept. 30th, at 39 Mount Pleasant Road, Tunbridge Wells, the wife of Christopher Vise, M.D, of a son.

WATERS.—Sept. 30th, at Revel, Berriew, Montgomeryshire, the wife of F. W. Waters, M.R.C.S. Eng., L.R.C.P.Lond., of a son.

Marriages.

HALL—WATKIN.—Sept. 29th, at St. Barnabas', Beckenham Kent, Edgar Atheling Hall, M.B., C.M Edin., of Surbiton, to Ada Margaret, second daughter of the late John Watkin, of Leamington and Russell, N.Z.

JOHNSON—HEADLEY.—Sept 30th, at the Parish Church, Alresford, Hants, James Hunter Johnston, M.B., of Nottingham, to Mabel Ethel, youngest daughter of the Rev. Alexander Headley, of Porchester.

LANE—HYSLOP.—Sept. 28th, at the Cathedral, Bombay, Stuart T. H. Lane, of Pathalipan, N. Lackimpore, Upper Assam, second son of the late John B. Lane, Esq., J.P., of Kilbogget, Cabinteely co. Dublin, to Jessie Gowenlock, youngest daughter of the late Wm. Hyslop, Esq., of Stretton House, Church Stretton, Shropshire. (By Telegraph).

MEGGS—BRICKWELL.—Sept. 23th, at St. Mary's Slough, Theodore Hugh Egbert Meggs, M.R.C.S., L.R.C.P., eldest son of the late Thomas Walter Meggs, of St. Kitts, West Indies, to Avice Viola, third daughter of John S. Brickwell, M.R.C.S., L.S.A, of Slough.

Deaths.

KNAPP.—Sept. 27th, at Emsworth, Hants, Surgeon-Major William Frederick Knapp, late of the Bombay Army, aged 54.

SMARTT.—Sept 28th, at Needham Place Newry, Marjorie Anna, the dearly beloved child of Henry and Annie Smartt, aged 4½ months.

SMITH.—Sept. 28th, at 9 Fellows Road, South Hampstead, Dr. Henry Fly Smith, M.B.Oxon., aged 67.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

CXIII WEDNESDAY, OCTOBER 14, 1896. No. 16.

Original Communications.

THE PART PLAYED BY THE LYMPHATICS AND VEINS IN THE ABSORPTION OF EXUDATIONS.

EXPERIMENTAL RESEARCHES MADE AT THE LABORATORIES OF THE R.C.P.Lond., AND R.C.S.Eng (a)

By ARVID KELLGREN, M.D.Ed.,

AND

CARLO COLOMBO, M.D.Turin.

(*Concluded from page* 360.)

VI. The Part the Veins Take in the Absorption of Effusions.

It was our intention to inject in some tissues a substance, which after having been absorbed by the action of massage could easily have been detected in the blood. For this reason lycopodium was chosen, the grains of which being exceedingly small could easily circulate in the finest vessels. As they also have a very definite form we were convinced that we should readily recognise them under the microscope. It was of course impossible to inject it and make it absorb in the dry state. It was therefore necessary to suspend it in some kind of liquid. Several were tried, but the powder always remained on their surface and did not mix with them. At last we found, that the lycopodium grains could be suspended in gelatine. This with Prussian blue had the advantage of marking out the course of the lymphatics.

In order to suspend this powder in gelatine it is necessary to first mix it with solidified gelatine, because in this condition the gelatine is viscid and keeps the grains adherent. After having been well mixed in the cold an equal quantity of warm gelatine was added and all was well stirred with a glass-rod for some time. The preparation is then ready and may be kept fluid at the temperature of the body.

The experiment itself would have been performed in the following manner :—The femoral vein of a dog is laid bare just at its entry under the crural arch and cut through, the diametrical ends of a cannula with three passages, and a central bulb, is introduced into the two ends of the vein. To the free extremity a piece of india-rubber tubing, which can be closed by a stop-cock, is adapted.

The cannula having been fixed the tubing is closed with the stopcock, the forceps clasping the cut ends of the vein are opened, and the blood allowed to circulate from the peripheral to the central extremity through the bulb of the cannula.

The gelatine with the spores of lycopodium is, for instance, injected into the muscular masses of one of the hindlegs. After some time a drop of blood is drawn by opening the stopcock, which closes the indiarubber tube and examined under the microscope in order that one may see if any lycopodium grains can be found.

In order to find out if the lycopodium appears sooner with, than without, massage, the same arrangement is made with another dog, the same injection is made, and massage is given to it.

The blood is the whole time allowed to circulate through the cannula.

This plan could not, as said before, be carried out, as there was no time to obtain permission from the Government to make experiments on dogs. It was not possible to put the cannula into the femoral vein of the rabbits, because of the great delicacy of the vessel-walls, which broke every time an attempt was made to adopt the cannula.

On Dr. Woodhead's advice, we looked for the lycopodium in the blood of the rabbits in a different way. Instead of drawing the blood from the vein which came directly from the injected part, we took it from the marginal vein of the ear, by means of a syringe passed into the vessel itself. We have examined the blood by this method, and it gave us the condition of the blood as a whole, it being necessary that the lycopodium grains passed into the general circulation before we could find them in the ears. This method is, therefore, defective, and does not give the sure and undeniable results we had wished for in order to decide the part the veins play in the absorption.

We give below the results we have obtained.

The injections were made :—

1. Under the skin.
2. Into the muscles.
3. Into the articulations.
4. Into the peritoneal cavity.

1. Subcutaneous Injections.

8th March.—(1) Large red female rabbit, weight 2,800 grms. (2) Small red female rabbit, weight 2,100 grms. At 2.40 p.m. an injection of 2½ ccm. of Prussian blue in gelatine, with lycopodium granules, was made under the skin on the inner side of the left hindleg of each rabbit at the height of the middle of the tibia. The rabbits were kept at rest. For microscopical examination, a drop of blood was drawn by passing the syringe straight into the marginal vein of the ear of each rabbit. The small rabbit was used as control. The massage lasted on each occasion 5 min.

	Pétrissage and Effleurage given at	Blood from marginal vein of ear was examined at	Lycopodium grains found in blood.
(1) *Large* red female rabbit. *Mixed massage* for 5 min. on each occasion.	—	3.10 p.m.	—
	3.25 p.m.	3.30 ,,	—
	3·45 ,,	3.50 ,,	—
	4.5 ,,	4.10 ,,	—
	4.25 ,,	4.30 ,,	—
	4.55 ,,	5.0 ,,	+
	5.25 ,,	5.30 ,,	+ + +
	—	5.55 ,,	+ + +
9th March.	—	11.10 a.m.	+
	—	11.40 ,,	+
	—	12.10 p.m.	+
	—	12.40 ,,	+
	1.5 p.m.	1.10 ,,	+ + +
	1.35 ,,	1.40 ,,	+ + +

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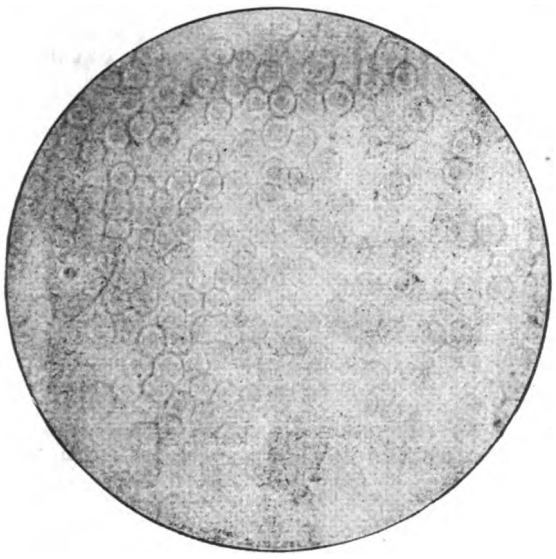

FIG. 9.

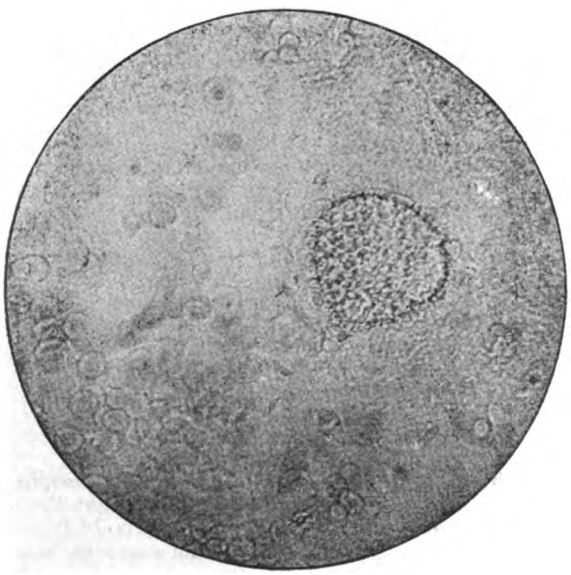

FIG. 10.

	Blood from marginal vein of ear examined at	Lycopodium grains found in blood.
Small red female rabbit. Control. *No* massage.	3.0 p.m.	—
	3.20 ,,	—
	3.40 ,,	—
	4.0 ,,	—
	4.20 ,,	—
	4.50 ,,	—
	5.20 ,,	—
	5.50 ,,	—
9th March.	11.0 a.m.	—
	11.30 ,,	—
	12.0 ,,	—
	12.30 p.m.	+
	1.0 ,,	+ + +
	1.30 ,,	÷ ÷ ÷

At 2 p.m. on the 9th March the rabbits were killed, and we obtained the same results, both as regards diffusion of the colouring matter amongst the tissues and difference in the degree of absorption in the rabbit which had and which had no massage, as in the experiments previously reported.

In the rabbit *with massage* the lycopodium grains were found in the blood 2.10 min. after the injection, 1.35 min. after first application of massage, and 19½ hours sooner than in the control rabbit.

The Figs. 9 and 10 show a drop of blood of the rabbit without and with spores of lycopodium.

2. INTRA-MUSCULAR INJECTIONS.

12th March.—(1) Male rabbit, weight 2,800 grms. (2) Female rabbit, weight 2,200 grms.

At 1.35 p.m., an injection of 1½ ccm. of Prussian blue in gelatine with lycopodium grains was made into the muscular masses of the flexor muscles of the foot of the left hind leg of each rabbit. In this and in the following experiments the blood is examined microscopically only, every 30 minutes. The rabbits were kept at rest. The female rabbit was used as control. The massage lasted for five minutes on each occasion.

	Pétrissage and Effleurage given at	Blood drawn from marginal vein of ear was examined at	Lycopodium grains found in the blood examined.
(1) *Male* rabbit.	—	2 5 p.m.	—
Mixed massage.	2.45 p.m.	2 50 ,,	—
	3 10 ,,	3.15 ,,	—
	3.40 ,,	3.45 ,,	—
	4.10 ,,	4.15 ,,	+
	4.40 ,,	4.45 ,,	+ + +
March 13th.	—	11.15 a m.	+
	—	11.45 ,,	+
	—	12.15 p.m.	+
	—	12.45 ,,	+
	—	1.15 ,,	+
	1.25 p.m.	1.30 ,,	+ +
	1.55 ,,	2.0 ,,	+ + +

	Blood drawn from marginal vein of ear was examined at	Lycopodium grains found in the blood examined.
Female rabbit.	2.10 p.m.	—
Control.	2.50 ,,	—
No massage.	3.20 ,,	—
	3.50 ,,	—
	4.20 ,,	—
	4.50 ,,	—
March 13th.	11.20 a.m.	—
	11.50 ,,	—
	12.20 p.m.	—
	12.50 ,,	—
	1.20 ,,	—
	1 35 ,,	—
	2.5 ,,	—

The rabbits were killed at once after the last examination at 2.5 p.m. No lycopodium grains had at that hour been found in the blood of the control rabbit, without massage. The post-mortem examination showed the same difference as regards the degree of absorption of the colouring matter and its diffusion amongst the tissues in these two rabbits as in the previous cases.

In the rabbit *with massage* the lycopodium grains were found in the blood 2 hours 40 minutes after injection and 1 hour 30 minutes after first application of massage.

3. INTRA-ARTICULAR INJECTIONS.

11th March.—(1) Male rabbit, weight 2,200 grms; (2) male rabbit, weight 2,600 grms.

At 1 p.m. an injection of 1 ccm. of Prussian blue in gelatine with lycopodium was made into the knee-joint of the left hindleg of each rabbit. The rabbits

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were kept at rest. The larger rabbit (2,600 grms.) served as control. The massage lasted for five minutes on each occasion.

	Pétrissage and Effleurage given at	Blood drawn from marginal vein of ear examined at	Lycopodium grains found in the blood examined.
(1) *Male* Rabbit (2,200 grms.). *Mixed massage.*	—	1.25 p.m.	—
	1.57 p.m.	2 ,,	—
	2.25 ,,	2.30 ,,	—
	2.55 ,,	3 ,,	—
	3.25 ,,	3.30 ,,	+
	3.55 ,,	4 ,,	+ + +
	—	4.30 ,,	+ + +
	—	5 ,,	+ + +

	Blood drawn from marginal vein of ear examined at	Lycopodium grains found in the blood examined.
Male Rabbit (2,600 grms.). Control. *No* massage.	1.30 p.m.	—
	2.5 ,,	—
	2.35 ,,	—
	3.5 ,,	—
	3.35 ,,	—
	4.5 ,,	—
	4.35 ,,	—
	5.5 ,,	—

When the examination of the blood under the microscope was discontinued at 5.5 p.m. on the 11th March, no lycopodium grains had as yet appeared in the blood of the rabbit without massage. On resumption, however, of the microscopical examination on the morning of the 12th March at 11 a.m., lycapodium grains were found in the blood of the same.

In the rabbit subjected to massage the lycopodium grains were found 2 hours and 30 minutes after the injection, and 1 hour and 33 minutes from the first application of massage. In this rabbit the lycopodium grains were again found at the first examination of the blood under the microscope on the 12th, and it was noticed that their number increased after the application of massage, just as in the previous cases.

The post-mortem examination showed the same difference as regards the rate of absorption and diffusion of colouring matter in the tissues, as before.

4. Intra-peritoneal Injections.

12th March.—(1) Large male rabbit, weight 2,000 grms. (2) Small male rabbit, weight 1,800 grms. At 1.30 p.m., an injection of 2½ ccm. of Prussian blue in gelatine with lycopodium was made into the peritoneal cavity of both rabbits. The rabbits were kept at rest. The smaller (1,800 grms.) served as control. The massage lasted 5 minutes on each occasion.

	Pétrissage and Effleurage given at	Blood from marginal vein of the ear examined at	Lycopodium grains found in the blood examined.
(1) *Large* rabbit (2,000 grms.) *Mixed massage.*	—	1.55 p.m.	—
	2.25 p.m.	2.30 ,,	—
	2.55 ,,	3 ,,	—
	3.25 ,,	3.30 ,,	—
	3.55 ,,	4 ,,	+ +
	4.25 ,,	4.30 ,,	+ + +
	4.55 ,,	5 ,,	+ + +

When the microscopical examination was resumed in the morning of the 14th at 10.30 lycopodium grains were found in the blood of both the rabbits. We found again that the application of massage increased the number of lycopodium grains. At 2.30 p.m. the rabbits were killed and the same difference was seen as regards absorption and diffusion of the colouring matter in the tissues of the two rabbits.

	Blood drawn from marginal vein of ear examined at	Lycopodium grains found in the blood examined.
(2) *Small* rabbit (1,800 grms.) Control. *No* massage.	2 p.m.	—
	2.35 ,,	—
	3.5 ,,	—
	3.35 ,,	—
	4.5 ,,	—
	4.35 ,,	—
	5.5 ,,	—

VII. General Conclusions.

From the results which we have attained, we believe ourselves justified in drawing the following conclusions.

I.—Massage always has a sure and effective influence in increasing the rapidity of the absorption of substances injected into animals in all the organs which can be subjected to manipulation, let it be subcutaneous, in the muscles, in the articulations, or in the great serous cavities. It is logical then to conclude, that the effect will be the same in pathological effusions.

II.—That the course which the injected substances follow during the absorption, is always that of the nearest lymphatics and the glands into which these pass. As for the injection into the peritoneum, we have seen that the coloured substance was not only absorbed by lymphatics and glands of the abdomen, but also by those of the thorax which depend on the circulation in this cavity and which have their final branches on the abdominal side of the diaphragm, thus again demonstrating what v. Recklinghausen showed already, 1863.

III.—The difference in action of deep effleurage and pétrissage, has in case of subcutaneous, intramuscular, and articular injections been decidedly in favour of pétrissage, while in the experiments on the peritoneum deep effleurage showed itself more effective.

Certain it is, that the incomparably best results will be obtained by giving the mixed massage described before.

IV.—We believe also, (*a*) that the veins play an important part in the absorption of injected substances. (*b*) That they are specially active under the influence of massage, when the effusion exerts a positive pressure on the wall of the blood-vessels externally, these being themselves dilated, the internal pressure diminished, and the circulation more active.

As said before, we were not able to make the experiments on dogs which we originally intended, and which even if they had not given the decisive answer we wished for, would have brought us nearer a solution than those we were obliged to have recourse to.

V.—These latter experiments have, however, shown well and strikingly, the astonishing degree in which the rapidity of the absorption increases, when massage is applied, to that which is the case without massage.

Ninety-seven fresh cases of bubonic plague have occurred in Bombay since the 2nd inst., and there have been seventy-six deaths. M. Haffkine has been deputed to make an investigation into the nature of the disease and to report to the Government of India. Quarantine has been declared at Aden and at Egyptian ports.

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ON THE RELATIVE FREQUENCY OF PELVIC CONTRACTIONS.

READ AT THE GYNÆCOLOGICAL CONGRESS, GENEVA

By FANCOURT BARNES, M.D.. F.R.S., Edin.,

Senior Physician, Royal Maternity Charity of London.

IN attempting to deal with the somewhat minute and precise points as to the forms of pelvic contraction most commonly found in my maternity practice I have thought it best to endeavour to do so, on the figures showing the work, under my charge, of the Royal Maternity Charity of London during the last ten years. The number of deliveries during that period is 38,065; in other words, nearly 4,000 per annum. These deliveries are not confined to any special quarter of London, although they include those which occur in the poorest and least healthy districts. The result of the figures I have to lay before you are corroborative of the statements made by my father and myself in our "System of Obstetric Medicine and Surgery," published in 1884. We there pointed out, in resuming this question, that: "It is quite probable that deformities vary in kind and degree in different countries as they certainly vary in frequency. In England the poorer classes are better fed, clothed, and housed than in most of the countries on the Continent, and the general hygienic condition is superior. In some districts on the Rhine and around Milan osteomalacia is a frequent result of the miserable conditions under which the labouring classes exist; whilst in England the disease is so rare that many men in large practice have never seen a case. This will account for the richness of the literature upon the narrow pelvis produced by our German brethren, and the meagreness of our own. It is the best answer to the reproach made against us by Spiegelberg. If we cannot vie with the German School in writings upon the subject, it is because they write from abounding materials which with us are wanting. We have prevented and abolished those conditions. Before the introduction of the Factory Acts, some forty years ago, an act which limited the ages at which girls may be employed in this country, deformities of the pelvis were common in London and other large manufacturing towns." In Manchester where the Cæsarian section was then a common operation, that method of delivery has died a natural death. Pelvic deformity has almost ceased to exist. My own personal experience of over twenty years in difficult midwifery in London is:—That pelvic deformities have, and still are, decreasing, as a result of the improved hygienic conditions referred to above. It is to a great extent as a result of the infrequency of pelvic deformities in London that it is impossible for me to give such minute details on pelvic deformities as you seek. Given the relative absence of these conditions it is impossible to make measurements of conditions which we do not come across. I may, however state, generally, that in London the simple flat pelvis is by far the most common, and next to this the non-rachitic with small conjugate, and the flat rachitic contracted in all diameters. In my experience it has been the exception to see any other form of distortion of the pelvis. I may here state that my father and I have up to the present only seen one case of osteo malacia in London. In the measurement of the pelvis, I have invariably used the hand alone. The finger passed under the pubic arch to the promontory of the sacrum gives a measurement 0·50 less than the true conjugate diameter. When a still more precise measurement is desirable I explore the pelvis with the hand, the patient being in a state of narcosis, This method allows of the most perfect pelvimetry. I may state that during the last ten years there have been delivered under my superintendence in the Royal Maternity Charity of London a total of 38,065 women. Of these 80 have died. Out of this number no woman has been delivered by Cæsarian section The operation of craniotomy was only necessitated in 15 cases. Version as a means of delivery was employed in 74 cases. The forceps was used to effect delivery in 196 cases.

A rough glance at the above statistics, which by the way, are trustworthy, affords ample testimony to the statement I have made as to the infrequency of pelvic distortion in London. It must be borne in mind that a large proportion of these contractions of the pelvis are found in our clinic among recently arrived destitute foreign immigrants. Of the cases in which the pelvis was judged to show a conjugate diameter of less than 9·5 cm., there were 150. There were 45 cases of generally small pelvis, and no case of osteomalacia. As I have just remarked, the above figures would make the proportion of women in London with deformed pelvis appear to be larger than it really is. The imported deformed pelvis is an integral factor, but one which is not easy to gauge with absolute precision. The figures which I have laid before you of my experience in the Royal Maternity Charity are equally true as tested by those of the British Lying-in Hospital during the seventeen years that I was attached to that Institution as accoucheur. In my opinion the above figures may be viewed with satisfaction. The small maternal mortality of 80 in 38,065 deliveries, the absence of the Cæsarian section, and the small number, only 15, of cases in which craniotomy was resorted to, are all witnesses to the benign and preventive influence of better sanitary conditions of life, The moral of this is that the real treatment of contracted pelves consists in preventive treatment.

DEFORMITY TREATED BY BONE MARROW.

By THOS. MOFFATT ALLISON, M.D., B.S.,

Newcastle.

THE object of this paper is to demonstrate the power for good of bone marrow in the treatment of certain forms of bone and joint deformity.

CASE I.—An extreme example of *osteomalacia* in a single, childless woman, æt. 44. A sister has a malunited fracture of the femur. Full details appeared in the *Edinburgh Medical Journal* for May, 1896.

The disease commenced at puberty, and has lasted thirty years, spreading upwards from the knees till almost every bone below the eyebrows became affected. Photographs on June 5th, 1895, show condition: a pain-racked, distorted skeleton, almost universally deformed, without teeth and without the use of 3½ limbs, the affected joints being fixed, and the legs rigidly crossed. The adipose and muscular systems had vanished, and both ulnæ presented greenstick fractures. *Treatment.*—Red marrow treatment (5 to 15 grains, thrice daily) was commenced on May 27th, 1895, the idea occurring to the writer on seeing the patient after a night of great pain. Improvement was immediate, a feeling of warmth being experienced on taking the second dose, and in a few days a change for the better was visible in patient's appearance. The bones began to straighten and rotate into place, the rigid joints "going off in audible cracks," and pain gradually faded away. Photographs II and III (A and B) show the changes after three and twelve months' treatment, and the patient is even better than shown. There is great improvement in aspect and appearance. Spinous, pelvic, and skeletal deformity

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are greatly reduced, and movement and muscular development have returned. The patient had not walked for twenty years, but she can now stand by holding to a chair, and can get from bed into chair unaided.

Marrow treatment has had a specific effect in this case, and should always be tried in osteo-malacia before resorting to oophorectomy or removal of womb and ovaries. *Pathology.*—There is no history of pregnancy, but ovarian activity has always been marked in the patient, and yet the marrow (itself an ovarian and uterine stimulant) caused still greater activity, the menstrual flow being increased. Hence the theory that over exertion of the uterine organs sets up the disease will hardly hold good. The writer is inclined to think the strain of puberty or pregnancy falls on the weakest tissue, which, in persons predisposed to the disease, seems to be the medullary contents of the bones, and that the bone salts are affected secondarily. At any rate there is a disturbance of the balance normally existing between osteo-blast and osteo-clast, an equilibrium seen in the ossification and absorption of callus in the repair of an ordinary fracture, But, whatever the pathology, the effects of the treatment were very striking, and the writer ventured with more or less success, to try it in commoner forms of bone and joint deformity.

Case II.—Lateral curvature in a girl, æt. 17½, with history of pleuritis. On November 30th, 1895, the right chest measured 1½ inches more in circumference than the left. She was put on to marrow treatment. On December 24th, the right chest measured one inch more than the left, a gain of half an inch on the part of the left side. On January 16th, 1896, both sides measured half an inch more in circumference, an equal gain on both sides. On February 6th, the left chest showed a gain of ⅜ of an inch, and the patient ceased the treatment. The point in this case, is increased development of both chests, but much more on the weaker side.

Case III.—Case of angular curvature in a girl, æt. 18, affecting the lower dorsal and upper lumbar vertebræ. When 7 years old, the patient had a discharging ankle-joint and the back was first noticed to be "growing out," when 9 years of age. The general health was bad.

She has taken marrow (intermittently) since October, 1895, and continued to go about wearing a leather corset. The first two months the treatment expended itself on the general health which improved greatly, anæmia going, and menstruation (after a lapse of eighteen months) becoming normally established. She recommenced growing, gaining one inch in height in six months and 4 lbs. in weight the last four months. The curvature itself is not any less in size but it is smoother, and its irregularities have becomes somewhat toned down.

Case IV.—Case of rheumatic anchylosis of right wrist in a woman, æt. 43, flexion and supination being lost. The white and "dead" fingers could be flexed only very slightly at the knuckles, and the hand was practically useless. The left hand showed some rheumatoid changes with ulnar deviation. The patient commenced taking 15 grains of marrow thrice daily on June 3rd, 1896. On June 10th the right fingers were natural and there was slightly more active and passive movement, the ulnar deviation was less in the left hand. The patient was able to thread a sewing machine with right hand. July 2nd, there was a little more power of flexion and supination of the right forearm. July 14th, the right fingers were improving and warm, and the middle finger could be bent to an obtuse angle. In the left hand the ulnar deviation was almost gone. July 20th, the patient had sewn five patches on to clothes, and could comb her hair with right hand and make the finger tips play on table as if touching piano keys. On July 25th, the condition was still improving, and now that the treatment has had good effect massage has been added.

Case V.—Case of rheumatoid arthritis in woman of 47, there being pain, swelling, and creaking in right ankle, and the hands were typical, with symmetrical spindle-shaped joints and ulnar deviation. The usual treatment was tried, but did little good. Under marrow, however, pain, creaking, and deformity were markedly reduced, but the writer claims alleviation only of the worst symptoms of this stubborn disease. During the treatment painless effusion into the right ankle-joint, suggestive of Charcot's disease, occurred on two occasions.

Good results have been seen in rickets also, and there is obviously a wide field of therapeutic usefulness, but the writer hopes that the examples quoted will lead others, more favourably situated, to give the remedy an unbiassed trial. He has avoided mechanical aids as far as possible, in order to test the effects of marrow alone, but by combining the two he thinks, especially in commencing cases, there is hope, at any rate, of alleviation for the cripple and the deformed.

JENNER'S INQUIRY: A MEMORIAL REVIEW. (a)

By W. R. MACDERMOTT, M.B.

"Ere I proceed, let me be permitted to observe that Truth in this and every other physiological inquiry that has occupied my attention has ever been the object of my pursuit, and should it appear in the present instance that I have been led into error, fond as I may appear of the offspring of my labours, I had rather see it perish at once than exist and do a public injury."—Inquiry, p. 72.

In a garret, the gallery of family antiquities, I remember a dilapidated pamphlet of 75 pages, published in London, 1798. It was the first edition of Jenner's "Inquiry," now lost, the prey of the *Anobium striatum* or the *Atropos pulsatoria*, which is it? whose irreverent appetite riddles even the Holy Gospels. But safe from the perforating larva, for our thought over here, is the third edition, a volume of 182 pages, in decent calf, with four fine plates, fuller in matter, the last expression of the writer's mind, fittest to show that if he had not himself written the words at the top of the page, it would have been for us to write them of him.

Only not just as he has. His work is concrete by design, is as that of the wright who builds by book an engine men shall know how to use, it does not call for the "usual old anapæstic essay" which Truth with the big T as he puts it is sure to suggest, and as sure to leave us of jesting. Pilate's mind who kept a French cook and never knew his meat. That Truth, at the bottom of a well up, above the *undecimum cœlum* in the *cœlum empyreum sedes beatorum*, in intermediate Saturn, anywhere, is but a dumping ground for our truths, particularly when they are in our way. It is a solution in which they are unknowable though not lost. Philosophers dissolve Euclidian space, the doctrine that two and two make four, the existence of Napoleon Bonaparte, but what we want for life must crystallise out again if schoolboys are to learn anything, and certain members of society are not too easily to doubt the principle of weight and measure and the existence of justices of the peace and policemen. That truth so big is a dangerous thing; a rare mind it takes to be sure to mock Euclid with it but any delightful tea-party magician can play tricks with Jenner and leave it to time which we all so royally waste to show that the world's fate now is to go by him as it goes by Euclid.

It was natural that Jenner should bow to the truth, which, like our lighted lamp, tells us it is night. Whoever sete about writing a book like him will, if as natural as he was, begin by turning the handle of the barrel-organ, by giving the truth of the market place to the market, the story as it was told, the ready-made thought without thought of his own. Thus does Jenner begin here with a

(a) "An Inquiry into the Causes and Effects of the Variolæ Vaccinæ, a Disease discovered in Some of the Western Counties of England, particularly Gloucestershire, and known by the name of the Cow-Pox." By Edward Jenner, M.D., F.R.S. Third Edition. London. 1801.

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ready-made, popular thought; it might as well be a popular tune.

"The deviation of man from the state in which he was originally placed by Nature seems to have proved to him a prolific source of diseases. From the love of splendour, from the indulgences of luxury and from his fondness for amusement, he has familiarised himself with a great number of animals which may not originally have been intended for his associates.

"The Wolf disarmed of ferocity is now pillowed in the lady's lap. The Cat, the little Tyger of our island, whose natural home is the forest, is equally domesticated and caressed. The Cow, the Hog, the Sheep, and the Horse are all for a variety of purposes brought under his care and dominion."

In his case-book, Hippocrates does well to tell us where his patients live – beside the Old Wall, at the tank Phrynectideos, hardbye Here's temple. It makes lifelike the 'Αρρωστος or 'Αρρωστος deliriously alive and leaves us a bit sad at the frequent final ἀπέθανε. Our old song-writers too had the same happy knack.

"There was a captain bold of Halifax who lived in country quarters."

But Jenner went near enough to the opening lines of Paradise Lost, the hint was sufficient for the evicted tenants of Eden; they knew the story by heart. It served him well to start in the familiar field of Truth from those things which were most surely believed amongst us, yet only through the clouds could he descend from the orbs above the moon to grease in the horse a matter purely of our sublunary diocese.

"There is," the next passage runs, "a disease to which the horse, from his state of domestication, is frequently subject. The farriers have termed it the grease. It is an inflammation and swelling in the heel accompanied at its commencement with small cracks or fissures, from which issues a limpid fluid possessing properties capable of generating a disease in the human body (after it has undergone the modification I shall presently speak of) which bears so strong a resemblance to the small-pox that I think it highly probable it may be the source of that disease."

Jenner stumbles in passing from the original state of mankind to the origin of small-pox. But though not clear on the received theory, he is, perhaps, as clear as we can expect. There is nothing to show that grease is due to domestication, that it is not incidental to the horse in the wild state. If due through domestication to the same specific cause as small-pox, its most probable source would be the disease in man. But man's fall from an original state, and his keeping company with horses instead of angels, needs the opposite hypothesis. It does not matter; Jenner only uses the common thought to bring in the thought his own. A thought then indeed new and all his own which to miss in its initial place here would be to miss his mind, what it gave himself and what it gave us. What is uppermost in a man's mind he cannot easily hide, what fully possesses it naturally comes first. At the very first start Jenner gives a view of the pathogeny of small-pox because as we can see throughout it altogether possessed him and with meaning too full for his heritage of words. But the concept which he formed, out of which all he did and said was evolved, uppermost in his mind is not uppermost in his book though thus put first through its own force. The question of the origin of small-pox is even yet for the future and to the future he left it, though in a state very different from that in which he had found it. We can see Linnæus tells us in the transparent *volvox globator* sons and grandsons to the fifth generation. In transparent Jenner we can see more, his grandfathers as well as his grandsons, the Miltonic ancestor and the physiologist yet unborn. But can see withal a dominant form, his own. We sketch him here on our little scrap of canvas, and out comes a man for the stage of his time; not a statue of the past, in chlamys or toga, and not an organism alive only for the future, making a round naught of its individuality by turning into a bagful of eggs, like the orthonectid which, as the reader of Weismann knows, bequeaths to Death but its filmy skin.

A concept is the atmosphere, the vital air of this book, not its ground, its object. One may get at the house over the way by crossing the street, or by going round the world, as many do, to find that the back door is not their business. Jenner's business here is to make known, not his mind, but the value of vaccination; to bring it into repute and practice, and he goes no round-about way to the wrong door. His book is made up of three parts successively, insisting on the protective efficacy of vaccination, the Original Inquiry (1798); Further Observations (1799), and a Continuation of Facts and Observations (1801). The first edition of the Inquiry was dedicated to C. H. Parry, M.D. Bath, a personal friend, the second and third to the King. Jenner is alive to the value of a dedication by gracious permission to Majesty, but Majesty does not get from him quite the prescribed unguent smelling of musk and myrrh *in vesicâ suillâ strictè alligatâ*. In his natural manner he gives the simple truth. His first essay he could not lay at his Majesty's feet; not until his work had been tried and accepted by men in the first rank in his profession could he seek such patronage for his discovery.

After the passages given, the Inquiry passes at once to its object with the observation that cow-pox is communicated to cows by men-servants in attendance on horses infected with grease, and then devotes itself to the disease in the cow, its passage to and character in man and its protective power against small-pox. In a few words, the whole reaches only to the eighth page, we have the disease in succession in the horse, the cow, the casually-infected domestic, a statement the novelty and momentous importance of which we hardly realise as we read. Next comes the crowning fact of the immunity conferred by cow-pox railed in by the caution that the specific infection is a peculiarly limited form to be carefully distinguished in the general case of absorption of morbid matter.

Then the pages after to the 42nd are taken up with 22 cases set forth in a ray of Lord Bacon's *lumen siccum*, that pure light in which facts take order undistempered by mental shade and perspective. These cases thus are nearly all of variolous inoculation applied to test the protective power of cow-pox and strengthened by observation of exposure to natural small-pox. Cases I to V show that protective power in reference to time by inoculation with negative results of persons who had casual cow-pox from 25 to 53 years before. Case VI confirms the popular notion that small-pox protects against cow-pox; Case VII qualifies that view. Case VIII is one of the variolation test in a woman who had very slight cow-pox 38 years before, with the usual result. Case IX makes it appear that the human body is again and again susceptible of the infectious "matter of cow-pox," but it is noted that the specific vaccine virus is only a particular form of the "infectious matter," that, therefore, secondary cow-pox may not be fully protective. This case with VI to X and those referring to grease, X to XV, leaving out XII, are to bring out this all important point. Put in modern language Jenner's view is that the cultivation in the horse gives undeveloped results in man, that it has to be passed through the cow to get the active specific form, and that in the cow secondary forms may arise which, like that in the horse, are infectious without being fully or certainly protective. The greater part of his work as a whole is taken up by the necessary discrimination of the active protective form from imperfect, uncertain and spurious forms.

Cases XVI and XVII are memorable. XVI is Sarah Nelmes; a plate shows her hand with four casual cow-pox vesicles. XVII is Jenner's first case of vaccination done with lymph from Sarah's hand. This vaccination was tested by variolation July 1st, and again some months after, and because of that test is its record not as a firefly in a wood but as a Pharos for us on our voyage of existence. Case XVIII is a similar vaccination with human lymph but taken from a man infected from a mare's heels. Some differences from the cow-pox type are not noted, but the variolation test was not tried, the patient dying of fever some months after. Cases XIX to XXII crown the exposition by showing the continued efficiency of human lymph through five successive transmissions.

These twenty-two cases as put here are perhaps the best example in our whole literature of how medicine became rational, grew into a science. By induction resting on observation of concrete cases it did so and expression faithfully mirrored the mode in thought. Harvey said of Bacon that he wrote philosophy like a Lord

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Chancellor, but it must be said of Jenner that he wrote medicine as a doctor of medicine, following both our mode of building empiricism into science and our time-honoured mode of expressing the process. It is a form of expression, however, which often gives the student but the building materials leaving him to find the mortar himself. But the materials Jenner gives are bricks that sit close and are numbered to place in design. For the essence in thought it was no accident that made Jenner a Cæsar among us; it was the form of his mind, a rare intuition of the place and relation of facts. By no common operation of mind not heeding Phillis' lack of authority he discerned the milkmaid's fact and gave it right place in a discovered group of facts. If light and electricity had been his study he might have found out the mechanism of the ether and from some fact other men saw with their eyes but passed by in mind.

The last twenty pages of the Inquiry, a commentary on these cases, keeping to his purpose keeps to the variation of the vaccine virus between a protective and non-protective form according to conditions of culture which had to be stated in terms of natural occurrence. But his conception opens itself in every repetition of the fact of serial culture and the variation it gives. The virus in the horse does not easily or with certain protective result infect man; it has to be passed through the cow to be active for cow or man. Cow-pox is very infectious among oxen; grease, he might have added, is even more so among horses. But although the disease arises in and comes from the horse, that animal "rarely infects his dresser, while as rarely does the milkmaid escape infection from affected cows." Cow-pox thus is developed for cow and man by culture in the cow. But it does not fully protect against itself, and in secondary forms though infective may not be protective. The variation of the virus in the natural field is, however, thus given for turning into practical precept.

Is the investigation of cow-pox, Jenner concludes, matter of mere curiosity, or does it tend to any beneficial purpose? The true form of his answer, which is that induced cow-pox is only a substitute for induced small-pox, would hardly occur to us now-a-days. He had practised variolous inoculation all his life; we see with what freedom he used it to test vaccination. But small-pox being naturally propagated by effluvia and fomites, inoculation directly spreads the disease, it rouses scrofula into activity, it frequently deforms the skin, and in spite of every precaution proves fatal. But giving all this, he speaks of its "happy effects" and does not once question its use. In his mind the standard immunity, that conferred by small-pox itself, was gold we had to pay dear for, but it was well worth the price, and his choice was not between vaccination and small-pox helplessly endured, but between vaccination and variolation, and naturally he ends with the advantages of his convenient bank-note. Our limits of choice now are just the same. If Jenner's note was dishonoured, if we had to give up vaccination, we would inevitably go back to variolation rather than put up with variola unrestrained.

To give better reasons for his opinions, to qualify them, even to give them up, is the usual task of the man who goes back on his own work. But to tell on his beads the self-same words, *id mihi datur negotii scilicet*, might Jenner say. Facts and purpose ruled his pen, and for the many whose mouths were a little more open than their ears he had but a liturgy, and if that did not do a breviary. Though, if of fiery stuff, there was not much to make him scintillate with random spark, not much critical flint to strike fire with, enough there was of sheer stupidity and confusion of mind to bury him as under an earthslip. But there is virtue in repetition, the wisdom of Solomon is the better of it; a doctor whose life was among boors, knew its value as well as his neighbour the parish schoolmaster. In the second and third parts of his work, Jenner is thus his own paraphrast, and still to keep to his purpose keeps to the slow-minded believer needing mechanical precept, *orationes matutinæ, orationes nocturnæ*. In further "Observations" on the variolæ vaccinæ he recapitulates the main points of the Inquiry, in particular, because the resting place of laggard and sceptic, the point that there is cow-pox and cow-pox. He distinguishes the disease into true and spurious, terms incorrect but useful because already coined in common understanding, fulcra for his purpose not his thought, for it would not matter if he had said that non-protective variola and vaccinia were not variola and vaccinia at all; could the slow mind and the over-hasty but select the protective form it had what was necessary for the present and experience that might carry it onwards. With no doubt or hesitation this tract meets doubt and want of knowledge that was natural and no offence and rash conceit of knowledge, *perfidus ille draco*. The last tract, the continuation of Facts and Observations, appears to have been inspired by a muddle Dr. Woodville made in the London Small-pox Hospital, in mixing variolous and vaccine lymph. With the calm confidence which characterises him throughout, Jenner, in rectifying the mistakes of others, repeats his own positions, giving up, qualifying, modifying to the last not a single one of them. Best is the soldier that with honour and many enemies slain, comes out of the battle without a wound.

Have we not said enough of the present purpose of the book to let us to its purpose for the heirs of time, the final purpose given in that first sentence about the pathogeny of small-pox and implicit throughout? Out of man's mind comes his work with the label of mind on it, be it only a spade, telling that the thing lies in conception of things as islet in ocean, or tarn in Continental Alpe. Spade and spinning wheel, they lie within mechanical conception, out of which grow greater things and more perfect. Thus did Jenner's work lie in conception full of promise of greater things than vaccination and, therefore, the larger purpose for us, and we must credit him with the conception; it is here for the reading. Not all under crop for man's next winter's use is his ground; outside of his ploughed field and trimmed fence is a great domain, his too, though in all but natural state, *in eodem quasi prato, bos herbam et canis leporem et ciconia lacertam inveniat, et virgo florem legat, nec quisquam inde jejunus nisi sua culpâ abeat*. There in the tilled field is our bodies' food, our minds', here in Nature's tangled covers. Idle souls that neither work nor pray for thought that watched the ploughman set straight his furrow, too intent to whistle, shall we only laugh to see him lost in the brambles?

To set straight his furrow Jenner whistled no fancy, no speculation at the plough, but there were those who said he did with a finer perception of the man than of his work, and others who vowed not because he had never a tune, a dull boy—all work, no play. There is a fault of understanding somewhere, but not with him. There are facts we must live by, and there are facts we may only look at, many not steadily, not straight in the face. Jenner had in mind, and gave us a group of connected facts, knowing that while one among them would command attention, the others needing thought would have to wait on thought, and long. The common notion is that he discovered vaccination, meaning its protective power against small-pox, but he only made certain what Damon and Phillis knew, as many things are known in common experience without proof. What he did discover, his first fact, is on his title-page: "A disease discovered in some of the western counties of England, particularly Gloucestershire." But it is a riddle to know how he discovered a disease "known by the name of cow-pox." Poor Phillis called the sore on her hand cow-pox; why? Because she got it milking of the cows; the doctor knew what it was; a sensible maid. The doctor, certainly he knew, it was enough to take away Phillis' breath all he knew. It was absorption of morbid matter, or even more learnedly, *vitium sanguinis, aut in motu, aut in quantitate, aut in qualitate, aut in horum aliquibus, aut in omnibus*. The girl had only a name for a sore, her doctor only a notion of the causation of disease generally. What then Jenner discovered was the specific concrete disease, its occurrence in cow and man alike and its transmissibility from one to the other. A similar fact was already known in rabies, but *de enigmatis diabolicis*, as a mystery that confused not enlightened. "I ingeniously acknowledge," Sydenham says of small-pox, "that by reason of a Defect in the Understanding which is common to Me and the rest of Mankind, I know not the Essence of this Disease." (*a*) Jenner's discovery of vaccinia lightened this blank despair in which man's mind was dead as of old in the evil aspect of stars; it not only

(*a*) Pechey's Translation, 1711, p. 87.

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enlightened disease, but the whole range of natural science—a far-reaching ray.

Keeping still to the title-page, we see that causes and effects are assigned to the newly-discovered disease. These were discoveries, too, but they were facts which men might not look at as they had to look at the point from which the beam came, the mist absorbed them. Jenner's immediate purpose only needed the fact that a certain infective matter from the cow's udder protected against small-pox, which he could have fully proved by variolation. It was a curious and suggestive fact, but it could have gone without interpretation or with the current interpretation of absorption of morbid matter, the rest could have been treated as matter of doubtful speculation. Jenner's interpretation was indeed impatiently dismissed, not studied, we might think not even read.

But with his conception in view, and setting aside his purpose, this book may be looked on from title-page to finis as an essay on the variation of vaccinia, with connotation of variola as a term in that variation. The cause of vaccinia is given as a specific virus originating in the horse. In Jenner's day, as in ours, the antecedent terms in natural sequence of circumstance are causes, the consequent effects. The cause thus of the disease in the cow is the disease in the horse, in man that in the cow. Jenner's reasoning here has been quite misunderstood. The disease is contagious, and man often infects the cow, and, possibly, the horse. But this does not shut out a natural mode of occurrence, a sequence from an original initial term. That sequence Jenner rests on direct observation, and, again, on the observed variation given in the act of transmission from one animal to another. Logically, indeed, it might be read like Hebrew, backwards; in the serial culture the intense form may give that less so by transmission, but the essential fact was the sequence, taken any way, an observable factor in variation. Jenner would have allowed that the horse might have got the virus from the soil, a plant, an insect, just as he has to allow for variola at the other end of the series some unknown culture medium to account for its aerial proliferation.

Unknown but possibly in man himself, not necessarily external to him, Jenner discovered animals as distinct culture media giving variation but he did not allow his discovery to grow into a preconception, to dwarf his conception. He distinguishes implicitly three factors in variation and the one he made known comes last.

The first factor is intrinsic in the disease itself, which varying with conditions of culture has yet normal mode of operation conceivable apart from such conditions, a potential form of its own. Typical small-pox has the form of at least two distinct diseases, two fevers supervening one on the other and conceivably able to occur separately. The anomalous disease, more common, and which may represent the more generalised form is even better marked by successional phenomena though in disordered sequence. The disease being allowed to be a zymosis this is what might be expected. Putrescence and all fermentation is a succession of operations effected by a succession of organisms, and the order, though it may be disturbed, is essential. A solution of sugar must undergo alcoholic fermentation before it proceeds to the acetous, and we know how easily the operation may be disturbed or stopped. Jenner notes the successional character both in vaccinia and variola, of course, to point out that the protective virus belongs to one stage or form only. Pages 98 to 104, too long to be quoted, give his views of the intrinsic terms in vaccinia through which it varies. "The most material indisposition" he says of vaccinia, p. 103, "does not arise primarily from the first action of the virus but often comes on if the pustule is left to chance (natural course) as a secondary disease." Again, "in this respect as well as many others, a parallel may be drawn between this disease and small-pox. In the latter, the patient first feels the effects of what is called the absorption of the virus. The symptoms then often retire when a fresh attack commences different from the first, and the illness keeps pace with the progress of the pustules through their different stages."

The second factor in variation is intrinsic in the complex medium of culture, the body affected. Jenner reasons from the vast difference between natural and induced variola and the ways in which the last approximates vaccinia. "I cannot account," he says, p. 54, "for the uninterrupted success or nearly so of one practitioner (in practising variolation) and the wretched state of the patients under the care of another where in both cases the general treatment did not differ essentially without conceiving it to arise from the different modes of inserting the matter for the purpose of producing the disease, as it is not the identical matter inserted which is absorbed into the constitution, but that which is by some peculiar process in the animal economy generated by it, is it not probable that different parts of the human body may prepare or modify the virus differently?" He conceives then that each of these parts, cell or histological elements, causes "some variation in the qualities of the matter previous to affecting the constitution." What else, he asks, can constitute the difference between the natural small-pox introduced by aerial contagion into the passages and there cultivated in the first instance and the induced disease brought on through the medium of the skin. What he means is, that only particular histological elements, and these variably, successionally, are the culture media. Thus he gives the known fact that the "variolous particles possessing their true specific and contagious principles" do not exist in the blood, are not propagated by it.

That Jenner discovering vaccinia discovered the third factor in variation occurring through culture in animals of different species and did not make over much of it is the note of a powerful mind. He gave it right place along with the other two—it is, indeed, ultimately only a case of the second—and thus made the whole field of variation his own. His doctrine is that the disease culture varies with the animal in which it occurs, and the variation may be permanent through change in some intrinsic term of the operation. Thus a culture of vaccinia under some circumstances may represent a full series of operations and become variola, while a culture of variola in the horse or cow becomes vaccinia through suppression or weakening of some term in the zymotic sequence expressing thus what he means by the generation of the poison in the system by particular histological elements. We come thus back in the end to that sentence with which he started.

"May it not then," as it is otherwise expressed, p. 48, "be reasonably conjectured that the source of the small-pox is morbid matter of a peculiar kind generated by a disease in the horse and that accidental circumstances may have again and again arisen still working new changes on it until it has acquired the contagious and malignant form under which we now commonly see it making its devastations amongst us. And from a consideration of the change which the infectious matter undergoes from producing a disease in the cow may we not conceive that many contagious diseases prevalent amongst us may owe their present appearance not to a simple but compound origin."

What he calls "accidental circumstances" he defines again and again as factors in variation, and rests the evolution of variola and vaccinia in whatever relation they stand to each other on them. He does not mean that the dependence of the diseases on them is in any sense accidental, but rather that they are not necessarily incidental as producing disease to human existence, except, perhaps, as it has deviated from a perfect original state.

Thus did Jenner discover a disease and form a conception of its evolution resting on a basis of fact. His proof of the protective power of vaccination, immensely important, was but a detail in his conception.

We look at a thing to see but one side of it, and think by mode of sense and habit. Not looked at from without, a side seen only, were Jenner's facts; among Cicero's heroes of mind is his place. *Magni ingenii revocare mentem a sensibus et cogitationem a consuetudine abducere.*

On the street outside the tramp's humble little dog as its master walks, walks too, as he stops, stops to; when he turns over in mind the ways and means of a pot of porter, in its face are all Plato's deep thoughts and the pain of a brain overburdened but whistle suggestion of better lord or wiser and see the face instant turn to that of snarling Diogenes. We men, they say, follow our natural masters more nearly in the spirit of the German proverb, whose bread I eat, his song I sing. We think so, not gauging as Aristotle did the imbecility of the rational

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principle, not seeing that the molecular reason of the individual is explanatory not initiatory, that as a molecule he is determined in molar reason. What is the cake for which we sing so soulfully the song of the saint, penniless, powerless, living in the wilderness on locusts and wild honey? To save a vain crown of reason we imagine cake of the Barmecide, transcendental, *rerumque ignarus, imagine gaudet.* We live—think a bit and its gets plain—not by the little individual mind but by the common mind; in a mind built up for us through the ages as if by physical process we dwell and have our being. The organic cell in the last analysis is a fact of chemotropism; in it the centrosoma drawing to itself one set of molecules driving away another builds the vital unit. By a like operation, a psychotropism, the common mind in which we dwell has been built; by attraction by repulsion the mind of one man builds the cities of mind and of the cities empires. There in the dog is the initiatory instinct, its mind ranges itself behind the man's, a tramp's, a Plato's, it does not matter; that is not for its intelligence and volition. So do we range ourselves behind the builder of mind through must not through may; as on air so on mind we live not through will, not consciously. "There appears to me," the author of the "Religio Medici" says "more divinity in Galen his books, *De Usu Partium* than in Suarez's Metaphysics." Galen, Sir Thomas Browne felt, had built mind for men that lived not by their yea, that their nay could not kill. To-day we see Jenner's mind calmly pursuing, as did the man himself his conceived truth, an appointed purpose, by assent and dissent alike, by belief, by doubt, building the common mind, a fertilised centre of thought determining the place for each, for sceptic not less than believer. Some, architects of mind themselves, to explain, take us a farther step, a stride that covers all. Do not Descartes, Leibnitz, Berkeley, each putting it in his own way, say that thought is the direct act of God, impressed on the sentient creature to guide it as He wills? To each He gives the little that suffices for its bodily needs, but with further purpose to a few, more, what may build of the discrete and wandering atoms the molar consentient mind. Through instinct, through divine design, we thus follow Jenner, not as free agents but necessarily, not thankful for any good he did us but, it would be well, thankful for him, essaying to say with true meaning, whose bread I eat, His song I sing.

Clinical Records.

ACUTE POISONING AND DEATH FROM DRINKING LINIMENTUM BELLADONNÆ IN MISTAKE FOR SCOTCH WHISKEY.

Under the care of C. M. O'Brien, M.B., L.R.C.P., L.R.C.S.

The efficacy of morphine in the treatment of acute belladonna poisoning has led to considerable discussion scarcely yet at an end.

The following case in which the quantity of the poison taken was very large, over two ounces, and the symptoms proportionately severe, may be held by many as unsuitable for the purpose of gauging accurately the potency of even the most pronounced antidote, much less the action of one upon which so much diversity of opinion already exists.

But the case has served to strengthen my belief in the inefficiency of morphine as a chemical antidote in acute belladonna poisoning. Notwithstanding the physiological antagonism which has been shown to exist between them, as evidenced by their action on the pupils, besides convincing me still further of the necessity of frequently examining the pulse and respiration while administering the drug. Believing that the smallest quota of information may be of some use in dealing with an emergency, which in the present state of our knowledge has but few and ill-defined safeguards, I append notes of the case.

On January 5th, of this year, at a quarter to one o'clock, a.m., I was rung up to attend a police-constable, H. J., æt. 28, single, who, two hours previously, had drunk linimentum belladonnæ, B. P., in mistake for Scotch whiskey. On my reaching the barracks (a distance of four miles) twenty minutes later, I found the patient quite comatose, with pupils widely dilated and inactive to light, breathing stertorously, the breath smelling strongly of belladonna, the face flushed, heart greatly excited and weak in action, the pulse quick and readily compressible. The lower extremities were cold, and there were frequently recurring convulsions.

Copious vomiting having occurred as a result of emetics previously given, both subcutaneously and by the mouth, strong coffee was administered in small quantities and at frequent intervals. Having applied a mustard blister to cardiac region and warmth externally, the patient's condition became so favourable as to allow of my administering morphine, which I did hypodermically (¼ grain) at intervals of twenty minutes. After the second injection, however, I noticed the pulse and respiration to betray signs of embarrassment, as a result of which I deemed the further exhibition of the drug inadvisable. Under the influence of the stimulants, which were steadily administered, the pulse and respiration again became steadier, and the patient semi-conscious, remaining so for ten minutes, but afterwards gradually lapsing into his previous unconscious state. Semi-consciousness and total unconsciousness now alternated at regular intervals for a period of about three hours, after which the patient became more collected and remained so up to the time of his death which occurred about eighteen hours after his having partaken of the poison. The bowels were moved by a dose of castor oil given in the early stage of the treatment, and the kidneys functioned freely. The heart manifested signs of flagging, and the pupils were so widely dilated during the entire time that only a ring of iris was perceptible. There was no post-mortem.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, Oct. 9th, 1896.

Dr. Whipham, Vice-President, in the Chair.

PUNCTURED WOUND OF THE RIGHT VENTRICLE OF THE HEART FOLLOWED BY RECOVERY.

Mr. W. G. Spencer showed a specimen from a man, æt. 28, who, during a fight, was stabbed in four places. One was over the left third costal cartilage, two in the abdominal wall, and one incised wound of the left temple. The patient was brought to the hospital pulseless and unconscious, bleeding having practically stopped. He began to revive on the application of the usual remedies, including the infusion of two pints of saline fluid by Mr. Tippett. When seen by Mr. Spencer there was no evidence of perforation in the case of either the thoracic or abdominal wounds. During the first week, progress was favourable. On the eighth day, however, after some premonitory signs, the patient suddenly lost a pint of blood from the thoracic wound. With the patient under ether Mr. Spencer passed his finger through a wound in the second left intercostal space close to the sternum and touched a large vessel having a low tension and in which there was a whirring current with each systole. On relaxing the finger pressure blood welled up freely. No spouting artery could be felt. Considering from the course of the left internal mammary artery that it was not wounded, and the danger of opening the pleural cavity by enlarging the wound, no attempt to apply a ligature was made. The wound was plugged firmly by wedging the strip between and behind the ribs, sternum and intercostal membrane. Two days later there was some leaking and the plug was replaced by another strip of gauze two feet long by one inch in breadth, about half a pint of blood being lost during the process. Between the eighth and seventeenth day the plug was gradually extruded. Whilst about six inches still remained, another sudden hæmorrhage of from one to two pints occurred, which ceased when Mr. Tippett again plugged firmly. There was no more bleeding, The plug was all pushed out by the twenty-seventh day, leaving a superficial wound, which healed about six weeks after the accident. Meanwhile, nothing abnormal had been heard in the ches

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except a faint murmur like that of anæmia. During convalescence a cold abscess near one of the abdominal wounds required incision, and the patient had a severe attack of ulcerative homatitis. The patient remained very anæmic, he had to attend a long trial, after which he felt exhausted, gradually got weaker, and without presenting any special symptoms, died, seventy-nine days after the accident. Post-mortem, Dr. Hebb found that the scar in the left second intercostal space corresponded with a firm scar in the pericardium, and this with a linear depressed scar about 5 mm. long on the surface of the right ventricle, whilst on the endocardium opposite was a fine bluish line which was taken to be the firmly healed cicatrix of a minute perforation of the right ventricle just below the pulmonary valves. No sign of any other vessel being wounded nor any clot inside or outside the heart or large vessels was found. Both lungs were the seat of chronic fibroid phthisis and were universally adherent to the chest wall. The liver showed cirrhosis as well as the scars of old gummata and there was extensive genito-urinary disease following stricture, including pyonephrosis destroying one kidney and an abscess between the bladder and rectum in connection with chronic prostatitis. Mr. Spencer remarked on the healing of the wounds in a man affected by tuberculosis, syphilis, septic inflammation, subsequent to gonorrhœa and alcoholism. On the character of the bleeding the rapid loss of blood with such small force as to be restrained by a plug. The healing of the perforated ventricle as depending upon its small size, and the low blood pressure in the ventricle during systole compared with that in a large artery. Had the man been healthy there would doubtless have been complete recovery, leaving no defect.

Mr. WALSHAM asked whether the author felt sure that the wound penetrated the ventricle, in view of the fact that the scar was not well marked upon the inner aspect. He suggested that the blood might have come from a wounded branch of the coronary artery. He asked what was the direction of the wound, and suggested that if sections were made of the scar it would be possible to make out whether or not there was really perforation.

The PRESIDENT, who had examined the specimen, observed that the ventricle certainly seemed to have been penetrated.

Mr. MAKINS asked whether the author had considered the practicability of suturing the wound in the ventricle. This had recently been done with success in a recorded case, and there seemed no reason why it should not be possible.

Mr. SPENCER, in reply, said it was difficult to specify exactly the direction of the wound. Doubtless, sections would clear up the point as to perforation, but it would spoil the specimen, and he suggested that it should be referred to a sub-committee to decide the question.

A SEPTIC INFLAMMATION FOLLOWING TAPPING IN HYDROCELE.

Mr. LAWFORD KNAGGS drew attention to a condition which sometimes follows the operation of tapping a hydrocele. Three cases were described. In two castration had been performed in consequence of the uncertainty as to the nature of the swelling. In the third a correct diagnosis was made, but there was no possibility of mistaking the swelling for a testicular growth, as it was an encysted hydrocele. The cases constituted a well-marked clinical group. The history was typical. A patient presents himself with a hydrocele, which is not translucent. It is tapped, and the swelling disappears. In a few days he comes back with the tumour as large as before, and in the interval signs of inflammation may or may not have been present. It is again tapped, but only a very small quantity of hydrocele fluid is drawn off, and the tumour does not materially diminish in size. Moreover, it feels rather more solid than a hydrocele. Should it be again explored at a later date, a larger quantity of hydrocele fluid may be drawn off. In the two cases in which castration was performed a thick-walled hydrocele sac was found completely filled with an adherent bright yellow, transparent clot. In the third, masses of similar clot were adherent to a thick walled sac. The conditions were clearly the result of inflammation, the coagulation being due to an inflammatory effusion containing coagulable elements. Indeed white cells had been demonstrated in the fluid removed by the exploratory puncture in the third case. After formation the clot contracts expressing its serum. The importance of the condition lay in the danger of mistaking the apparently solid enlargement for a rapid growth of the testis. The uncertainty on this point led to castration in the two cases in which such a mistake was possible. The non-translucent sac, the rapid formation of the second swelling, the abortive second tapping and persistence of the tumour were, however, such characteristic features as to render recognition of the real condition quite possible. Though buff-coloured clot is described as being sometimes met with in hydroceles, the reader of the paper had been unable to find any definite account of such cases as he had brought forward. A similar specimen in a museum was attributed to a supposed iodine injection, and in two of the cases mentioned in the paper hæmatocele had been suggested by pathologists.

A CASE OF DOUBLE LOBAR PNEUMONIA WITH HYPERPYREXIA AND JAUNDICE.

Dr. FRANCIS HAWKINS (Reading) read notes of a case of hyperpyrexia iin double lobar or croupous pneumonia, in which recovery took place. The patient was a male, aged 18 years, who was admitted into the Royal Berkshire Hospital complaining of rheumatism in the left arm, and inability to walk owing to pains in the left thigh. The illness began suddenly while walking home from work. On admission no swelling of joints was noticed, but on moving the left leg patient complained of pain in the hip-joint. A faint systolic murmur was heard at the apex, which was normal in position. The pulse was 100. Respiration, 20; and temperature, 99°. There was no albumen in the urine. On the day following, the temperature was normal in the morning, but in the evening was 105·6°. Respiration was 40 per minute, but no physical signs were discoverable in the lungs. The next day the temperature in the morning was 101·2° and in the evening 107·4°. At this time the patient complained of a sore throat, was very pale, but quite conscious; the skin was dry and burning; sordes on teeth, and tongue covered with a brown fur; the tonsils were enlarged and inflamed. The patient was sponged with ice, and the temperature fell to 103·6°. On the following day, the morning temperature was 99°, the evening at 11 p.m.; four hours later than on the previous evening the temperature was again 107·4. The condition of the patient was similar to that of the previous night, but, in addition, he now had a hacking cough, and expectorated frothy sputum of a slight yellow tinge. He was now sponged with iced water, and by 12 o'clock the temperature had fallen to 106°, but at 1 a.m. when taken it was 108·4°. An ice-bath was now ordered, and by 3 a.m. the temperature had fallen to 105·4°. In the morning a physical examination of the chest was made, and the usual physical signs of pneumonia of the right apex was present. A few days later the patient became markedly jaundiced, the fæces were pale in colour, and both bile and albumen were found in the urine. There was retention of the urine for twenty-four hours. Subsequently the respiration, which had been 40 per minute, increased to 56. Pain at the left side was complained of, and there was evidence of pneumonia at the left base. The temperature fell by rigors and was normal for the first time on the 5th of May, twenty-nine days after admission. The physical signs at the right apex cleared up by the 28th of April, nineteen days after being first noticed, and the signs at the left base 24 days after the first being noted. Jaundice was present for 18 days, and albumen in the urine 20 days. Dr. Hawkins then proceeded to show that hyperpyrexia was unusual in pneumonia, and when present was very fatal. Of 1,904 cases collected the temperature exceeded 106° in only fifteen, and of the fifteen cases only four recovered, and no case with a temperature over 106·4° recovered. The highest temperature in the fatal cases was 108·8°. In five cases in which the site of the pneumonia was given, the left lung was affected, and the apex in only one case. It was pointed out that while hyperpyrexia was so uncommon and so fatal that the late Dr. Hadden and Dr. Hunter Mackenzie found that when the temperature was between 104° and 105° the mortality was less than when the temperature was between 103° and 104°. As regards treatment, the use of cold, either in the form of cold sponging—on the cold bath was advocated.

Dr. KINGSTON FOWLER said his experience enabled him to speak highly of antipyretic measures as contrasted with

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antipyretic medication. The results thus obtained were probably as good if not better than by any other method of treatment. He remarked that owing to the position of the clothes when they are drawn up, the existence of a pneumonia affecting the posterior part of the upper lobe of the lung might easily be overlooked.

VERY LARGE HYDATID CYST OF THE LIVER INVOLVING THE RIGHT PLEURAL AND PERITONEAL CAVITIES—ABDOMINAL SECTION AND DRAINAGE—RECOVERY.

Mr. H. Betham Robinson described the following case which had occurred in a married woman, æt. 34, who came under his care in July, 1894 Rather more than five years before, her abdomen began to enlarge and in three months the swelling attained its maximum. Jaundice and vomiting had been present from time to time, and there had been some swelling of the legs, especially of the right: otherwise her health had been good and she had been able to get about. Four years before she was tapped, and forty litres of a slightly viscid, brownish green, clear fluid removed, but it rapidly re-accumulated, and she regained her former size. On examination, the abdomen was very much distended, its walls being tense, and the umbilical cicatrix completely effaced. The measurement at the navel was 43¾ ins.; halfway between the umbilicus and pubes, 40½ ins., and from the anterior superior iliac spine on each side to the umbilicus, 11 ins. Over the whole of the anterior wall fluctuation could be obtained with a well-marked thrill. On percussion, the whole of the abdomen was dull in front. There was no alteration on shifting position. On the right side no colon resonance could be elicited, but on the left side there was good resonance in the flank. The cervix uteri was forced down almost to the vaginal orifice. On July 28th she was tapped midway between the umbilicus and pubes. Seventy-four ounces of a thick yellowish-brown viscid fluid were withdrawn which deposited on standing a reddish sediment. Bile was in the fluid and hydatid mobiletæ were discovered microscopically. On August 15th the cavity was freely opened and four gallons, four pints and two ounces fluid were collected. On passing the hand into the cyst it was found to occupy quite three-quarters of the abdominal cavity, and nearly all the viscera were pushed to the left side well beyond the median line and backwards into the flank. On the right side, no viscus, but the kidney could be made out. The pelvic viscera were displaced downwards, agreeing with what had been previously determined. The left edge of the cyst in relation with the under surface of the diaphragm came about to the mid-line. The right half of the diaphragm seemed very high and in its middle was a round hole through which the hand went easily into the right pleural cavity. Here the lung was compressed and pushed well over to the left side. The fingers could be passed upwards into the dome of the pleura behind the clavicle and could be felt from without. Around the opening in the diaphragm was some thickened tissue, particularly on the left side suggesting the liver. A large number of pieces of a flabby sodden membrane of a dirty greenish brown colour and undoubtedly bile stained were removed which had been lying loose in the cavity. After sponging out the cyst thoroughly, the aorta and its bifurcation could be plainly seen behind the cyst wall. After washing out with boracic lotion a very long drain was inserted, which went up through the hole in the diaphragm, and another smaller one was passed into Douglas's pouch. The wound was dressed with cyanide gauze and absorbent wool. The progress was very satisfactory up to Sept. 4th, except for occasional rises of temperature. On that day she had a rapid rise of temperature to 105·2° accompanied by a slight rigor. Accordingly she was thoroughly irrigated with hot boracic lotion, when a lot of foul smelling discharge came away with some small cysts. The next day her temperature was lower, but there was slight redness with some œdema of the right leg and foot and enlargement of the inguinal glands. This all disappeared in a few days, and with frequent irrigation the temperature was kept low. On Oct. 8th, after being not so well for two or three days, she developed a parotid bubo. The tubes have now been removed from the wound, which is dressed with iodoform gauze. The bubo softened, and was opened on the 18th, and after that date she had practically a normal temperature, and no inconvenience except a little temporary diarrhœa. On Oct. 29th, she was up for the first time, but for a long time she could only get on the couch, as in addition to her weakness there was considerable œdema of the right leg. On January 19th she left the hospital for a convalescent home. Since this date she has remained quite well. Mr. Robinson considered that the cyst had started in the right lobe of the liver, which had been evidently extensively destroyed, and passing backwards and downwards had incorporated the hepatic area of the diaphragm behind involving the right pleural cavity and below had passed downwards in front of the right kidney intraperitoneally displacing the viscera backwards and to the left side.

Mr. W. G. Spencer raised the question whether it would not have been well to make a counter opening in the pleura seeing that neither the abdominal nor the pleural cavity were actually involved, to facilitate drainage. He related the case of a girl, 20 years of age, who came in with symptoms pointing to empyema, but it turned out to be a hydatid cyst involving the pleural cavity. He removed the cyst by the Australian method and then the lung fully expanded. They subsequently discovered another cyst behind the mesentery springing from the liver and a third cyst was afterwards discovered embedded in the right lobe of the liver and the only way to get at the last was through the pleura. It was an inch deep in the liver so he only drained it. The patient was well and so far no further cysts had been seen.

Mr. Robinson, in reply, said that the cyst in his case was quite on the posterior part of the right side and by adopting a suitable position drainage was perfect. If the case had become septic he would of course have made a counter opening through the pleura to get access to the upper part of the cavity.

OBSTETRICAL SOCIETY OF LONDON.

Meeting Held Wednesday, October 7th, 1896.

The President, Dr. Champneys, in the Chair.

ANENCEPHALIC FŒTUS.

Dr. G. Stevens demonstrated an instance of completely cleft spine, associated with an unusual visceral malformation in an anencephalic fœtus.

PAPERACEOUS FŒTUS.

Dr. Pollock showed a paperaceous fœtus of very large size from a mother who was delivered at full term in September, 1894. She was 19 years of age and it was her second confinement, labour being normal. There was a normal placenta and a second placenta which was attached to the fœtus in question by membranes.

Mr. Bland Sutton pointed out that these cases, though not rare, were of sufficient interest to merit an occasional example being brought before the society, the more so as they were often overlooked or misinterpreted. Two years ago a doctor had sent him a specimen, which he handed round, as a curious lump attached to the membranes of a full-time and healthy fœtus. When smaller, he observed they were not so easily recognised, and he mentioned that in vol. xxix of their *Transactions* a paperaceous fœtus was described as a tumour of the amniotic membrane. These cases, moreover, were interesting because they furnished facts by which one could determine the changes which the placenta underwent from long retention in the uterus, a fairly definite time being assigned at which these changes occur by the age of the fœtus. In the specimen he showed, the fœtus was at about the third month, the placenta must therefore have been retained for at least six months. On cutting sections, however, and examining them under a low power the chorionic villi were very plain. They not only occurred in twin births but also in triplets. Another interesting fact was that the companion of a paperaceous fœtus ought to be regarded as a twin, and this question cropped up in connection with the origin of the transposition of viscera.

Dr. Lewers said that he himself had seen a paperaceous fœtus in association with a triple birth.

The President pointed out that it would not be safe to push too far the argument based on the condition of the placenta in these cases in illustration of what happened to a piece of placenta left behind, the cases not being com-

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parable. The subject was interesting in view of the fact that the existence of a paperaceous fœtus was the rule in a large number of flowers, the cocoanut and chestnut for example. Something of the same kind was seen in bird's nests, where a smaller bird was often squeezed into what was virtually a paperaceous fœtus by the other birds. The nest was strictly comparable to the uterus, the woman laying her eggs in the uterus, and the bird in the nest. He mentioned that he had recently presented a specimen of this kind, resembling a thumb nail, to the museum of St. Bartholomew's Hospital.

A CASE OF DOUBLE UTERUS WITH DOUBLE HÆMATOMETRA AND COMPLETE ABSENCE OF THE VAGINA.

Dr. LEWERS related the case of a girl, æt. 17, who had never menstruated. She was led to seek advice on account of severe pain in the hypogastric region and the lower part of the back. In November, 1893, careful examination under anæsthesia showed that the vagina was imperforate, and *per rectum* that there was a uterus, perhaps, a little larger than normal in a virgin of seventeen, but not much larger. There being no positive evidence of distension, it was decided to watch the case. The patient was kept under observation for more than two years. Ultimately, examination showed that the uterus was definitely enlarged, and it was then decided to operate. Full details of the operation, performed on January 2nd, 1896, appear in the paper. There was *complete* absence of the vagina. There was a double uterus, each half of which was distended by retained menstrual fluid. The subsequent progress of the case was satisfactory. The patient was seen in September, 1896. She had menstruated regularly, and was quite free from pain. The only difficulty was to keep the vagina open. The small ring pessary she was wearing was found, after being in three months, to some extent incarcerated by granulation tissue, and an anæsthetic had to be given in order to remove it. Possibly, by changing the pessary rather more frequently than usual, perhaps once a month instead of once in three months, this difficulty might, he suggested, be avoided in future. The question of a preliminary abdominal section in dealing with such cases was discussed in the paper, and, though it was not done in the present case, it appeared to the author on the whole to be the right course to adopt.

The PRESIDENT insisted on the fact that these cases of hæmatocolpos usually did well without any elaborate treatment, a simple opening, followed out by washing out with water, sufficing. He therefore questioned the desirability of advising an exploratory abdominal section merely to see if there was a hæmatosalpinx. The dangers formerly described as associated with the evacuation were probably due to ignorance of antiseptic precautions. In a recent case of his own the vagina was almost completely absent, but he managed to draw up a flap from below, and thus to provide the woman with a vagina lined with mucous membrane. He agreed that it was not good practice to set about providing a woman with a vagina simply because she happened to be without one. Where there was almost complete absence of the uterus no treatment at all might be necessary. He had several times seen retention of menses in one-half of a double uterus.

Dr. A. ROUTH related a somewhat similar case, there being complete absence of the vagina, with a swelling in the hypogastrium thought to be an enlarged uterus, in a woman, æt. 21, who had never been unwell, but suffered from painful menstrual molimina. He adopted the author's plan of dissecting up to what appeared to be the dimple in the cervix. There seemed, however, to be a double membrane between the examining finger and the cervix, which he thought must be Douglas's pouch. He therefore packed the cavity with gauze for two or three days, and then opened it. The uterus was also absolutely closed, and he had to evacuate its contents with a trocar. The patient was weak mentally, as most of these patients were, and was quite unable to take the necessary precautions to prevent closure of the newly-made vagina. She consequently returned after a time with a repetition of the symptoms. There was no history pointing to hæmatosalpinx in this case.

Dr. CULLINGWORTH observed that one object of abdominal section would be to prevent re-accumulation of the fluid, and this case showed the extreme difficulty of keeping an open passage after operation. Under such circumstances, he thought abdominal section was the correct treatment. He related the case of a young lady with imperforate atresia of the vagina under his care recently. There was only a dimple representing the vaginal orifice, but she presented an accumulation in the upper chamber of the vagina, which a surgeon had opened *per rectum* with the inevitable result of setting up septic mischief in the imperfectly-emptied sac, from which the patient nearly died. This was followed by recurrent abscess formation until the whole pelvis was filled with a matted mass of exudation and adherent viscera. After mature consideration he decided not to perform abdominal section, and she ultimately died. This case appears to bear out his view that in cases of accumulation comparatively out of reach abdominal section for removal of the ovaries would be excellent practice, if done in the first instance. He recalled that Matthews Duncan used to insist that there must be no pressure from above in order not to draw in air, and he agreed with that author as to the undesirability of washing out the cavity, seeing that its complete removal of the viscid blood was practically impossible.

Dr. HERMAN said it was evident that all these cases could not be treated as belonging to the same category. A distinction must be made according as the accumulation takes place in a vagina blocked below and one blocked higher up or absent. When the blood was retained in the uterus the risk of hæmatosalpinx was probably a real one. The possibility of maintaining a permanent opening depended upon the nature of the atresia. He had operated in two cases in which a vagina had to be dissected out. One was the result of sloughing and all their efforts entirely failed to keep it open. The other was a case of malformation, and here there was no such difficulty. In two other cases of atresia of the vagina he had made a mucous pouch for the patients for matrimonial purposes and the result in both had been permanently successful.

Dr. SPENCER said his experience was limited to one case, such cases having been curiously rare at University College Hospital. He raised the question as to what ought to be done in cases of hæmatosalpinx, for which abdominal section appeared to be the only suitable treatment though it ought not to be done merely to look for this condition. In his own case it was obvious that there was hæmatosalpinx on both sides of the distended uterus, the vagina being also distended Abdominal section having been refused he aspirated the fluid through the hymen. In some cases he suggested that it might be advisable to aspirate through the perineum so as to allow the fluid to drain from the tubes before making a freer opening. This patient had a very severe attack of peritonitis to which she nearly succumbed.

Mr. ALBAN DORAN pointed out that in these cases it was often very difficult to make out the nature of the malformation. Dr. Hubert Roberts and himself had a case in July last with something like a double uterus and complete absence of the vagina in a patient, æt. 23, married 15 months previously, when for the first time she had amenorrhœa for three weeks. She took cold one day, had a violent attack of syncope and symptoms of internal hæmorrhage. The attack recurred a week later while she was running upstairs, and a third attack was followed by griping pains and metrostaxis, lasting six weeks. She afterwards had frequent attacks of pain but no more bleeding. On examination, a mass was made out to the left of the uterus in Douglas's pouch. The sound passed 2½ inches. A week ago the patient was taken ill again. The tumour was found to be considerably larger. It was obviously connected with the uterus, and they judged it to be a case of extra-uterine or abnormal gestation. He had operated on Saturday last, and after lifting up the adherent omentum, he came upon a tumour having the colour of uterine tissue, continuous with the fundus. The round ligament arose somewhat *externally*, on the anterior surface, a diagnostic point of some importance. He tapped the tumour, and withdrew two pints of liquid, the colour of strong tea, with much old *débris*. As he could not enucleate it, he determined to drain, and, so far, the patient had been doing well. He thought at the time it was a case of interstitial gestation, where, somehow or other, the sac had not burst early as usual, but it might possibly be a gestation cyst in one horn of a bifid uterus.

Dr. MACLEAN said he had seen four or five cases of re-

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tained menses. In one case there was half an inch of tissue between the hymen and the lowest part of the vagina. This was easily dissected through, and the patient subsequently married. In another case the atresia of the vagina was complete, and the uterus itself was distended to the size of a fœtal head, but the tubes were not involved. The operative treatment was complicated. First, there was a tedious dissection of the vagina, with evacuation of the fluid. A few months later the opening had closed, and the operation was repeated, with a like result. Then abdominal section was done for removal of the tubes and ovaries, and these were thought to have been successfully removed, but again the accumulation recurred, and finally the abdomen was re-opened and hysterectomy performed. He had had an opportunity of examining the specimen, and he found that under the pedicle on the right side a comparatively small portion of ovarian tissue had been left behind, accounting for the recurrence of menstruation.

Dr. Lewers, in reply, admitted that it was necessary to distinguish between the cases of partial and complete absence of the vagina. Hæmatosalpinx was more likely to occur in cases of hæmatometra than in hæmatocolpus, and it was only in the former that he had suggested that abdominal section might be advisable. He mentioned that his patient was intellectually normal. It might, he thought, sometimes be feasible to determine beforehand whether there was hæmatosalpinx, and in his own case there was a certain amount of bulging on the left side of the uterus, pointing in that direction.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Oct. 10th, 1896.

Artificial Serum.

The excellent effects of injections of artificial serum have been reported from all quarters in the treatment of certain affections in adults, but up to the present this method had been but rarely employed in children. It appears, however, that Dr. Hutinel has for the last twelve months practised systematically these injections in the gastro-intestinal infections of infants with much success.

The solutions he employs are :—the saline solution of chloride of sodium at 7-1000 ; the artificial serum recommended by Hayem :—

Sulphate of soda,	10	grammes ;
Chloride of soda,	5	,,
Distilled water,	1,000	,,

Or the serum of Chéron, as follows :—

Phenic acid (crist.),	1	gramme ;
Chloride of sodium (pure),	2	grammes ;
Phosphate of soda,	6	,,
Sulphate of soda,	8	,,
Eau,	100	,,

These different solutions are sterilised previous to using them.

The injections are made under the skin of the abdomen or of the buttock, or in the retro-trochanterian region ; the needles are passed through a flame and the syringe sterilised. The injection is made slowly, and massage is practised over the region for a few minutes in order to aid the absorption of the liquid.

In cases of acute gastro-intestinal infection (infantile cholera), M. Hutinel injects a large quantity of the serum, an ounce three times a day, while in the chronic form where symptoms of prostration predominate, preference is given to the formula of Dr. Chéron at the dose of a drachm twice a day. The author affirms having seen children reduced to the last stage of the affection, sustained by these hypodermic injections, until the antiseptic treatment of the malady was able to produce effect.

The physiological effects produced by these injections require to be closely watched, as the aim in view might be exceeded and the child rendered nervous and excitable. The effect disappears, however, quickly, by the suppression of the injections.

To resume, Dr. Hutinel recommends in acute gastro-intestinal affection in children repeated injection of artificial serum, in order to fill the void produced in the vessels by the intestinal flux, and in the chronic form, about a drachm daily of the solution formulated by Chéron.

Injections of Guaiacol.

Dr. Colleville, of Reims, has just published in a local medical journal the good results he obtained in different painful affections from injections of a mixture composed of chloroform and guaiacol in the proportion of ten drops of the former to six of the latter ; the amount injected each time was about 30 drops. A burning sensation follows the injection for about three minutes, giving place subsequently to a feeling of considerable relief as regards the affection treated. These injections have been tried with complete success in sciatica, the neuralgia of herpes zoster, of locomotor ataxy, &c. The solution has to be kept in an obscure place and the bottle enveloped in blue paper to prevent decomposition.

Erysipelas.

The most recent palliative treatment of this affection here is as follows :—

Tannin, Camphor, } ʒj ;
Ether, ʒj.

Paint over the parts every three hours.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, October 10th.

The "Bekampfung" of Diphtheria."

At the meeting of the Society for Public Medicine held at Kiel, Prof. Karl Fraenkel introduced this subject. He said that diphtheria in its ravages exceeded cholera, and nearly approached tuberculosis. From 1875 to 1886, 539,902 people died of this disease in Prussia. The simple presence of a micro-organism was not sufficient to produce the disease. Many thought the bacillus was only a parasite appearing after the disease had set in.

This conception was, however, erroneous. The disposition was not itself morbid ; it only became so when the parasite made its appearance. The anti-toxines, as employed by Behring in serum, were present in healthy individuals. Out of 34 adults Wassermann found them in 28. This justified the opinion that disposition was dependent on the presence and the strength of the anti-toxines, which were to be found in the blood of even infants. But in infancy they were not so numerous, and this circumstance, in conjunction with the delicacy and tenderness of the mucous membranes in childhood, explained the frequency of diphtheria at that period of life.

Our defence consisted in the destruction of the infective material inside and outside the body. For internal use we had alcohol, tolnol, Löffler's mixture (liq. sesquichlor). Good results had been observed from the use of sublimate. On account of the difficulty of applying material behind the palate, Escherich had made use of an apparatus for making application direct to the spot. Then we had Behring's serum for internal use.

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Outside the organism disinfections came first for consideration. As regarded these it had been a reproach that they did not answer to their aim, and that with great means little had been achieved, and, in fact, there was justification for this when one saw constantly new infection occur in rooms that had been disinfected with care. The destruction of germs and the prevention of the entrance of fresh ones must go hand in hand. They should individualise and not disinfect alike for all diseases. In the case of diphtheria it was sufficient to disinfect the walls in the immediate neighbourhood of the patient to the height of a man. All unnecessary objects should be removed from the room. Then came the separation of the sick from the healthy. Jäger advised a separate fire in the room for cooking, as otherwise intercourse between the diseased and the healthy was unavoidable. Generally isolation was brought about by removal to hospital, and he was of opinion that transference to hospital should be compulsory. The liberty of the subject must have its limits when it is a danger to others. People spoke of the cruelty of taking a child from its mother, but the mother was still more to be pitied when the child was taken to the churchyard. Attached to the hospitals there should be convalescent institutions, where patients could be kept as long as Löffler's bacilli were present. Schools should be closed when the epidemic was widespread. Hotels must be supervised. Suspicious cases were best examined in a central station. Then a decision as to whether a case was diphtheria or not could be made within sixteen to twenty hours, and the result telegraphed to the physician. The cost of such examinations should be defrayed by the public. Such stations were in use in various cities and were doing good service. A request for similar stations in Berlin had been met by a refusal on the ground that it was not yet proved that Löffler's bacillus was the cause of the disease. The City Fathers had not shown much wisdom. The duty of notification was at present a paper one only, as was shown by an hotel case. For lessening the disposition, washing in cold water and prophylactic gargles and disinfecting substances were employed. If the natural antitoxines were insufficient, Behring's might be brought in to assist. The power of the serum was indisputable, and it should be employed as a protective if necessary. There were also the general measures in use for the prevention of other kinds of epidemics.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Oct. 9th, 1896.

OTITIS AND INTRA-CRANIAL DISEASE.

WEICHSELBAUM has drawn out a few statistical tables from the register of "Protocols," dating from January 1st, 1873, to December 31st, 1894, including 40,073 post-mortems of individuals dying in the Vienna Al. Krankenhaus from intra-cranial ear affections.

This analysis, it should be observed, commences with the foundation of the first *Clinic* on Otiatria established in Vienna, which also originated a separate classification in the pathological examinations at post-mortems that make the details more trustworthy for statistical purposes.

The first point established by these figures is the number of intra-cranial deaths to the whole, which are estimated to be 1,806, or 1,242 males, and 564 females, making a death-rate of 4·5 per cent.

The next inquiry was how many of these were purely *intra-cranial* in origin, not having any remote or immediate connection with an external cause. Of the 1,806, 232 (163 males, 69 females) belong to this class; or 12·8 per cent. of the intra-cranial deaths, had no external cause, *i.e.*, 0·58 per cent. of the total 40,073 deaths. Of these 232 pure cases, 81, or 34·91 per cent., were treated by the aurist, before death, while 65·09 per cent. came from the medical and surgical wards of the "Allgemeine Krankenhaus." From these post-mortem results, it would seem that a large number of intra-cranial diseases suffering from otitis that die unrecognised during life.

Weichselbaum has further separated these into age groups, which must be taken with a little modification, as all children under six years of age are sent to the Children's Hospital, and are not treated in the Allgemeine Krankenhaus. Ages below this must be neglected.

Deaths	between	5	and	10	years.	Males	0	Females 2
,,	,,	10	,,	20	,,	,,	53	,, 14
,,	,,	20	,,	30	,,	,,	46	,, 26
,,	,,	30	,,	40	,,	,,	30	,, 12
,,	,,	40	,,	50	,,	,,	22	,, 4
,,	,,	50	,,	60	,,	,,	13	,, 4
,,	,,	60	,,	70	,,	,,	3	,, 1

These results are strangely in accord with the observations of Gruber, in 1862, when he wrote that purulent inflammations of the middle ear were more fatal between puberty and fifty years of age than in youth or old age, which was then considered anomalous. In examining the frequency of occurrences it is found that out of the 232 cases of the right ear was attacked 118 times, equal to 50·87 per cent.; left side 103 times, equal to 44·39 per cent.; both sides 6 times, equal to 2·5 per cent.; cases not recorded, 5, or 2·15 per cent. With respect to the probable changes that took place in the middle ear, two cases may be separated: (*a*) Where a weak condition existed; (*b*) Necrosis of the temporal bone. Belonging to the first category where otitis media existed without caries, 65 cases may be arranged, or 25 per cent.; where those with caries numbered 167 or 72 per cent. In all cases the males were of greater number than the females. In seeking for the cause of the primary inflammation of the brain, the blood vessels or sinuses are frequently accused of some malformation or inflammatory centre.

Of the 232 cases without caries eight occurred in the sigmoid sinus; seven of which had thrombi; five occurred in the transverse sinus, four of which had thrombi; four in the cavernous, all of which had thrombi, while the other sinuses had one each. In otitis media with caries nineteen occurred in the sigmoid sinus; twelve of which had thrombi; twenty-five in the transverse sinus, seventeen of which had thrombi; two in the longitudinal sinus, one of which had thrombus. Nine occurred in the sigmoideus and jugular vein six of which had thrombi.

A HOLIDAY TOUR IN THE PYRENEES.

[FROM OUR OWN CORRESPONDENT.]

V.—THE BASQUE COAST.—ST. SEBASTIAN AND BIARRITZ.

IN the Pyrenean mountains you meet few British and American "voyageurs," but on this coast, from the sandy bars at the mouth of the Adour river, near Bayonne, to the sister heights of Mounts Orgulla and Igueldo at St. Sebastian, you meet many travellers and residents of our

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Anglo-Saxon nationalities, four thousand English alone coming to Biarritz each season. None can blame them for coming here! The French seashores from Dunkirk, all around Picardy, Normandy, Brittany, La Vendee, and the Gironde have nothing to offer more lovely than this Basque Coast. St. Sebastian, as befits an aristocratic Spanish city, is staid and dignified. The quiet equipages, and stalwart blue-coated guardians of the peace, with no offensive weapons at their sides, remind one of Mayfair and Belgravia. The town is well-built, and stands well on the sheltered, shell-shaped "Concha" bay. The hotels are very satisfactory, if you go to those which give "French cooking." The others it would be advisable to avoid, unless you like oily Spanish dishes. The best house is the old favourite "Hotel de Londres," open all the year, and which has a summer branch called "The Angleterre" on the "Concha." During the season, when the King, Queen, and Court are here, and the city crowded with the diplomats and nobility of various nations, mine host of the "Londres," of course, expects high prices; but in Winter and Spring he is very reasonable. There are some drawbacks to St. Sebastian. For example, it has no Protestant Church; some Pyrenean towns, like Pau, have more than they need. They might spare one for St. Sebastian! A few years ago one Church edifice was transferred bodily from Pau to the little country seaside village of Guethary; and Pau can easily spare another!

Bayonne is a fine walled, garrison city, with many handsome residences in its suburbs. But of all Basque seaside resorts Biarritz is supreme. It has two British Churches, admirable golf-grounds, elegant clubs, good library and fine shops, commodious apartment houses, and many capital Hotels. As I said in a former letter, it is "The Saratoga" of France as regards Hotels. With so many really excellent hostelries, it is difficult to single out any for special mention. In "many journeyings in many lands" I have found no superior to the Grand Hotel of Biarritz, and few equals. Its position is unexcelled; in the centre of the town, with large and quiet court-yard, and a noble sea-frontage. The rooms are first-class in every respect; even to the generous-sized toilet crockery, often so annoyingly Lilliputian in many good French hotels. Its reading-room, with an almost over-abundant supply of daily London and Paris journals, conveniently looks out upon the main streets; so those lazily inclined can glance alternately at the latest news and the fashionable promenaders. The meals are "cooked to a thrice," and tastefully served. None of the "fues and feathers" frequently obstrusive in leading Continental caravansaries.

Biarritz has many other attractions, the casinos, music, bathing, and amusements of all kinds are good, whilst for ladies, whether invalids or not, attire, millinery, and so forth, its "artist-tailors" and costumiers are said to be only surpassed at Paris. It has also a very superior saline water bath establishment, of which I will say more another day.

In the sea-bathing season (from July to October) Biarritz is full of Russians, Spaniards, French and Americans, and the hotel prices rule high. In the other months, considering the "solid comforts" Biarritz hotels offer to their guests, the prices cannot be considered otherwise than reasonable. For a lengthened stay families can find the utmost comfort, and even luxurious living, on very moderate terms.

One of the peculiarities of the Biarritz beaches is their projecting rocks, some of these lying close to the shore, and many of those which form the cliff are worn into vast caverns. In these the waves make ceaseless music—a hollow, dismal sound like distant thunder—and when a broad, swelling wave bounds into these caverns, and breaks in some distant chamber, the shock, to one standing on the beach is like a slight earthquake. But when a storm rises in the Bay of Biscay, and a north-west wind sweeps across the Atlantic, the scene is grand beyond power of description. The whole space covered with rocks, which are scattered over the coast, is an expanse of foam, boiling whirlpools and cataracts; and the noise of the tremendous waves, rushing into these vast caverns, and lashing their inner walls, is grander a thousand times than the most terrific thunder storm that ever burst from the sky.

The Operating Theatres.

WESTMINSTER HOSPITAL.

Laryngectomy.—Mr. W. S. Spencer performed complete laryngectomy on a woman for subglottic sarcoma. Some little time previously tracheotomy was performed by him on this patient, as she was suffering from urgent dyspnœa. At this time she was under the care of Dr. de Havilland Hall. As there was distinct enlargement of some of the cervical glands, Mr. Spencer first proceeded to remove them, this part of the operation taking some time. The whole of the larynx was then extirpated in the usual way, the operation lasting some two hours. In his remarks after the operation, Mr. Spencer referred to the fact that the prognosis was better in this particular case, first because the disease was sarcomatous, and there were many degrees of malignancy in sarcoma, and secondly, because the woman was very intelligent, and would help herself in the after-treatment. He also referred to the trouble caused when dealing with the region of the mucous membrane of the pharynx and œsophagus, much coughing being caused at this stage. He advocated the spraying of the parts with cocaine, but in this particular instance thought it might cause some collapse and faintness. He also referred to the care necessary in the after-treatment, especially the feeding. Water might be given fairly early, within 24-36 hours, by the mouth, and if easily swallowed, beef tea, milk, &c, substituted.

Thyrotomy.—The same surgeon performed thyrotomy on an old man, with intrinsic epithelioma of the left side of the larynx. Tracheotomy was performed, a Trendelenburg's tampon inserted, and the thyroid cartilage divided with bone scissors. A small sponge was placed in the crico-thyroid space and the malignant growth freely removed. The infiltration involved the left vocal cord, and principally the anterior aspect. Mr. Spencer, in his remarks, alluded to the advantages of a preliminary tracheotomy some days previously, and to the utility of a solution of cocaine applied to the interior of the larynx when the thyroid was split; the secretion of mucus was thereby diminished, bleeding lessened, and the laryngeal reflex diminished. In the after-treatment, he recommended immediate withdrawal of the tracheotomy tube, insufflation of the interior of larynx with iodoform, and non-closure of wound; liquid food if possible to be given within twenty-four hours by the mouth, beginning with water, which if not swallowed came out of wound, and caused no irritation.

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CHELSEA HOSPITAL FOR WOMEN.

INTERSTITIAL INGUINAL HERNIA IN A WOMAN.—Mr. BLAND SUTTON operated on a single woman, æt. 30, for a reducible swelling in the left inguinal region. On cutting down to the external abdominal ring neither swelling nor sac could be detected. On dividing the intercolumnar fascia the finger entered a large compartment between the aponeuroses of the abdominal muscles, and lying in this space a peritoneal pouch with a narrow neck was found, this was withdrawn and its neck transfixed with sterilised gut and the pouch cut away. The aponeurotic structures were secured with silkworm gut sutures and the skin incision sutured separately. Mr. Sutton said the case was an example of a somewhat rare form of hernia which has been described as the interetitial variety; the pouch or sac was doubtless derived from a persistent canal of Nuck which, as it became distended, instead of forcing its way through the external abdominal ring burrowed between the aponeuroses of the abdominal wall in the neighbourhood of the inguinal canal. This was a condition of things which might, he thought, be very puzzling to one not accustomed to operate on herniæ, especially when the external abdominal ring was found to be closed by the intercolumnar fascia and there existed no trace of a sac external to the ring. This variety of hernia, he said, differed from what is ordinarily termed bubonocele in the following particular: A bubonocele occupies a sac lying in the axis of the inguinal canal, but an interstitial hernia burrows between the aponeurotic structures of the abdominal wall; this last being obviously a very rare condition in women.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 14, 1896.

THE AIM OF PRELIMINARY EDUCATION.

THE remarks which Mr. Brudenell Carter recently addressed to the students at the British School of Pharmacy on cultivating the power of observing with accuracy and of judging with discrimination, might even more appropriately have been addressed to medical students whose profession is, on the authority of Hippocrates, entirely one of observation. The object of all preliminary education is to train the powers of observation and to enable the student to formulate the results of his observation in terms calculated to convey clear and precise ideas. We have to assimilate a certain number of facts in any course of education, but the acquisition of facts *per se* does not develop the intellect. Facts are to us what tools are to the artisan, possession being necessary but not of necessity implying the ability to use them. It is not sufficient to have an ample supply of tools; there must be a trained intelligence capable of turning these tools *quâ* facts to useful account. Of all the branches of study which assist in developing the intellect, that of language is perhaps the most useful. Without a thorough and complete knowledge of at least one language there can be very little real education and very little power of accurately knowing anything else. No complexity of thought is possible without the aid of language, and an imperfect acquaintance with language implies the imperfect formation of any but the most rudimentary ideas. Inasmuch as the major part of the physician's occupation is conducted in English, it is essential that he should cultivate a thorough knowledge of the language in which its facts and principles are conveyed, to know the precise meaning of every word that he employs, so as not to be liable to misuse or misunderstand them, and to know the proper connections and relations between the successive clauses of sentences so as to express meaning coherently. We lament with the Orator that these accomplishments are far less common than might be supposed, not because they are specially difficult of attainment, but because the acquirements by which they are afforded are less widely diffused, even among schoolmasters, than they ought to be. Mr. Carter credits the prevailing ignorance of the English language among medical men with being the chief cause of the multiplication of monstrous and often meaningless compounds, misbegotten of classic tongues, for the imperfect or inadequate expression of ideas which our own language would convey with perfect clearness and accuracy. The perusal of answers at the written examinations for medical diplomas would certainly afford an interesting object lesson in support of Mr. Carter's thesis. The expression of a thought is, to the candidate, very frequently more laborious and difficult than its elaboration, and the slipshodedness which Mr. Carter bewails in the choice of words and phrases adds materially to the tediousness of the examiner's duties. It is impossible thoroughly to grasp the exact significance of a word without a knowledge of its etymology and its history, and, as a matter of fact, there is no more engrossing pursuit than the, at first sight, arid study of the evolution of language. Every word has its precise signification, and it should be our aim to employ each word with accuracy and precision, instead of making use of the first word that comes to hand without pausing to ascertain that it really conveys the idea we have in our mind. Precision of expression implies precision of thought, and precision of thought implies more or less precision in action. Accuracy in expression means exactness of observation, and it is only by such observations, duly recorded in clear, unambiguous terms, that science and culture

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can be advanced. It is to be hoped that Mr. Carter's words will not fall by the road-side., but may prove the means of stimulating in some, at any rate, of those who were privileged to listen to them, a desire to cultivate the virtues of which he has drawn such an interesting and instructive picture.

THE MEDICAL DEFENCE UNION MOVEMENT.

It is proverbially a hard matter to read the face of contemporary history with any degree of accuracy. However so far as can be judged from the signs of the times, it would appear that the economy of the medical world is on the verge of more or less extensive changes. It seems hardly possible to avoid some such conclusion, for instance, after a perusal of the election addresses of the candidates for direct representation on the General Medical Council. With one voice they assert the necessity of reforming the composition of the Council, and of extending its action in the control of unlawful practice. In other words, they attack the very body which is supposed to govern and represent the medical profession. As a matter of fact, the Council is simply an aristocratic assembly, made up of the nominees of a number of corporate interests, which out-vote by a majority of five to one the representatives of the main masses of the medical profession. Such an autocratic and irresponsible government is contrary to the political tendencies of the age, especially in a country like Great Britain, where the popular voice has always, sooner or later, claimed with irresistible force of assertion the right of self-government. But the signs of the times, to which allusion has been made, are to be read, not only in election addresses, but also in a hundred other directions. For years past the correspondence columns of the medical journals have been teeming with complaints of the hard times that have fallen on medical practice, and with suggested remedies for a thousand and one abuses. Nor has this torrent of discontent remained pent up within the confines of purely professional publications, for of late there has been an increasing tendency on the part of the public newspapers to comment freely, if not always sympathetically, upon such matters. The interest felt by the laity in the affairs of the medical world was recently proved in a striking way by the extraordinary sensation created by a libel action against a leading medical man. Then, again, the Ethical Section of the British Medical Association is gradually welding into definite shape many of the hitherto formless grievances of the general practitioner. Last, but not least, come the various institutions for medical protection that have sprung into existence during the past fifteen years. Latterly, their tendency has, on the whole, been distinctly towards an extension of their original aims, so as to include the whole field of attack in their defensive operations. Of all these Societies none promises so well as the Medical Defence Union. This statement we advance fearlessly on the grounds of its seniority, of its large and increasing roll of membership, of its long record of useful work, and of its persistent efforts in exposing the defects of British law in the protection of qualified practitioners. It is with no small amount of satisfaction, therefore, that we hear of a proposal on the part of the Council of the Defence Union to summon a great meeting of members of the profession for a detailed discussion of the doubts, difficulties, and deficiencies of the present position. It is only by such comprehensive treatment of the case that there can be any hope of a successful practical outcome. Hitherto, the medical profession has never had the opportunity of gauging its wants and grievances as a body, and of laying them before the public and the legislature in an authorised and official manner. With the organised support of the majority of the general practitioners at their back the Council of the Medical Defence Union would have an influence that no Government, however powerful, could afford to disregard. On the other hand, without some such consolidated utterance, medical men may go on railing at fate with unavailing breath for the next quarter of a century, just as they have been doing for an indefinite number of years in the past. Before anything further is done, members of the Union will do well to keep themselves posted in the subjects on which it is likely they will be asked to arrive, so far as may be, at definite decisions. It need hardly be added that they will also strengthen the hands of the Council by inducing those of their professional brethren who have not yet become members of the Medical Defence Union to take that step without delay.

THE USE OF STERILISED MILK.

The question of the use of sterilised milk in the feeding of infants is undeniably one which is worthy of attention at the present time, more especially since the expediency of the practice is now being doubted. It goes, of course, without saying, that in the abstract the idea is an excellent one. Bacteriological science has clearly proved that milk is frequently the medium of the growth and development of many virulent pathogenic micro-organisms. This being the case, the practice of submitting the milk to a process of sterilisation would appear to be indicated on all grounds, with a view to destroying the germs and preventing harm resulting from their dissemination. Among the most common forms of micro-organisms met with in milk are the bacillus of the green diarrhœa of infants, the bacterium coli commune, the bacillus of tubercle, and the bacillus of typhoid. Clearly, then, if by sterilising the milk all fear of infection from the infected product could be got rid of, the method has everything to recommend it. But, as authorities have pointed out, the process is one which is by no means easy to carry out completely. Perfect sterilisation can only be effected by submitting the milk to the action of continuous steaming for two hours at a temperature of 248° F., or for thirty minutes at a temperature of 266° F. The prolonged action of the heat, however, while it effectually destroys all the micro-organic life, nevertheless produces changes in the milk which are not of a desirable character, and it is this fact which is now beginning to attract notice. Practitioners are finding that infants fed on sterilised milk not

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infrequently develop well-marked symptoms of scorbutus. The scurvy of infants has come to be a recognised disease, the onset of which can be traced to the use of milk treated by some process of heat with a view to its sterilisation. What the precise nature is of those changes produced upon the milk are by the sterilising process has still to be determined. Nothing is definitely known upon the subject. That the milk, however, undergoes some deterioration in quality and composition appears to be incontestable. Moreover, there is now abundant evidence to show that the digestibility and usefulness of milk as a nutrient are greatly diminished after it has been boiled. It is, nevertheless, worthy of remembrance, as Dr. Burney Yeo points out in the last edition of his work, "Food in Health and Disease," that by partial sterilisation, which is easily carried out, the most dangerous pathogenic germs can be certainly destroyed. The process consists in heating milk for an hour at a temperature of 154° to 167° F., or heating it for three-quarters of an hour by steam at boiling point Fahr. By this means there is less risk of destroying the full nutrient value of the milk, and yet the main object of the sterilising process is almost completely accomplished. The proof, of course, of the direct connection between the scurvy cases in infants and the use of sterilised milk is that as soon as the sterilised product is stopped and ordinary unboiled milk given, together with anti-scorbutic remedies, the disease rapidly vanishes. According to Kerr, of Aberdeen, "the chemical result of boiling milk is to kill all the living cells and to coagulate all the albuminoid constituents." That is to say, to feed a child on "killed" milk would be equivalent in the long run to killing the child as well.

Notes on Current Topics.

Healthy Houses for Poor People.

THE anxiety of the Dublin Corporation, acting, no doubt, under the influence of the Artizans' Dwellings Committee and Sir Charles Cameron, to clear away the filthy hovels known as tenement houses, and to substitute accommodation fit for the occupation of human beings is worthy of praise. Within the past week, another large group of artizans' dwellings has been opened by the Lord Mayor, other groups are in progress, and more are being planned. The fact that the low sanitary condition of Dublin was largely due to the abominations of the old-style tenement house was established many years since by a Commission of Inquiry, but the provision of a remedy has been slow, because the City could not afford a sudden and large outlay, and could not close the old tenement houses without finding, elsewhere, the needful accommodation for the inmates of those houses. As it is, the expenditure of civic money in this direction is surrounded with difficulty. If the Corporation builds, even in the most economical way, such houses as they think perfect for their purpose, the cost is so severe that comparatively high rents (3s. 6d. to 4s. 6d. a week per tenement) must be charged to cover the interest and sinking fund on the money expended. But it is well known that there is a very large section of the Dublin population who cannot pay more than 2s. or 2s. 6d. per week, and that there are some who live in cellars and such places at a rent of 10d. to 1s. 6d. per week. Manifestly, such tenants can be accommodated in decent rooms, and with a due regard to sanitation, only by saddling the citizens with a dead loss in the cost of building. Nevertheless, if the money can be spared, there can be no better object of outlay than to emancipate these, the very lowest classes, from the squalor of tenpenny tenements and the sweating of them by the landlords who deal in that class of property.

City of Dublin Hospital.

THE selection, by the Medical Board, of three candidates whose names might be submitted for the approval of the General Board of the Hospital, came off on the 7th inst. We hear that eight competitors sent in their credentials, but one of them, Dr. Thompson, withdrew his application on being appointed to the Surgeoncy of Jervis Street Hospital, as announced in our last. The remaining candidates were Dr. Anderson, of London, Dr. Charles Edward Boyce, Dr. George Jameson Johnston, Dr. Richard Lane Joynt, Dr. Ralph Bodkin Mahon, of Ballinrobe, Dr. Moore, and Dr. George Burbidge White. The names of the three selected by the Medical Board are those of Dr. Boyce, Dr. Johnston, and Dr. Moore, all of whom are residents in Dublin. Dr. Boyce has served, as has also Dr. Moore, as House Surgeon of the Hospital, with every satisfaction to the medical staff. Dr. Johnston is Assistant Surgeon to the Richmond Hospital, and has served as a Demonstrator of Anatomy in the School of Physic, with credit to himself in both capacities. We understand that the final selection of a Surgeon to the Hospital will be made (on the 16th inst.) by the General Board from the three names thus selected.

Water Famine and Water Plenty.

MODERN municipal life is a wonderful and complex thing, which, it may be hoped, will one day blossom forth into a vigorous independent existence. So far, its growth has been unceasingly thwarted by the parasitic inroads of monopolists and wirepullers. These baneful influences have been nowhere more actively at work than in the case of water, that prime necessity which is so bountifully bestowed upon the universe by the hand of Nature. Having secured exceptional powers from the legislature, the Companies are apparently able to resist all attempts on the part of the press, or of the public generally, to compel them to fulfil their own statutory obligations. What a failure in the water-supply implies has been shown by the water famine that has now occurred in East London for two successive summers. Not only has an enormous amount of inconvenience and loss been inflicted upon the inhabitants of the district, but it has been pretty conclusively proved that the death-rate has been increased. As a sharp contrast we may turn to Manchester, where the Corporation has obtained an ample supply from a North-country lake.

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It has just been officially stated that the reservoirs at Thirlemere and Woodhead can in time of drought supply the city with 35,000,000 gallons of water daily. Why should the greatest city in the world be at the mercy of a number of rival monopolies, which at the best supply it with sewage-polluted river water, when a comparatively small provincial town like Manchester can furnish its citizens with a plenteous lake supply? Some good might be done by making the municipalisation of the water supply a burning question in all vestry and County Council elections.

The Perfection of Sanitation in Belfast.

Certain of the Belfast Town Councillors are indignant because we have said that that city maintains its claim to municipal perfection by its pre-eminence in "dirt, negligence, and jobbery." Having read the defence offered by those responsible for the existing state of Belfast sanitation, we are unable to find sufficient cause for modifying this assertion. For instance, we read in the Belfast *Newsletter* the result of an analytical investigation by a citizen of the composition of the "made" ground upon which the jerry houses are being erected under the sanction of the Corporation. He gives the qualitative analysis in the following words: "Chaff, shavings, black decomposing stuff (name unknown), shavings again, paper and rags, a dead pig, meat tins, broken jam pots, miscellaneous rubbish, some curious filth which I could not identify, black earth full of vegetable matter, but with a strong musty smell. This stuff carts were still bringing in, as I saw one during my stay. I have no hesitation in saying that what I saw would not be fit to build upon before twenty years. From thence I went on and saw men working at the formation of three streets—all these, so far as I could see, were being made in and through exactly the same material."

Drink Cures.

Our readers may recollect that a couple of years since certain Yankee speculators—Keeley, and afterwards, Tyson—made great efforts to establish in Great Britain and Ireland, centres for the sale of "drink cures." Their method was to send an agent to a city, it being his business to put himself in communication with the teetotal people of the district to organise public meetings ostensibly for the furtherance of the temperance propaganda, but really to exploit these cures, which, when the ground was prepared, were put upon the market. The first professional journal to denounce these cures as fraudulent was the Medical Press and Circular, and it was immediately joined by the *Lancet*, which expressed with us in unsparing terms its opinion that the whole business was a patent swindle. Writs for libel speedily reached ourselves and the *Lancet*, but when an application was granted by the Court to compel Keeley to attend for cross-examination the cases collapsed. The same result followed upon the denunciation of the vendors of Tyson's cure at a later date, and nothing has since been heard of the "drink cures" in Great Britain. It is worthy of record that an experimental trial of a so-called cure, undertaken, officially, in New York, has culminated in ignominious failure and condemnation. The Commissioners of Charities yielded, most foolishly, to persuasion to set aside beds in the Bellevue Hospital for the experiment, and a number of patients, stated (but not proved) to be chronic inebriates, were placed under the sole charge of one of the "cure" doctors. The Commissioners, before long, discovered that the cure was simply a quack medicine run as a money-making transaction, and that, if any good result came from the experiment, it would be simply an advertisement for the nostrum, notwithstanding which the Commissioners continued the farce. They have now been obliged to close the wards with the public admission that "the cure had collapsed." America is the home and centre of medical fads and quackery, the hot bed of hysterical sentiment and credulity. We, therefore, do not cherish the hope that the exposure of the "drink cure" swindle once again will have much material effect upon the money earnings of its pro prietors in America.

Medicine in the Philippine Islands.

The statutes of the Royal Academy of Medicine of Manilla are published in the last number of our contemporary *El Siglo Medico*. As a vice-patron the Academy has the Governor-General of the Isles. It has as its object the cultivation of medical science and the production of a history of the epidemic and endemic diseases of the archipelago. The academy also undertakes to promote vaccination in the islands and to examine chemically and therapeutically the mineral-water springs which are found so numerously in the group. An examination of the medicinal plants of the country is to be undertaken, and the results are to be duly published; and at the request of the authorities of the State to examine all new and secret remedies introduced into the colony, and to report on their merits and demerits. The academicians are of three classes: ordinary, honorary, and corresponding. Ordinary academicians are not to exceed twenty-four in number. None but Spaniards are eligible for the honour. The requirements for candidature are that the candidate has (1) published an original contribution, that (2) he has been eight years in practice in the archipelago, or has had charge of a native hospital for four years, or has been four years physician to the Unicipal Charity of Manilla. The scheme is a good one, and the object of the academy praiseworthy. We wish it all success, and we hope that it may succeed in the task it has undertaken.

Beer for Cattle.

The use of alcoholic beverages as a medicine for cattle and horses is common enough in some parts of the Kingdom. A short while ago, an application was made before a Welsh licensing session for the renewal of an off-licence for a place bearing the somewhat outlandish name of Bryn-y-Bual. The applicant stated that the house in question was situated in an agricultural district, and was a great convenience for the farmers to get beer for their

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cattle in times of sickness. Speaking generally, there is no apparent reason why alcohol should not be just as valuable in the treatment of certain morbid conditions in cattle as it undoubtedly is in the higher animal, man. The principle of stimulation as an active therapeutic agent applies with equal cogency to both classes of mammalia. It is one, however, that is likely to raise a regular whirlwind of commotion among the teetotallers, who, as a body, are not given to attach much importance to purely scientific considerations. A new field might open itself to that excellent class of reformers in the discussion of such an abstruse point as "Should cows drink cognac?"

Fever Isolation.

THE session of St. Vincent's Hospital was opened last week by an address by Dr. McHugh, who took for his subject the necessity for isolating fever cases from non-infective patients. We regret that we are unable to publish Dr. McHugh's convincing argument in our present issue, but we hope to give excerpts in our next. His observations were especially apposite at the present time, in the City of Dublin, because a recent scheme for the establishment of a large isolation hospital for infective cases was recently put aside by the Corporation, and there is imminent danger that the system of associating infective with non-infective cases will become permanent unless public opinion is speedily brought to bear upon the subject. The only two hospitals in Dublin which isolate infective disease are Cork Street Fever Hospital and the Hardwicke, which is a branch of the House of Industry Hospitals. Other surgical hospitals, the City of Dublin, and Adelaide have attached fever wings within a few yards of the main buildings, and the Meath is in the act of opening a similar wing, and it is said that the Mater Misericordiæ Hospital has arranged to add a wing forthwith, which will accommodate 100 fever patients. Dr. McHugh represents, and, we think, with great force, that the aggregation of infective with non-infective patients is altogether behind the times and is dangerous to the health of the community—and we are surprised that any physician, much less a professed sanitarian, should hold any other creed. We hesitate to believe that any capable practitioner does so, but we know that the frailties of human nature naturally cause physicians, who *have* a fever wing, to consider that it is the best way of treating and teaching infective disease, and that those who have *not* a fever wing are likely to take the opposite view. As to the educational aspect of the matter we suggest: *first*, that there is no single group of diseases with which it is more necessary for the practitioner to be thoroughly conversant than fever; *second*, that such knowledge is incapable of being imparted by the study of a dozen beds in a wing of a general hospital. If the subject of infective disease is worth learning (and who can doubt that it is), it should be properly and sufficiently learned where it can be seen in quantity. It is therefore to be hoped that the general hospitals will see the wisdom of devoting the wings now supposed to be occupied by infective cases to much-needed extension of their surgical and medical wards, and that infective disease shall be accommodated in some locality well out of the reach of danger to the public health, yet, nevertheless, within the reach of students who desire to learn fevers as they learn midwifery, upon an ample selection of cases. Nothing prevents the establishment of such a commodious hospital in Dublin, but the want of money by the City, and, judging by experience, that consideration need not long stand in the way.

The Use of Calf-Lymph in Vaccination.

IF all Boards of Guardians throughout the country were to follow the example of the Barnstaple Board, and instruct their vaccination officers to use calf-lymph whenever it was desired, the lymph to be provided for the Medical Officers at the expense of the Board, we should probably soon begin to hear less of the opposition to vaccination. But it may be pointed out that the discussion which took place at the Board in question upon the subject was not without significance. The subject was introduced by a medical man, and it was supported by an ecclesiastical dignitary, who seconded the resolution regarding it, which was proposed by the former. Everything then progressed favourably until a member of the Board rose in his place and made a vigorous onslaught upon the suggestion. He held that there was no unanimity in the medical profession as to the efficacy of calf-lymph, and he even went to the extent of quoting a number of opinions against its use. Where these opinions came from the newspaper report of the meeting, which has reached us, does not reveal. This ardent opposer, moreover, expressed himself to the effect that he did "not believe there was any more efficacy in using calf-lymph than in nailing up a horse shoe on a door to prevent witchcraft." But all this effort was in vain; doubtless the intention of this guardian was to save the ratepayers the cost of the lymph. Instead of explicitly saying so, however, he delivered himself of an attack upon the lymph. The motion was carried by twenty-one votes to eleven, and thus the Barnstaple Board of Guardians did a good piece of business.

The Secretaryship of the Royal Irish Academy of Medicine.

THE Annual General Meeting of the Fellows of the Academy will take place on the last Friday in the present month, and the Officers of the Academy and of its Sections will be then elected. Mr William Thomson, being now President of the Royal College of Surgeons, and *ipso facto* President of the Surgical Section, and, moreover, Direct Representative of the profession for Ireland, has sent in his resignation of the position of General Secretary of the Academy which he has held with credit ever since its establishment. The names of numerous candidates for the position are already mentioned. Mr. Story, Surgeon to St. Mark's Ophthalmic Hospital, has issued a circular to the Fellows, and others spoken of are Dr. Richard Atkinson Hayes, of Steeven's Hospital, Mr. Chance, of the Mater, Dr. Montgomery, of the Vaccine

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Department of the Local Government Board, and Mr. Lentaigne, also of the Mater. There will, probably, be many other competitors. The salary of the office is £100 a year, and the chief responsible duty is to supervise the publication of the Proceedings of the Academy in the medical journals and in the volume of annual transactions.

Paperaceous Fœtus.

The occasional accurrence of what is known as a paperaceous fœtus is by no means a recent discovery, but the fact remains that when of moderate dimensions it is very easily overlooked or, if noticed, misinterpreted. At the last meeting of the Obstetrical Society, Mr. Bland Sutton, who is an acknowledged authority on everything odd in the way of "formations" pointed out that even in the Society's own *Transactions* a paperaceous fœtus has actually been placed on record as a tumour of the amniotic membranes. If only for this reason it is well from time to time to be reminded that under certain circumstances, one of twins may "go to the wall" and be compressed by the victorious survivor into a flattened simulacre of its fœtal form. Dr. Champneys pointed out that, though comparatively rare in the human female, the blighting of one or more fœtus in the same gestation sac is the rule in certain flowers, and in bird's nests a weak sickly bird may be trampled into a "thing" virtually corresponding to the human paperaceous fœtus, the nest indeed being to the bird what the uterus is to the female mammal. It is a remarkable fact that although the development of the placenta belonging to the paperaceous fœtus presumably ceases when the fœtus itself dies, yet many months later the chorionic villi are still perfectly distinct. It is, however, as Dr. Champneys pointed out, rather risky to argue therefrom that a piece of placenta left behind after labour or abortion displays the same structural persistence. The point for practitioners to bear in mind is that a "tumour" apparently attached to the membranes is not unlikely to be a paperaceous fœtus and if this fact be borne in mind a very superficial examination will suffice to corroborate the diagnosis.

A Case of Addison's Disease cured by Removal of a Supra-renal Capsule.

The surgical treatment of Addison's disease has hitherto given very uncertain and rather unfavourable results in spite of the close pathological relationship between disease of the adrenals and the curious group of symptoms to which Addison has bequeathed his name. Dr. Hadra, of Berlin, however, has recently placed on record a case of well-marked Addison's disease in a woman, æt. 55, in which the characteristic symptoms disappeared soon after the removal of one supra-renal gland. This gland proved to be the seat of extensive tuberculous disease, and it is worthy of remark that in this instance the other gland was perfectly healthy. It is quite possible that the presence of a structurally healthy gland affords an explanation of the recovery. It is comparatively rare for tuberculosis to affect one gland only, and though physiologists have still much to learn with respect to the functions of these glands, clinical observation points to the existence of a supra-renal function, failure of which determines the anæmia, emaciation and nervous depression, &c., which together constitute this disease. The administration of extracts of supra-renal gland has not hitherto given encouraging results in the treatment of Addison's disease, though it would *a priori* appear to stand on all fours with myxœdema. In any case, the fact that a patient has recovered under well-defined and carefully recorded circumstances cannot but assist pathologists in arriving at a clearer understanding of the morbid processes upon which it is dependent.

Glycerine as an Abortifacient.

Some years since Dr. Pelzer, of Mulheim, recommended injections of glycerine as a means of inducing premature labour, and his results were promptly confirmed by other observers who, however, at the same time noticed that these injections were by no means exempt from danger, notably by the production of hæmoglobinuria due to destruction of the red corpuscles consequent on absorption of the glycerine. Dr. Helme, of Manchester, has recently published a modification of this procedure, which appears to be exempt from the drawbacks of the original method. Dr. Helme begins by injecting an ounce or an ounce and a half of glycerine into the cervix uteri, making the injection very slowly, so as to allow the surplus liquid to escape. Within a quarter of an hour or so, marked softening of the cervix results without any uncomfortable symptoms, and the membranes become more or less separated from the uterine wall below, leaving a space into which a further quantity of glycerine can be injected without any risk of damaging the fœtal membranes or producing partial detachment of the placenta. By repeating these injections every few hours, the expulsive forces of the uterus are called into play, and the case can then be left to itself. Apart from the value of the method in cases calling for the induction of premature labour, the injecting of glycerine into the cervix appears to offer a certain means of obtaining relaxation of the cervix in cases of rigid os, a conditiou which has always been the opprobrium of accoucheurs.

The Medical Officer of Forfarshire.

After a long and somewhat acrimonious discussion the Forfarshire County Council agreed by a majority to increase the salary of the County Medical Officer from £200, with travelling expenses, to £300, to include these outlays. The increase is more apparent than real, as the expenses have averaged £70 per annum. The proposal that the salary should be £370 a year was negatived. The present Medical Officer, Dr. Wedderburn, is permitted to take private practice. He, it was stated at the meeting, is willing to give up his private practice if the Council made it worth his while to do so. It was shown that £400 a year would represent a salary proportionate to those of other counties where the Medical Officer devotes all his time to his work, but the Council preferred to economise, allowing the work shown to be worth £400 to be paid

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for at a lower rate, so long as it could obtain the services of one who would agree to eke out his income in other ways. The economy of County Councils is based on peculiar economic principles.

The Late Congress of Dermatology.

THE *Times of India*, in a recent article on congresses generally, has something to say about the Third International Congress of Dermatology, which met in London last August. Speaking of the diversity of languages, it says that as many as ten different names were given to one well-known skin disease. We fear that a confusion of tongues is not the sole cause of the difficulty, for many such pathological conditions with us have at least half-a-dozen different names. The writer of the article quoted observes, "It is reported that that effort to diffuse knowledge really resulted in such a confusion of thought and a jumbling up of names as to make the meeting closely resemble the historical occurrence at the building of the Tower of Babel." Without endorsing the somewhat extreme views of the colonial editor, it may be at once conceded that the nomenclature of skin diseases is sadly in want of a thorough supervision and simplification.

The Abuse of the Metropolitan Asylums Board's Hospitals.

IN the issue last week of our contemporary, *Truth*, mention is made of the overcrowded condition of the hospitals of the Metropolitan Asylums Board, and it is pointed out that this state of affairs is in a great measure due to the hospitals being used by many who ought not to be provided for at the expense of the ratepayers. The instance is given in which a member of the Board had recently two of his own children removed to one of the hospitals for treatment. "Such abuse of public institutions," adds our contemporary, "is a gross scandal, demanding notice from the Local Government Board, especially when, as at the present moment, a large number of poor fever patients are being nursed in their own homes, at great peril to themselves and their neighbours, for want of public hospital accommodation." It is not at all surprising that this abuse should prevail, nor need surprise be felt that even a member of the Board itself should have offended in this respect. Experience has only too often proved that many persons have no conscience when the question of evading payment for medical services is concerned.

Typhoid Fever at Madeira.

SOMEWHAT alarming reports have reached the lay press concerning the occurrence of cases of typhoid fever at Madeira. During the past few years, several outbreaks of the disease have taken place, and recently the authorities of the Island made full inquiry into the matter. Apparently, the water supply was at fault, for the municipality have invited tenders for an efficient supply from a new source which is above the suspicion of contamination. Other sweeping improvements, we learn, are in contemplation, all of which have reference to the comfort and welfare of visitors.

The Medical Service at St. Paul's Cathedral.

THE medical service at St. Paul's Cathedral on the initiative of the Guild of St. Luke, which, as announced last week, has been organised for the 21st inst., promises to be a brilliant success, the number of "adhesions" already being very considerable. Special arrangements have been made for the convenience of university graduates who propose attending in academical costume. The service will commence at 7.30 p.m.

Vaccination in Afghanistan.

THE medical attendant of the Amir of Afghanistan, Dr. Lilias Hamilton, has persuaded that potentate to adopt compulsory vaccination in his dominions. Dr. Hamilton has thus succeeded in introducing a reform into an Oriental country, which will probably gain for her a great reputation among the people. The virtues of vaccination are not unknown in the Amir's country, but the wisdom of enforcing it generally has yet to be learnt.

Suicide of a Medical Student.

A MEDICAL student, who, about two months ago, attempted to commit suicide by cutting his throat, after failing in an examination, shot himself in the brain last week, in a small village close to Edinburgh. It appears that he was living with another student in a sub-let house, where they did their own cooking and looked after themselves. During the absence of his comrade the deceased seized the opportunity of putting an end to his life.

A FEW days since the Medical and Surgical Staff of the Metropolitan Free Hospital presented Mr. Walsham, F.R.C.S., who has completed twenty years service as surgeon to the hospital, with a handsome silver bowl mounted on stand, as a token of the esteem in which he is held. The intentions of his colleagues were quite unknown to Mr. Walsham, and the presentation on his return from a holiday came as a great and gratifying surprise.

WE regret to learn that Sir Wm. MacCormac, president of the Royal College of Surgeons, England, is confined to his bed with a serious attack of pneumonia. Sir William Broadbent has been called in as medical adviser, and Sir William MacCormac's condition gives cause for some anxiety.

HIS Grace the Archbishop of Canterbury, while attending Divine service at Hawarden Parish Church on Sunday morning, as the guest of Mr. Gladstone, was suddenly overtaken with an apoplectic attack, and died within a few minutes.

A SERIOUS outbreak of diphtheria has occurred at Lewisham, there having been upwards of 50 cases, with the usual percentage of deaths, at one Board School alone.

WE are informed that the Czar, on leaving Balmoral, sent a donation of £100 to the Aberdeen Royal Infirmary.

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MEDICAL SOCIETY OF LONDON.

After a general meeting to receive the Treasurer's report and balance-sheet as passed by the auditors, the President-elect (Mr. Reginald Harrison) took the chair vacated by Sir James Crichton Browne. Mr. Harrison then inaugurated the session by an address on the subject of "The Treatment of some Forms of Albuminuria by Reni-puncture." In this interesting and instructive address the President discussed the propriety of relieving exaggerated intra-renal tension by surgical means. A number of observations bearing on cases of supposed renal calculus or suppuration in which puncture or incision of the kidney though it failed to confirm the diagnosis, was followed by immediate and complete relief of the symptoms which had led to the intervention, caused the author to ask himself the question whether the symptoms in question were not directly dependent upon the condition of renal tension, and whether the disappearance of the morbid phenomena was not the direct outcome of the relief of tension determined by exploration of the kidney. The cases of his own and other observers which he cited in support of this view certainly appear to justify the belief that in a certain proportion of cases of acute nephritis the surgical relief of tension is likely to be followed by relief of the symptoms. It is of course not pretended for a moment that all cases of scarlatinal or other acute nephritis ought to be thus dealt with, but there are two groups of cases in which the possibility of relieving the imminent danger of death from renal failure ought to be borne in mind, viz., cases in which from the onset the renal complications directly menace life, and those in which, after a limited time, the renal complication instead of tending towards recovery, as is usually the case, tends to place the patient's life in jeopardy. Physicians and surgeons alike are agreed as to the inimical effects of great and continuous intra-renal tension, and Mr. Harrison now holds out the hope that in some instances at any rate it may be possible to avert the structural changes consequent thereupon by timely surgical intervention. The time is long past when exposure of the kidney, followed by puncture or incision, conveyed the idea of any great risk to the patient, bearing in mind the urgency of the symptoms which alone would justify such exploration, and it is quite the exception for any untoward results to follow exposure of the kidney from the loin for the purpose of digital exploration.

Mr. J. D. Malcolm then read a long paper, giving the details of "Twenty Cases in which Abdominal Section had been Performed a Second Time."

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

LISTERISM.

To the Editor of The Medical Press and Circular.

Sir,—Did the letter of your correspondent, "A Research Scholar," in your impression of the 30th September, not contain certain personal animadversions, I should have permitted his puerile epistle to pass unnoticed; and, as Dr. Granville Bantock has so admirably, in your impression of this week, eviscerated the scientific pretensions of "Listerism," and of the "germ theory" of disease, the remarks which I hope you will, with your usual courtesy to a scientific opponent, permit me to make in reply, will be necessarily brief.

My censor, "A Research Scholar," says that I am a "valiant upholder of medical ethics," while he implies a serious breach of "medical ethics" on my part. Will it surprise "Scholasticus" to be informed that I have been in the medical profession for over thirty years, and that I am yet ignorant of what "medical ethics" means? Yet I believe that, during that long period, I have professionally conducted myself, to say the least of it, with an honour quite equal to that of those who are so *au fait* with this Eleusian mystery. Consequently I submit that I cannot be fairly held to be a "valiant upholder" of a thing I know nothing about. Our modern medical censors are hard to please. Had I written an unsigned letter to the *Glasgow Herald*, I would probably have received the courtesy of being dubbed a masked calumniator, and when I make an openly signed criticism of the grossest fetish of modern medicine, I am accused of a breach of "medical ethics"! Verily we old-fashioned doctors have a hard time of it, finding ourselves continually between the professional devil and the professional deep-sea. But have I not the right to reply to Lister, or any other man, on a professional or *any other matter*, in the arena *which he himself* chooses, and where he is *buttered* by the ignorant jackals of a servile and pernicious press? Our moral censors of the British Medical Association, who object so much to advertising, take good care that their lucubrations (and no wonder their English vexes Mr. Brudenell Carter) at the annual meetings are reported in as many "lay" papers as possible; and if this did not happen, the Association would not long be favoured with the exalted light of their countenances, and the British Medical Association itself would collapse (no great loss!) in twenty-four hours.

My reprover asks me whether I have never seen "beakers of broth" teeming with myriads of organisms? I honestly confess that my familiarity with putrid broth is of the most limited nature, as the frugality of my countrymen did not descend to the level of the modern Athenians. But supposing I admit, on the authority of one who seems to have a large personal experience of putrid broth, that it teems with myriads of organisms. What of that? Organisms are found *wherever there is organic matter in process of decay*, either *outside* or *inside* the living body, and it is well for human beings that they are so found. These little living specs are unicellular organisms, which live upon their saprogenous environment, assimilate it, and then synthetise it into the final products of organic decomposition. And having performed this essential and salutary work, they themselves go the way of all flesh. They are intermediaries of oxidation, they give off carbonic acid; and hence, as I pointed out *about thirty years ago*, the *therapeutic indication of applying* oxidising agencies to all putrid surfaces. (*a*) On the other hand, it is unscientific and pernicious, to apply *any foreign* substance whatever to a clean cut, as nature supplies the best glueing substance in the "coagulable lymph" of the old and sane surgeons. Your correspondent takes exception to my phrase "mediæval juggleries;" but what, in the name of Heaven, could the operations be called of attempting to stop suppuration by steam-engines, and the ushering of innocent babies into a wicked and be-quacked world in a cloud of carbolic acid spray! Is the term, "mediæval juggleries," not a mild one to apply to these melancholy exhibitions towards the end of this, the nineteenth of centuries?

As Dr. Granville Bantock has so admirably epitomised the follies of "Listerism," I cannot hope, nor have I the inclination to attempt, to add to the value of his findings—conclusions *identical* with those at which I arrived twenty-five years ago. I may add, however, that Lister was *not* the first to apply carbolic acid to wounds, as in this procedure he was anticipated by *four* years by Déclat of Paris. The surgical results of "Listerism" (and I am prepared to prove this) are far inferior to those from no dressing at all. The germ-theory of disease, and the abominable therapeutic procedures based upon it, I regard as scientific wickednesses. Pasteurism is an ignoble fraud, and I think it has been fairly demonstrated that Pasteur has killed with his "cure" infinitely more deluded people than hydrophobia has done. His own able countryman, M. Péter, remarked, "*M. Pasteur ne guérit pas la rage, il la donne!*" And I am wicked enough to dispute that Sir Joseph Lister's Liverpool address was either "masterly" or "dignified in tone," but was an *olla podrida* of exploded follies unworthy of the time and of the place in which it was delivered.

I am Sir, yours, &c.,

D. Campbell Black.

Glasgow, October 7th, 1896.

To the Editor of the Medical Press and Circular.

Sir,—In Dr. Bantock's interesting letter he has alluded most kindly to my work, and I trust he will not deem me ungrateful if I venture most respectfully to take exception to his description of my results as "*accidentally* arising from, &c." I feel sure it is only want of knowledge of facts that has given rise to this misapprehension. Having satisfied myself of the curative effects of oxygen gas in surgical ailments when properly applied, I naturally wished to ascertain

(*a*) *Observations on Therapeutics and Disease*, Churchill.

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as nearly as possible the exact way in which these results arose, and conceived that they were due to action of oxygen gas on the micro-organisms themselves, and on the substances on which they live when on the wounds, ulcers, &c. In conjunction with my colleague, Mr. Diuren, I have made a great number of observations, and it has taken *two years* constant and anxious labour to produce our results.

I am, Sir, yours, &c.,
GEORGE STOKER.

14 Hertford Street, Mayfair, W.
Oct. 3rd, 1896.

THE COMPULSORY NOTIFICATION FAD.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is possible to derive satisfaction from being out of fashion, and the pleasure is enhanced when the fashion itself goes out of fashion and people return, as most of them do eventually, to their right mind. I shared with Dr. Biddle, of Kingston-on-Thames, and a select few sanitarians, the confident anticipation that, in the long run, the attempt to force patients or practitioners to notify infective disease to the sanitary authority, would prove to be a huge mistake. For years we have endured the sneers of the "advanced" school of sanitarians (which I humbly submit means the school which runs the prevalent fad, and never reads facts or figures), yet every day I have been confirmed in my anticipation. Compulsory notification is an abject failure. It has eventuated in concealing infection, disseminating disease, increasing death rates, yielding certain insignificant fees to general practitioners, and making the work of Medical Officers of Health light, yet pretentious. At last I have the infinite satisfaction of reading the recantation *ex cathedra* of one of the most ardent sanitarians in the Kingdom, one who has facts and figures at his fingerends, and speaks under the sense of official authority. Here is what Dr. Grimshaw, Registrar-General for Ireland, President of the Royal College of Physicians, and past President of the Irish Sanitary Association, says in the medical section of the British Medical Association :—"Regarding compulsory notification, Dr. Grimshaw repeated what he had said in the Section of Public Medicine the day before—that he believed compulsory notification impracticable, and calculated by its failure to throw doubt on the value of notification generally in the eyes of the public, and thus throw discredit on the notification of infective fevers. He approved of voluntary notification of all cases of tuberculosis, and compulsory notification in all cases of death." But why? Could not leaders of medical thought say this years ago when the fad was started? Why was there no considerable party in our profession to resist the attractions of the newest fashion? Let those who have hunted the hare with their eyes shut explain.

I am, Sir, yours, &c.,
A. H. JACOB, M.D., F.R.C.S.I.

23 Ely Place, Dublin.
Oct. 11th, 1896.

THE GENERAL MEDICAL COUNCIL.—DR. GLOVER'S CANDIDATURE.

THE following correspondence is sent us for publication by Dr. Glover with the consent of Mr. Wolstenholme.

SIR,—The following statements are being made in this district with regard to you :—

1. That you are not *now* in General Practice, and that consequently your interests are not those of the G.P.'s with regard to the midwives question.

2. That you are not very earnest about increased Direct Representation for the profession in the G.C.M.. and that your speech at the Council was only half-hearted with regard to that matter.

There will be held next Tuesday here a meeting of the local profession, and if you would like to make any reply to the above assertions, I shall be glad to lay it before the meeting.—Yours, very truly, R. H. WOLSTENHOLME,
Salford, Manchester, October 9th, 1896. Secretary.
J. G. Glover.

SIR,—I am very much obliged to you for your letter, and for directing my attention to statements which are meant to injure my candidature—statements which a little enquiry by those who made them would have shown to be false. I have noticed the tendency in a few quarters or among a few groups of persons to hint that I have opinions which I do not express, and am deficient in sympathy with my fellow general practitioners. No representation could be more unjust.

I am quite content to appeal from such misrepresentations to the broad and generous judgment of the profession in my favour, which was shown at the last election in 8,374 votes, and of which I continue to receive much evidence. I mean by this not that all my supporters have agreed with me in every word I have spoken or every vote I have given; but that, in their opinion, I have acted honestly and on the whole reasonably, in a way to advance the principle of Direct Representation, and those obvious reforms and amendments of law which are needed alike in the interest of the profession and of the public. It is on this broad judgment of the profession alone that every candidate should rely who hopes to have any influence for good in the Medical Council.

But I am not the less pleased to reply to the two specific statements referred to in your letter:—

I. In reply to the first statement, I have to say that I am now in general practice as I have always been. Though I like to think of the profession as one and indivisible, and that the Direct Representative represents all registered practitioners, I am deeply impressed with the responsibilities of general practice, with the arduous nature of the life of general practitioners, of whom the State through the medical authorities exacts so much, and to whom it gives so little in return. The carrying out of my views in regard to midwives would not deprive a practitioner of one of the cases he now attends. The opinion I have always held, and which is now held by every candidate, in one form or another, is, that means must be found to save poor women from the risk to health and life involved in being attended by so-called midwives ignorant of the very first principles of puerperal safety. I greatly misunderstand the medical profession if it should prove that in giving honest expression to this opinion, I have misrepresented the majority of my brethren. I am as much determined as any other candidate that any steps taken for the protection of poor women shall be accompanied with securities for the protection of the medical profession. The training I advocate for midwives or midwifery nurses is of the most modest character, that cannot by any ingenuity be called a medical one or be supposed to confer any medical rights. I leave all fair men to say how far the statements you kindly direct my attention to are warranted.

II. The second statement to which you refer is as baseless as the first—viz., that I am not very earnest about increased Direct Representation. I have acted and spoken in the Medical Council in favour of such increase, as my colleagues in the Direct Representation have acted and spoken. Not only so, but I never lose an opportunity of advocating the principle of Direct Representation in the medical corporations, or of saying to my friends who object to it that the refusal of it to members is, in my judgment, alike unreasonable and impolitic. I have, in conclusion, to ask a double favour of you. First, that you will be good enough to read to the meeting at Salford your letter and my replies; and, secondly, that you will give me leave to publish this correspondence.

Thanking you for your kindness in writing me,
I am, Sir, yours, &c.,
JAMES GREY GLOVER.

25 Highbury Place, London, Oct. 10th, 1896.
R. H. Wolstenholme, Esq., L.R.C.P.Ed.,
M.R.C.S.Eng., &c.

Obituary.

WILLIAM MORRANT BAKER, F.R.C.S.

ANOTHER well-known surgeon has just passed away—Mr. William Morrant Baker—who was formerly on the surgical staff of St. Batholomew's Hospital. A few years ago, Mr. Baker resigned his post on the staff owing to ill-health, and he at the same time practically retired from the profession. He has died at the comparatively early age of 56. Less than twenty years ago, he was a man of remarkably fine physique, and judging from his appearance, a long and useful life at that time seemed to be in

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store for him. But he subsequently became the subject of locomotor ataxy. Long before he ceased active work the disease made such inroads upon his health that he became a mere shadow of his former self, and it was difficult for his friends who remembered his fine presence and physique to realise the change which had taken place. Soon after his appointment to the post of assistant surgeon at St. Bartholomew's, he was made warden of the medical school in succession to Dr. James Andrew. In this capacity he was brought closely into contact with many generations of medical students, by whom he was much respected. It was soon found that Morrant Baker was the man to whom to go when advice was wanted, and students innumerable have been grateful to him for much kindly counsel given at a time when it was urgently needed. He also held for many years the post of Lecturer on Physiology in the Medical School, and during this period he edited "Kirke's Handbook on Physiology," which was the only popular text-book on the subject then extant. As a surgeon he was cautious, a good operator, and successful in his results. Despite, however, his caution, he was not wanting in surgical enterprise, as is proved by his contributions to the literature of his profession. He was a fairly voluminous writer upon surgical subjects, and one of his most important papers was that on "Diseases of the Kidney which require Surgical Operation, illustrated by cases of Nephrotomy, Nephrectomy, and Renal Lithotomy," which is published in the "Transactions" of the International Medical Congress, 1881. He also contributed three articles to Heath's "Dictionary of Surgery," one of which was "Diseases of the Tongue." Morrant Baker has died greatly regretted by a large circle of friends, among whom he was very popular.

J. LANGDON DOWN, M.D.LOND., F.R.C.P.LOND.

DEATH has been very busy of late in the higher ranks of the profession, and we have now to record the death of another well-known medical man, namely, Dr. Langdon Down. Dr. Down passed away suddenly on the 7th inst. at his residence, Normansfield, Hampton Wick, at the age of sixty-seven. The son of Mr. J. A. Down, of Torpoint, Cornwall, he was born in 1823, and received his medical education at the London Hospital. His active connection with his alma mater continued for many years. From the appointment of assistant physician, he ultimately became full physician to the hospital and lecturer on clinical medicine and the principles and practice of medicine, as well as at one time lecturer on materia medica and therapeutics. From 1858 to 1868 he was Resident Physician and Superintendent of the Earlswood Asylum, and it was, doubtless, this appointment and the experience he gained at it which determined him to devote his energies especially to the study and treatment of mental diseases. Upon the subject of his speciality, he wrote numerous papers, and in 1887 he delivered the Lettsomian Lectures at the Medical Society in London, "On the Mental Affections of Childhood and Youth." He, moreover, contributed several articles to Quain's Dictionary of Medicine, and he had for some considerable time been regarded as one of the first authorities on alienist subjects in the profession. He dispensed lavish hospitality to the profession on great occasions, such as the meeting of the International Medical Congress in 1881, and at the meeting of the British Medical Association in London last year, his large house and grounds at Normansfield being admirably adapted for the purpose. Of his family two sons are in the profession, one of whom holds a junior post in the Medical School of the London Hospital. Dr. Down was cremated on the 10th inst., at Woking. Preceding this, a memorial service was held at St. Thomas's, Portman Square, among those present being Sir William and Lady Broadbent, Dr. C. Theodore Williams, Mr. Mark Hovell, and Dr. Hughlings-Jackson, colleagues of the deceased at the London Hospital, besides a number of representatives of the Thames Valley Branch of the British Medical Association, headed by the President, Dr. G. E. Shuttleworth, of which branch the deceased was founder.

DR. J. AUGUSTUS MOLONEY.

THE death is announced of Dr. Joseph Augustus Moloney from aortic aneurism at the early age of 38. It is worthy of special notice because he had acquired renown as an African traveller, having served with Stairs expedition to Katanga in 1891. Last year he was appointed to the command of an expedition of the Chartered Company's forces to an unexplored region on the west of Lake Nyassa. Dr. Moloney was an exceptional man for such work, which was again proved on the present occasion by his conciliatory method of dealing with the native chiefs. Without firing a shot, he induced four of the most influencial of them to accept British rule. He was a Licentiate of the Irish College of Physicians of 1887.

DR. GEORGE H. MACKAY, OF ELGIN.

ON the morning of October 4th, George H. Mackay, M.B., C.M.Ed., was found dead in bed. He had not been in good health for the last two years but his sudden death was by no means expected. Graduating in Edinburgh in 1881, he spent some time in Vienna and then became associated with his father, Dr. J. W. N. Mackay, now the oldest medical man in Elgin. He was appointed Joint Medical Officer for Gray's Hospital, Elgin, a few years ago along with his father, and for years was an officer on the medical staff of the 3rd V.B Seaforth Highlanders. His early death is much deplored as he was a great favourite with all classes.

DR. RICHARD WALSH, OF CLOGHEEN, TIPPERARY.

WE very much regret to report the death of this gentleman, which occurred at Dublin on the 3rd inst. Dr. Walsh was greatly esteemed, both as a gentleman and a medical adviser, and his loss is deplored by his neighbours and professional brethren of every age and creed. Dr. Walsh was a patron of the MEDICAL PRESS AND CIRCULAR for more than forty years. He held the office of Medical Officer to the Workhouse of his district for nearly half a century.

Literature.

JAKOB'S NERVOUS SYSTEM. (*b*)

THIS volume, which is the second of the series of Hand-Atlases now appearing simultaneously in Great Britain, Germany, and America, is very attractive, and represents a large amount of drudging labour of a most valuable kind. It is designed to meet the wants of the general practitioner as well as the specialist, and can readily be referred to on the shortest notice, when doubts as to nervous origin or distribution arise, or when pathological questions are obscure, and a reference is required. While not a systematic treatment of the subject, in so far that the author's own researches are the basis of this work, his long occupation in these researches has given material for a work as nearly systematic as possible. By means of woodcuts and lithographs, the subject is amply portrayed, and the coloured illustrations, though like all coloured illustrations, somewhat artificial, are very suggestive and helpful. The text is commendably brief, except in the chapters on anatomy, development, pathology, and therapeutics, and even here verbosity is not the author's weak point. In his desire to be succinct and to let the wealth of illustration tell its own story, he has probably been, if anything, too concise, but the objection is not serious, for the atlas is thereby all the more in evidence, and receives more careful and instructive study than it otherwise would. Some of the illustrations are very ingenious in their schematic conception and super-position, and the nervous system in many aspects and in all its bearings, is very fully represented, with one exception, the microscopic which is purposely kept in the background, and may very appropriately be treated in a volume by itself. It is not however entirely left out of account, for plates are given illustrating structure of neuroses, ganglion cells, and some other histological elements. We cordially commend this work as a ready reference and guide to the various locations of the nervous system. It will decidedly enhance the reputation of this series of hand-atlases.

(*b*) "Hand-Atlas Series, Vol. II. The Nervous System." By Prof. Jakob. Authorised English Translation by Dr. Collins. London: Baillière, Tindall and Cox. 1896. Text with 74 coloured and photographic plates. Price 15s

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WATSON CHEYNE ON CANCER. (a)

THE text of the three lectures included in the present octavo occupies 96 pages. This is followed by three valuable and instructive tables of: "Results of operations for breast cancer performed by the author"; "Statistics of breast operations"; and "Operations for malignant disease of pharynx."

The author's high reputation and vast practical experience makes the reader look to a publication of this kind on one of the burning surgical questions of the age with great interest and hope for special enlightenment. It is gratifying to find that, near the outset, we find the query, "Is cancer curable?" followed by the answer: "Theoretically, being a local disease and spreading in the way we have described, it should be quite curable in cases where it is possible to remove all the offshoots from the primary nodule, and clinical evidence bears out this view." The statistical tables appended certainly show results which are most gratifying when contrasted with the accounts of the almost hopeless opinions pronounced by many of the leading surgeons of a former generation. The record of pharyngeal cancer is, of course, not so bright as that of mammary, but even here we are by no means bereft of rays of hope. "So much depends on the experience and the personal equation of the individual operator. Almost all my cases have been condemned by other surgeons as quite inoperable, and I believe all would have been so condemned had they been seen, and yet, not only have three done well, but even two out of the three who died were very nearly successes, and instead of discouraging us give us hope for the future." And this of the very desperate class of cases in which the pharyngeal disease is complicated by extensive involvement of the tongue.

The remarks on intestinal cancer are short. The results of radical operations have not been so very encouraging as to threaten to supplant the palliative procedure of colotomy for rectal cancer. It is hardly necessary, we think, to suggest that Mr. Cheyne's lectures should be carefully examined by every practical surgeon, each will, we imagine, consider it a duty as well as a privilege to do so.

BRAMWELL'S DISEASES OF THE SPINAL CORD. (b)

AFTER a lapse of eleven years Dr. Bramwell has published a third edition of his now well-known work on diseases of the spinal cord. During this long period much fresh investigation has been prosecuted with a view to extending our knowledge more accurately regarding this field of disease, and the author has found it necessary to make a thorough revision of his previous work, and to very greatly extend and reconstruct his text. Indeed, it may be regarded that this volume is written *de novo*, and except for the reappearance of illustrations which are not now new to us, though several new ones have been added, this edition may be regarded as a perfectly new work on the subject. The lecture form is adopted throughout, and these lectures appear as supplementary to a winter's course of practice of medicine. Dr. Bramwell, as usual, writes in a simple intelligible style, carefully considers his method of arrangement, and makes the teaching power of his book his first consideration. Poliomyelitis anterior acuta is the first important disease which he treats of, and although this is more particularly a disease of childhood and early youth, it is an important subject of study, because, though not frequently met with in some departments of medical practice, nevertheless in a work of this kind it is an excellent foundation for the more complicated study of diseases of the spinal cord as the volume proceeds. Several interesting chapters are devoted to the subject, and these are well illustrated. In connection with this series of lectures Dr. Bramwell introduces an excellent *résumé* of what is known as the reaction of degeneration. Primary lateral sclerosis, progressive muscular atrophy, pseudo-hypertrophic paralysis, and several important diseases of the spinal cord are fully and carefully dealt with. Not the least important lecture is that on railway spine and the method of examining railway cases, as many medical practitioners must necessarily be brought in contact with patients affected in this way. In his introduction to the study of diseases of the spinal cord Dr. Bramwell makes some very practical statements. He admits frankly that it is very difficult even for those who are constantly dealing with nervous diseases to remember all the facts connected with the rarer forms of the disease, and says that he himself does not profess to remember them. He regards it as an abuse of examination to examine men on diseases which they have never seen and are not likely to see. One very important functional law he emphasises, viz, that almost every change in one part of the nervous system induces some sort of change in every other part, and that impressions which enter the nervous system, and peripheral and functional changes which originate in the nerve centres, without any obvious external exciting cause, are apt to reverberate, though it may be in a very feeble manner, throughout the whole nervous system. The truth of this statement is not sufficiently realised, so much is there a tendency to localise diseases and the areas of diseases and functional disturbance. In speaking of functional derangement he ascribes some epileptiform convulsions to peripheral irritation conveyed to the nerve centres by sensory nerves. While we do not dispute this fact—which is undoubted—we think Dr. Bramwell might have added epileptic as well as epileptiform, for there is no question that such peripheral irritation as arises from indigestion and constipation excites epileptic attacks. There is so much difficulty in determining a diagnosis between functional and organic changes in the nervous system, and so ready a disposition to diagnose organic rather than functional, and doubtful as functional, when through ignorance or otherwise it is difficult to reason up the organic cause, that it is gratifying to find Dr. Bramwell stating an obvious truth which ought to satisfy medical men who are puzzled regarding borderland cases. What he says here is that it is impossible to draw a sharp line of demarcation between functional and organic changes. Much more might be said regarding this copious work, but enough may be gleaned from what has been recorded to enable the practitioner and student to judge for themselves.

OLIVER'S ABDOMINAL TUMOURS AND ABDOMINAL DROPSY IN WOMEN. (a)

THE diagnosis and treatment of abdominal tumours in women opens up a vast and important range of subjects, embracing some of the most difficult questions that may confront the gynæcologist. We are, therefore, always well disposed to accord our best attention to every writer from whom we hope to derive any new light concerning subjects of such practical interest as those described in Dr. Oliver's work, in which tumours and other abnormalities of the female abdominal and pelvic viscera are discussed and illustrated by a reference to cases under his observation.

The author's remarks on the diagnosis of pregnancy, normal and abnormal, although somewhat less full than might be desired, are nevertheless excellent in their way. With regard to the principles, as stated in a subsequent section, which guide us in the treatment of fibroid tumours of the uterus, Dr. Oliver's views are very clearly expressed: "These tumours," he says, "should be carefully watched for years if necessary, and operative interference should not be hurrriedly suggested. Too commonly, I regret to say, the blackest prospect is depicted to the patient or her friends with the view of so frightening them that they will submit to almost anything. In our deliberations we should be guided by the symptoms and complications existing in each case, by the size of the tumour, and by the situation and general circumstances of the patient. The growth of uterine fibroids is sometimes slow, and after the menopause they may gradually decrease in size and even disappear. In deciding, therefore, what should be recommended the age should not be overlooked. It should be remembered too, that however profuse the menstrual discharge may be, it may eventually, and at any time, abate."

(a) "The Object and Limits of Operations for Cancer; with Special Reference to Cancer of the Breast, Mouth and Throat and Intestinal Tract." Being the Lettsomian Lectures for 1891. By W. Watson Cheyne, M.B., F.R.S., F.R.C.S. London: Baillière, Tindall and Cox. 1896. Price 5s.

(b) "On Diseases of the Spinal Cord." By Byrom Bramwell, M.D. Edin., F.R.C.P. Ed. Third Edition. Edinburgh: W. F. Clay.

(a) "Abdominal Tumours and Abdominal Dropsy in Women." By James Oliver, M.D., F.R.S. Edin., Physician to the Hospital for Women, London, &c. London: J. and A. Churchill. 1895. Pp. 289.

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In the two pargraphs, however, in which the medical and surgical treatment of fibroid tumour of the uterus is described, the art of condensation is carried to an extreme extent; and we doubt much that the following seventeen lines could, even by the most indulgent of reviewers, be regarded as any sufficient or practically useful summary of so important a subject:—

"*Medical Treatment.*—For menorrhagia, the following may be administered during menstruation:—Ergot; iron and strychnia; the bromides with ergot or hamamelis; gallic acid with acid infusion of roses; ferro-alumen. For dysmenorrhœa; phenazonium, spiritus ætheris nitrosi and ol. juniperi."

"*Operative Treatment.*—In well-chosen cases curettage of the interior of the uterus may be practised with much benefit. Sometimes both ovaries and both tubes have to be removed by abdominal section, and occasionally hysterectomy becomes imperative. Enucleation *per vaginam* is a dangerous and uncertain operation, and considering the risk, enucleation by abdominal section is not a satisfactory procedure." P. 40.

Although we are unable to accept Dr. Oliver's handy little work as a sufficiently detailed or exhaustive account of all the subjects discussed therein, we have no doubt that it will be considered sufficient for the needs of many junior practitioners, and may prove useful to them as a concise synopsis of chemistry and recent information on some important questions. We have only to add that we regret that the author has not supplemented the relation of his own experience by more reference to the writings of those gynæcological authorities whose names are conspicuous by the absence of allusion to them in the pages now before us, and trust that in future editions Dr. Oliver may enlarge his work in this way.

WHITLA'S DICTIONARY OF TREATMENT. (*a*)

The success of Dr. Whitla's compilation has proved that it has filled a want in medical literature. The third edition has just been issued, and the author has availed himself of the opportunity to carefully revise his work, and as far as possible bring it up to the latest date. Several articles have been re-written, much old matter omitted, and much new material added, practically without increasing the bulk of the volume. Thus the work in its present form is an admirable up-to-date guide to the treatment of medical and surgical diseases. The mass of therapeutical and useful facts contained in the book is enormous. Almost every page teems with valuable hints as to treatment, and Dr. Whitla seems to have spared no pains in searching for new information in regard to the various subjects dealt with. The result of all his labour has been a valuable contribution to the literature of his profession, and the popularity of his book among general practitioners has not only been already amply proved, but it is destined to become greater.

NEALE'S MEDICAL DIGEST APPENDIX. (*b*)

Since its first edition in 1877, Dr. Neale's "Medical Digest" has been a favourite with the medical profession and each appendix has been welcomed both by the literary, medical, and the general medical practitioner. To give an index of twenty-four British medical papers would of itself be a laborious task, but Dr. Neale does much more for his readers; he classifies and in part annotates the subject matter. Without the "Digest" our shelves of bound volumes of medical journals would be almost useless. With the "Digest," they become valuable books of reference.

The present Appendix has appeared a little earlier than the author intended, but not sooner than it was required. On referring to the index, we find that over seventeen hundred (1715) references to new subjects not mentioned in the Index of the 1890 edition are given in the present volume, which also contains the corrigenda of the 1890 edition. From our experience of the "Digest," since 1877, we recommend it as a book useful to all members of the medical profession, whether as writers, specialists, or general practitioners.

Fifty years of untiring and intelligent industry were spent in the production of this excellent work, and we think that all who benefit from it should have the courtesy to acknowledge their indebtedness to the author.

(*a*) "A Dictionary of Treatment or Therapeutic Index, including Medical and Surgical Therapeutics." By William Whitla, M.D., Professor of Materia Medica and Therapeutics in the Queen's College, Belfast; Physician to, and Lecturer on Clinical Medicine, Belfast Royal Hospital, &c., &c. Third edition. London: Henry Renshaw. 1896.

(*b*) "The Medical Digest; or The Busy Practitioner's Vade-Mecum Appendix, including the Years 1891-2-3-4, and to August, 1895." By Richard Neale, M.D.Lond., Member of the Dutch Medical Society of Batavia, Java. London: Ledger, Smith & Co. 1896.

Medical News

Dr. Nicholas Grattan, of Cork.

It was unanimously resolved at a meeting of the Medical Staff of the County and City of Cork Hospital for Women and Children: "That we, the Members of the Medical Staff of the County and City of Cork Hospital for Women and Children desire to record the serious loss the hospital has sustained by the death of our esteemed colleague, Dr. Nicholas Grattan, F.R.C.S.Edin., who has been connected with the institution from its foundation and contributed so largely by his surgical skill to the success which it has now attained, more particularly in the orthopædic branch of surgery in which he had earned a world-wide reputation. We earnestly unite in expressing our deep sympathy with Mrs. Grattan and his family on their sad bereavement."

Charing Cross Hospital Medical School.

The following is a list of prize winners for the past session 1895-96 at this School:—Livingstone scholarship (100 guineas), awarded to Mr. C. Jerome Mercier; Huxley scholarship (55 guineas), awarded to Mr. F. B. Pinniger; Epsom scholarshap (110 guineas), awarded to Mr. L. C. Badcock; University scholarships (60 guineas each), awarded to Mr. H. S. Clogg, and Mr. R. J. Willson; Entrance scholarships are also awarded to Mr. W. B. Blandy (60 guineas), and Mr. Charles H. Fennell (40 guineas).

Medical Faculty, King's College, London.

On Thursday, Oct. 1st, the Winter Session of the King's College Medical Faculty was inaugurated, in accordance with an old custom now revived, by a reception and a distribution of prizes to the candidates successful in the various College Medical Prize Examinations of the past two sessions. The proceedings commenced at 4 o'clock, when the Principal introduced Professor Ferrier, M.D., F.R.S., who proceeded to distribute the prizes and to congratulate the winners of scholarships, exhibitions, and other honours. The Professor concluded his remarks by a few words of encouragement to competitors, both successful and unsuccessful, and pointed out that the conditions under which they had recently engaged were similar to those which they would encounter in the course of their professional life. A pleasant social gathering ensued, at which members of the College staff, and students and their friends were present.

St. Thomas's Hospital Medical School.

Entrance Scholarships in Natural Science.—The following have been awarded:—1st (£150) to Alfred Barton Lindsey, 2nd (£60) to Robert Ellis Roberts. Messrs. C. Newton Sears and W. H. Harwood-Yarred obtained marks qualifying for a scholarship. Entrance Scholarship for University Students—Value £50, awarded to Mr. Raymond J. Horton-Smith, B.A., of St. John's College, Cambridge.

The Middlesex Hospital Medical School

The University Scholarship has been awarded to Mr. B. Holroyd Slater, a scholar of Trinity College, Cambridge.

King's College, London—Medical Faculty.

The following Entrance Exhibitions and Scholarships have been awarded:—Sambrooke Exhibition of £60 and £40 respectively to Arthur Edmunds and W. W. Campbell. Warneford Scholarships of £25 each for two years to J. A. Drake and C. J. Galbraith.

The Royal Medical and Chirurgical Society.

The announcement has been made by means of a circular-letter addressed to the Fellows of the Royal Medical and Chirurgical Society that a dinner of the Society will be held on Wednesday evening, October 28th (tickets, 25s.). All those Fellows who are desirous of being present are requested to forward their names to the Hon. Secretary at their early convenience. The Hotel Cecil has been fixed as the place of the re-union. Guests may be invited.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price 2s. 6d These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

DENTIST.—We should certainly think that the leaflet in question renders the perpetrator amenable to the penal clauses. You had better submit it to the Dental Association,

DR. S. Y., (Birmingham).—If the manuscript is forwarded to us we will consider it.

DR. MILES.—We have nothing but condemnation for such practices, which, though morally indefensible, are scarcely amenable to the jurisdiction of the General Medical Council.

EXAMINATION IN SHORTHAND FOR MEDICAL STUDENTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to the notice which you were good enough to insert in your issue for Sept. 30th, page 354, permit me to add that the time for receiving the names of candidates has been extended to Oct. 20th, and the examination will be held at any centre where our candidates shall come forward.

I am, Sir, yours, &c,
JAMES NEIL, M.D., Hon. Sec.

Warneford Asylum, Oxford, Oct. 7th.

D. G. V.—The matter is one which falls within the domain of a solicitor. Although the parties concerned happen to be medical men the points at issue are purely legal.

DR. W.R.—We understand that the rules are now being revised. Under these circumstances we defer publishing your criticism until we are in a position to decide whether they still apply.

LAYMAN (Liverpool).—The best course open to our correspondent is to consult a specialist, especially as this step has been urged upon him by his medical adviser. To take, however, the advice of friends and waste money on quack medicines is in the highest degree arrant foolishness.

Meetings of the Societies

WEDNESDAY, OCT. 14TH.

HUNTERIAN SOCIETY (London Institution).—8.30 p.m. Dr. S. Mackenzie: Purpura, its Forms and Treatment.

THURSDAY, OCT. 15TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos St., Cavendish Sq.).—8 p.m. Card Specimen:—Mr. E. T. Collins: Disseminated White Patches in the Choroid with Cholesterine Crystals on the Surface. 8.30 p.m. Papers:—Mr. Snell: (1) Hereditary Optic Atrophy and Allied Cases; (2) Herpes Ophthalmicus occurring a few days after Cataract Extraction.—Mr. Nettleship: Central Amblyopia as an Early Symptom in Tumour at the Chiasma.—Mr. Sandford: (1) Note on a case of Cataract Extraction in an Albino; (2) Note on the Use of Oxygen Gas in Superficial Suppurative Affections of the Cornea.

HARVEIAN SOCIETY (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Mr. J. Griffith, On Sudden Loss of Sight, its Causes and their Differential Diagnosis.

Vacancies.

Bradford Infirmary.—Dispensary Surgeon (unmarried).—Salary £100 per annum, with board and residence. Applications and testimonials to the Secretary by Oct. 26th.

Bury Dispensary Hospital.—Senior House Surgeon. Salary £100 per annum, with board, residence, and attendance. Testimonials to the Hon. Sec.

Devonshire Hospital, Buxton, Derbyshire.—Assistant House Surgeon. Salary £50 per annum, with furnished apartments, board, and washing. Applications and testimonials to the Secretary not later than Oct. 19th.

General Hospital, Birmingham.—Resident Surgical Officer. Salary £100 per annum, with residence, board, and washing. Applications and testimonials to the House Governor by the 31st inst.

India.—Medical man of several years' experience in country practice, to take entire medical charge on a group of tea plantations in Sylhet, a healthy district of India. Unmarried, with experience in Dispensing, and special knowledge of Sanitary Science. A bungalow and first-class passage out free, salary on a five years' engagement will be 5,000 rupees per year, advancing to 6,000 rupees the fourth and fifth year. Further particulars of "Plantation," care of Deacon's Agency, Leadenhall St, London, E.C.

Royal Portsmouth Hospital.—Assistant House Surgeon. Honorarium of £15 15s. for six months, with board and residence. Applications and testimonials to the Secretary by Oct. 24th

Tunbridge Wells General Hospital.—Resident House Surgeon and Secretary (unmarried). Salary £100 per annum, with board, furnished apartments, attendance, &c. Applications and testimonials to the Assistant Secretary by Oct. 20th.

West Riding Asylum, Menston, Leeds.—Assistant Medical Officer. Salary to commence at £100, rising £10 annually to £150, with board and apartments. Applications and testimonials to the Medical Superintendent not later than the 17th inst.

Appointments

AIKEN, A, L M. and L.R.C.P. and S.I., Medical Officer for the Pettigo Dispensary District of the Donegal Union, and Medical Officer for the Clonelly Dispensary District of the Irvinestown Union.

DIACK, P. W., M.A., M.B., C.M.Aberd., Senior House Surgeon to the Blackburn and East Lancashire Infirmary.

EVANS, E. L., L.R.C.P.Lond., M.R.C.S., House Surgeon to the Belgrave Hospital for Children, London.

GREEN, C. A. L, M.D.Heidlg., F.R.C.S.Eng., Anæsthetist to the General Hospital, Birmingham.

GRIFFITHS, J. H., M.B., B.S., L.R.C.P., M.R.C.S., Assistant Medical Officer to the Metropolitan Asylums Board Hospital, Shooter's Hill, S.E.

HAWTHORN, F., M.D., B.S.Durh., M.R.C.S.Eng., Resident Medical Officer to the Dispensary, Newcastle-upon-Tyne.

HAYNES, S. W., M.D., C.M., Anæsthetist to the Birmingham General Hospital.

HEATH, H. T., L.R.C.P.Edin., L.R.C.S I., Medical Officer of Health by the Mansfield Woodhouse (Notts) District Council.

IONIDES, T. H., M.B.Lond., B.S., F.R.C.S., Assistant Surgeon to the Royal Alexandra Hospital for Sick Children, Brighton.

KENNEDY, F. W., M.D., B.Ch Dubl., Medical Officer to the Toomevara (Tipperary) Dispensary District.

LANCE, H. W., B.A., M.B., B.C.Cantab., House Surgeon at the East London Hospital for Sick Children, Shadwell, E.

MURDOCH, M. C., L.R.C.P. and S.Edin., Assistant Physician to the Victoria Hospital for Children, Hull.

PATERSON, M. S., M.B., B Sc.Durh., L.R.C.P., M.R.C.S.Eng, House Physician at the East London Hospital for Children, E.

SYMONS, J., M.R.C.S., Medical Officer *pro tem.* for the Borough of Penzance.

TAYLOR, H. H., F.R.C.S., L.R.C.P.Lond., Surgeon to the Royal Alexandra Hospital for Sick Children, Brighton.

TAYLOR, E. C., M.D.Lond., F.R.C.S.Eng., House Surgeon to the Bristol Hospital for Sick Children and Women.

THOMPSON, W. J., M.D. Dub. Univ., Visiting Physician, Jervis Street Hospital, Dublin.

WHITTLE, E. G., M.D.Lond., F.R.C.S., Consulting Surgeon to the Royal Alexandra Hospital for Sick Children, Brighton.

Births.

DUDFIELD.—Oct. 10th, at 19 Bloomfield Road, Maida Vale, W., the wife of Reginald Dudfield, M.A., M.B., of a daughter.

DUNCAN.—Oct. 10th, at Woodville, Bournemouth, the wife of Percy J. Duncan, M.D., of a daughter.

WIELD.—Oct. 8th, at Cotswold House, Stow-on-the-Wold, the wife of David Wield, M.A, M.D., of a daughter (stillborn).

Marriages.

CARD—MEYRICK-JONES.—Oct. 8th, at Holy Trinity Church, Anerley, S.E., Alfred Herbert Card M.R.C.S., L.R.C.P., son of the late W. Freeland Card, of Maze Hill, Greenwich, to Sina Margaret Meyrick-Jones, of Clapton Court, Crewkerne.

HOSSACK—CLARKE.—Oct. 7th, at Trimley, St. Mary Church, Suffolk, James Francis Clarke Hossack, F.R.C.S.Edin., only son of the late James Hossack, of Cape Town, to Marie Therese Clarke, only child of the late Major Clarke, formerly of the Indian Army.

JOHNSON—FOXWELL.—Oct. 10th, at St. Saviour's Church, Northfields, Harrold J. Johnson, M.B.Lond, D.P.H.Camb., of 37 Finsbury Sq., London, to Emily Jane, eldest daughter of the late Thos. Somerton Foxwell, of Weston-super-Mare.

SHAPLAND—BOND.—Oct. 8th, at All Saints' Church, East Budleigh, John Dee Shapland, M.A.Cantab., M.B., B.S.Durham, eldest son of J. Dee Shapland, M.R.C.S., Exmouth, to Gertrude Emma, third daughter of the late C. W. Bond, solicitor, Axminster.

Deaths.

ADAMS.—Oct. 3rd, at Genoa, Frederick Edward Adams, M.D., D.P.H., &c., Medical Officer of Health, East Hertfordshire.

BAKER.—Oct. 3rd, at the Manor House, Nutbourne, Pulborough, William Morrant Baker, F.R.C.S., of Woburn Square, W.C, aged 53.

LANGDON-DOWN.—Oct. 7th, suddenly, at Normansfield, Hampton Wick, John Langdon Haydon Langdon-Down, M.D., F.R.C.P., J.P., aged 67.

MOLONEY.—Oct. 5th, at Oxford Lodge, Surbiton, Joseph Augustus Moloney, L.R.C.P.I. and F.R.G.S., aged 38.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

Vol. CXIII. WEDNESDAY, OCTOBER 21, 1896. No 17.

Original Communications.

THE EARLY DIAGNOSIS OF MALIGNANT DISEASE OF THE BODY OF THE UTERUS, AND ITS TREATMENT BY OPERATION. ILLUSTRATED BY THE RESULTS OF SEVENTY-FIVE CASES AND NUMEROUS SPECIMENS.

By FREDERIC BOWREMAN JESSETT, F.R.C.S.,

Surgeon to the Cancer Hospital, Brompton, and the Gordon Hospital for Fistula.

It is on account of the extreme difficulties that often exist in making an early diagnosis of cancer of the body of the uterus that I venture to bring the subject before this Society, in the hopes that a discussion may be raised, that may tend to elucidate this important matter.

The question naturally arises: Why should there be so much difficult in diagnosing these cases early? The answer is not far to seek.

First, until a very few years ago, cancer, and by this term I include all disease of a malignant nature, was considered and believed to attack the body of the uterus but rarely. It is now a recognised fact that the body of the uterus is much more frequently the seat of cancer than was supposed as in 20 per cent. of my operation cases that body was affected first. Therefore, patients who may have consulted their medical attendant or physician for some offensive discharge or bleeding, were treated perhaps medicinally without any vaginal examination being made, or as often occurred this examination was made and the os uteri and cervix was found to present nothing abnormal, beyond perhaps a little superficial ulceration or erosion, which possibly was treated by local application or an injection. In other cases far more numerous no examination was made at all, the patient being supplied with an injection and some medicine and assured that the symptoms were quite compatible with the change of life.

The second cause of difficulty, and I think this cause is far more common, is that women shrink from consulting anyone, first, from the natural modesty and dread of an examination, and not unfrequently they think nothing of the slight bleeding or discharge they have; secondly and lastly, from the fear of the verdict, as in our days patients are ever prone to suspect that anything abnormal they are suffering from may be cancer, and they like to keep the truth away as long as possible.

Another cause of difficulty is the obscurity of the symptoms. I have known patients with advanced disease only complain of a dull aching pain in their back and hips, accompanied, perhaps, with some leucorrhœal discharge, and occasional bleeding, or perhaps there is a complete absence of any symptom, yet the disease must have been present for a considerable time. Then, suddenly, a sharp hæmorrhage occurs, the patient seeks advice to find she is a victim of extensive cancer of the body of the uterus.

In what manner then is an early diagnosis to be made? There is only one way, viz., early and thorough examination of every case in which there is anything abnormal, no matter how trivial, in the natural functions of the uterus, and this applies with increased force to those patients who have reached or passed the climacteric.

But younger women if suffering from menorrhagia or metrorrhagia or vaginal discharges accompanied with weight and pain in the lower part of abdomen or back must not be neglected, as it must be remembered that these patients often are subject to cancer of the body of the uterus.

As far as the symptoms of the disease are concerned, they vary considerably, and there are not, so far as I have been able to ascertain, any fixed routine of symptoms applicable to all cases.

Pain.—Often the earliest sign that anything abnormal exists is a sense of fulness accompanied periodically by slight pain of a forcing or neuralgic character at the lower part of the abdomen, this is increased by exertion, long-standing, or the jolting of vehicular travelling. If the bowels are constipated the pain is worse, there is a greater sense of fulness and pressure, and this is readily explained by the increased congestion of the parts attending these conditions.

These pains are seldom so great as to cause patients to seek advice as after a night's rest, or keeping in the recumbent position for a time it is usually relieved. As the disease increases the pain is intensified, and will be referred to the lower part of the back, but chiefly to the hips, probably from irritation of the obturator nerve, this form of pain, however, is not nearly so severe as when the disease involves the cervix and os. Pain, then, in the early stages is an important symptom and must not be overlooked. In many cases, however, it must not be forgotten patients complain of no pain until the disease has progressed to such an extent as to preclude all operative interference, the disease having invaded the broad ligaments. This can be readily understood when we remember that patients whose uterus has been curetted and packed with chloride of zinc paste complain of no pain, the uterus tissue being so slightly supplied with sensory nerves.

Discharge.—Another symptom is a slight discharge which attracts but little attention, as it is looked upon as an ordinary leucorrhœal discharge, and of no importance. In women, especially after the climacteric passed, this discharge is, however, of the *utmost* importance, and should never be passed over, a careful examination should be made, not only digitally, but with the speculum, to ascertain if the discharge comes from the uterine canal. The character of the discharge is usually slightly purulent and watery, occasionally blood stained. If a sound is passed, and the cavity of the uterus explored, bleeding to a greater or lesser extent is caused. As the disease progresses the discharge increases, becomes more sanious, and smells badly, and is often accompanied by sharp bleeding.

Hæmorrhage is a most significant symptom, and in a large majority of cases in which the disease is limited to the uterine cavity is the first, and may be

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the only symptom to cause alarm. In persons past the climacteric bleeding must be looked upon with the greatest possible suspicion, and if this is accompanied by discharge and pain, I believe it is absolutely diagnostic of cancer. In younger people, of course, there are many causes for menorrhagia and metrorrhagia, but in all cases a most careful and searching examination should be insisted upon.

Examination.—This has been the key-note of my remarks. How is this to be effected? In some cases the diagnosis of the disease is readily made. Digital examination will disclose much. The uterus in many cases will be found to be enlarged and heavy, the cervix somewhat harder than normal, and the os, perhaps patent, admitting in some cases the tip of the finger. In other cases, however, in the most advanced stages of the disease, the os has a perfectly natural appearance, as in this specimen, in which you will see the uterus consists of a shell of smooth, healthy-looking tissue, while the substance is converted into a soft pulpy sarcomatous mass of disease.

The enlargement or not of the uterus depends greatly upon the nature of the disease; in sarcoma the organ is, I believe, invariably enlarged, often to a great extent. In adeno-carcinoma, the enlargement is not so universal or so pronounced. Then again, in true scirrhus, as in this specimen (No. 3), you will see that the uterus is even smaller than normal.

In many cases, indeed, I think I may say in most cases of early disease, digital examination reveals very little, and we are obliged, then, to go a step further, and examine the organ by means of a full-sized speculum. By this means, the os is often discovered to be eroded and redder than normal, an unhealthy discharge is usually seen escaping from the os, and if this be wiped away with a pledget of wool, it will be observed to be slightly purulent, and somewhat watery, and, perhaps, blood-stained, quite different to the ordinary uterine leucorrhœa. This discharge has a faint disagreeable odour. On further examination with the uterine sound, the length of the canal will often be found to be increased, and the introduction and manipulation of the instrument causes bleeding. If all these conditions are present, I think we may be pretty certain that we have to deal with a cancerous uterus, but the diagnosis is not always certain, and in many cases, either one or other of these symptoms are absent in which case we should not be justified in condemning the patient until we had made assurance doubly sure by a more extensive examination and seeking the aid of the microscope. For this purpose, the patient should be placed under an anæsthetic, the uterine canal fully dilated, and by means of a curette a scraping from the cavity of the uterus obtained for pathological examination.

Even here we are beset with the difficulty that a portion of healthy tissue may be removed, and the pathological report would then be fallacious. Care must be taken then to dilate the canal thoroughly, and if digital examination does not enable one to make a definite diagnosis, be careful to remove scrapings from more than one part, and see that these scrapings are submitted to the most searching microscopical examination by a thoroughly competent pathologist. If this be done, I think there will be rarely any difficulty in deciding the true nature of the disease.

Adeno-carcinoma is probably the most common form of cancer found on the body of the uterus, it often forms papillary growths projecting into the uterine cavity. These sometimes attain a considerable size, in other instances the endometrium appears to the eye quite free, while by a careful examination of the uterine substance growths will be seen dipping between the muscular bundles, and so obscure often are these that microscopically they may be overlooked, but when examined by the microscope the true characteristics of adeno-carcinoma are at once detected.

It will be readily understood from these remarks how difficult it is to diagnose this form of disease in its early stage. Some of the specimens I have here well illustrate this form of disease. This specimen (No. 1) to all appearance has nothing more than some thickening and hardening of the uterine tissues, the endometrium being perfectly normal, yet microscopically all the true characteristics of gland carcinoma are illustrated. In specimen No. 5 we see the disease forming papillary growths into the cavity, while in specimen No. 8 the disease has extended still further into the cervical canal. The symptoms of these three cases varied, in one there was but little hæmorrhage, although the discharge was bloodstained; in another the pain was more of a forcing character, accompanied with discharge and sharp attacks of bleeding; while, in the last case the bleeding was most excessive, necessitating the plugging of the vagina. This patient was quite blanched from loss of blood.

The next most common form of malignant disease is sarcoma. This form is much more insidious in its character. Patients often do not seek advice until quite late, complaining merely of pain of a dull aching character round the waist and back, perhaps there is no disturbance of the uterine function until the disease has advanced somewhat considerably. Look at this specimen (No. 7). This patient only had a discharge two or three weeks before she sought advice, and that not excessive and only slightly coloured—she never had any hæmorrhage. When she was brought to me the discharge had been going on for about six weeks. Vaginal examination discovered the os soft, small and healthy, by the speculum a small fungoid mass was seen projecting into the os. The uterus was freely movable, yet at the operation, in removing the organ, the cervix with only slight traction tore across, and, as you will see, the whole of the uterus is represented by a thin shell not thicker than a sheet of note paper, and the substance of the uterus is a mass of sarcoma soft and friable. Yet this woman had no hæmorrhage, excepting on examination, and then not by any means excessive.

In some instances sarcoma assumes a polypoid form as in this specimen. In these cases the forcing bearing down pains are very marked and in some cases in which polypoid growth springs from the fundus, the uterus may become completely everted, the sarcomatous mass being found in the vagina on examination, and may readily be mistaken for an ordinary polypus, or if large and ulcerated for mushroom growth of the cervix and os.

Scirrhus.—The most uncommon form of cancer of the body of the uterus is true scirrhus. I have only met with one specimen, in this case discharge quite of a serous watery badly smelling character, slightly blood stained was the principal symptom. This form of disease nearly always attacks elderly people. The uterus is smaller than normal and the pain is more of a neuralgic character.

This beautiful specimen (No. 3) well represents this form of disease.

TREATMENT.

Until quite recently I was under the impression that surgeons were all agreed that total removal of the uterus was the only recognised form of treatment in cases in which the disease was limited to the fundus, the uterus movable and the ligament free. I was astonished at them on reading a paper which the author Dr. Davies, of Liverpool, sent me, entitled "Is Surgery a Cure for Cancer." In this paper, referring to cancer of the uterus, he says:—"The arguments advanced for the performance of hysterectomy are, I admit, of some force. They are (*a*) free discharge; (*b*) hæmorrhage; and certainly for a variable period of six weeks to six months these symptoms are relieved.

"Nevertheless, the benefits are soon nullified by

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recurrence of the disease. The peritoneum becomes extensively infected and the consequences are very painful. Fistulous communications between bladder, rectum, and vagina, follow: and the only difference is that the patient dies a peritoneal death instead of the easier death from infection of the liver." Dr. Davies is led to these conclusions, I imagine, by the unfortunate results of his own cases, which at the time of his reading the paper were three in number, one of which he tells us died in fourteen days, and the other two within three months, from rapid recurrence.

I admit such results are very discouraging and reminds me of my own early experiences in which my results were so unfavourable that I declared I would never remove another uterus for cancer. I, however, after that made more use of the post-mortem room, and first examined a large number of cases of patients who died from uterine cancer, and was much surprised to find how few of them had secondary deposits in other organs or glands, and how many died from uræmia from the ureters becoming involved in the disease.

From these examinations I came to the conclusion if the diseased organ could be removed early that patients would stand a very good chance of being permanently benefited. My colleague, Dr. Purcell, during this time continued to perform the operation with good results. Backed by these cases and by the successful results published by the German and American surgeons, I considered I should not be doing my duty to my patients if I allowed them to drift off the face of the earth without an effort being made on my part to save them.

I now have been operating in these cases for five years and have no reason to regret having again practised and advised vaginal hysterectomy to be performed in suitable cases. If we cannot save, all we do some, and when we consider that all would have died if operative measures had not been adopted, I think I have no cause for regret or reproach.

To the end of 1894 I had performed 43 vaginal hysterectomy for cancer of the uterus, four died from the operation, viz., specimen No. 11, one from shock; this was a very bad case in which the uterus was very large, necessitating the combined abdominal and vaginal operation. Another had had continual hæmorrhage for some time before admission. Another died from intestinal obstruction due to a loop of intestine becoming adherent to the wound in the roof of the vagina, and the fourth from septic peritonitis. Since that time I have operated in 32 other cases with two deaths.

Of the 43 cases before you, 4 were operated on in the year 1892; 17 in the year 1893; and 22 in the year 1894.

Of the four cases operated on in 1892, one is known to be well now; one has been lost sight of; one had early recurrence; and one was free from recurrence when last heard of.

Of the seventeen cases operated on in 1893, one died from septic peritonitis; six had recurrence and died within a year; of these one died three months after operation from secondary growth of the intestines. There was no local recurrence in either of these cases. Three cases have been lost sight of, but were well when last seen. The remaining seven cases are perfectly well at the present time, over two years after the operation.

Of the twenty-two cases operated on in 1894, five had early recurrence; three died from operation, viz., one from shock, one from intestinal obstruction, and one from peritonitis; one died twelve months after from other causes, no recurrence locally. Seven were well when last seen fifteen months after operation, and presumably are well now. The remaining six have been seen quite recently, and are free from any recurrence whatever.

To further analyse these cases so as to make them apply to the title of this paper, I find one case operated on in 1892, the disease was limited to the body of the uterus, the cervix and os being free; this case is known to be alive now, and was well when last seen.

In 1893: In these cases the disease was limited or commenced in the body of the uterus; of these all recovered from the operation. Two died of secondary growths, there being no recurrence locally. The third is well now and free from recurrence.

In 1894: In four cases the disease was limited to the body; of these, one died of shock. This was specimen No. 11, and combined abdominal and vaginal. The remaining three are still well. Since this time I have operated on seven cases, one of which, No. 8, died from septic peritonitis.

Thus, then, we have fifteen cases of vaginal hysterectomy for cancer limited to, or commencing in, the body of the uterus, or 20 per cent. of the total number of cases operated on, with two deaths. One case is known to be well over three years after operation; three known to be well over two years after operation; four, one year after operation.

These results are entirely at variance with the conclusion arrived at by Dr. Davies. I have here several specimens, and I may say that all the cases in which the disease was diagnosed early are free from disease now, and this only goes to strengthen my argument as to the paramount importance of making early and thorough examination of all cases of women suffering from any disturbance of the uterine function, and advising total removal of the organ in all case in which the uterus is mobile and the perimetrium free from infection.

There is much more that could be said upon this subject, and that I should like to say, but there is only one word I will add, and that is, I have heard it remarked, vaginal hysterectomy is a very easy and simple operation. This is a complete fallacy, as I can assure you in many cases it is a very difficult operation, and one often meets with complications that were little anticipated.

In ordinary cases in which the uterus can be completely drawn through the vulva, its removal is a simple matter, but in my experience these cases are like angels' visits, few and far between.

The lessons to be derived then may be summed up:

1. In all cases of women suffering from leucorrhœal discharge do not hesitate to insist upon a vaginal examination.

2. If on examination a discharge is seen escaping from the os in a woman at or passed the menopause, which discharge is occasionally slightly coloured and offensive, dilate the canal and curette the cavity of the uterus for microscopic examination.

3. If the report is unfavourable at once urge total extirpation of the organ.

4. Even in advanced cases, so long as the uterus is movable, I am convinced that much relief can be afforded, and life prolonged by vaginal hysterectomy.

To my mind, the man who will limit the operation only to those cases in which he can pull the uterus well down through the vulva is certainly not doing the best that can be done for his patient. One might just as reasonably argue that because a carcinomatous breast is somewhat fixed on the glands affected, that the surgeon should not remove it. What surgeon would hesitate to do this? Moreover, in a somewhat large experience in the post-mortem room, I found the lumbar and sacral glands free from infection in many cases in which the disease was far advanced.

King's College, London.

Science Exhibitions given by the Worshipful Company of Clothworkers have been awarded to R. H. C. Gompertz (£30 a year for two years), and to M. R. C. MacWalters (£20 a year for two years).

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THE CAUSES OF INTEMPERANCE AND POSSIBLE REMEDIES. (a)

By SIR WILLOUGHBY WADE, M.D., F.R.C.P.LOND.,

Consulting Physician to the Birmingham General Hospital.

THE topic upon which I have been asked to address you is "The Causes of Intemperance and Possible Remedies in the Individual." "Social conditions," which include the manners and customs of society, are placed in other hands. On mature consideration it has appeared to me that an estimate of the value of alcohol, from a medical point of view, would be the most useful way of dealing with this question. Such an estimate would include the dangers which arise from its careless or excessive use. Alcohol is a definite and unchanging chemical compound. Alcoholic drinks consist of alcohol mixed with water and with various other bodies; some arising incidentally in the process of manufacture, others intentionally added for flavouring purposes. That alcohol is a poison capable, even when diluted, of causing death in a few hours, is an undeniable fact. Many, no doubt, sincerely believe that after such a statement nothing can be said in its favour. This opinion seems to be fortified by another admission. Medical science recognises that alcohol acts also as a chronic poison; that it favours the development of diseases which progress slowly, and kill only after a long time. It may be that it actually produces these diseases. But this is not so certain. There is no disease which is credited to alcohol, with the doubtful exception of delirium tremens, which may not attack even life-long total abstainers. There are physicians who incline to the opinion that some of these diseases are due rather to other ingredients of alcoholic drinks than to the alcohol. There is no doubt that some of these ingredients produce in some persons deleterious effects. As an example, there are many who feel sensible ill-effects from drinking malt liquor, who find no such results from drinking wine equivalent to a larger dose of alcohol. When we speak of a thing as a poison, we are apt to forget that this is not an absolute term, but a relative one. Whether a thing is a poison or not depends upon the amount taken, and the state of the person who takes it. Thus what is ordinarily a poison may really become an antidote. For example, take the virulent poison arsenic. In many persons suffering from malaria, arsenic is an antidote of the greatest value, and often requires to be taken in a quantity which would be injurious to a healthy person. On the other hand, reputedly innocent agents may be injurious. For example, I saw recently a patient who suffered much from indigestion after breakfast. This proved to be solely due to drinking a glass of hot water on rising. On omitting the hot water the indigestion at once ceased.

It, therefore, does not follow that because under some circumstances alcohol may be injurious, it cannot under any be beneficial. Indeed, we may with truth affirm that a drug which is incapable of doing harm is equally incapable of doing good. Many lay persons nowadays either administer drugs or exercise a coercive influence over the line of treatment their doctors desire to adopt. It is, therefore, desirable to indicate generally some of the conditions which limit the utility of alcohol used as a drug. In certain acute diseases, such as inflammation of the lungs (pneumonia), alcohol may be extremely beneficial. Some such cases require neither alcohol nor any other drug. They get well as quickly and as comfortably by lying in bed suitably fed. Other cases are much helped by other drugs exclusive of alcohol. But in others again conditions arise which alcohol controls in a way which no other drug known to me does. We believe that these conditions depend on the state of some part of the nervous system. One of the symptoms of this condition is quickening of the pulse. A dose of alcohol will within a minute or two, or even less, reduce the rate of the pulse, thus proving by exact observation the really controlling influence of alcohol. Sometimes large doses are necessary, and their repetition is equally necessary. I have never known any craving for alcohol follow such a mode of using it. Especially as when the particular condition referred to has passed away there is no need to continue its use. I would repeat, for the instruction of lay persons, some of whom have an overweening belief in alcohol as a remedy in acute diseases, that it is not because a patient has got pneumonia or typhoid fever, or any other acute disease, that he requires alcohol, but that he does require it when certain symptoms show themselves. A temperance hospital, in which alcohol is but little used, claims that its statistics show quite satisfactory results in this disease. Pneumonia is a disease in which statistics have been claimed to be in favour of the most opposite methods of treatment. The fact is that there is hardly a disease in which varieties of degree are more evident. As I have above pointed out, many cases will get well of themselves; it is equally true that many will die whatever we do. I have studied the reports of cases treated in this hospital, and very candidly published by its authorities. A detailed examination of them would of course not be proper on this occasion. I will content myself with saying that I find no sufficient reason in them for altering the above stated views on the usefulness of alcohol as a drug.

The effect of alcohol in such a case seems to me to prove that there is in that case a demand or need for alcohol. This need is quite an unconscious one. It thus differs from the conscious craving we meet with elsewhere. This suggests to us that in these latter there is equally a physical substratum, of which the conscious craving is the outward expression. I shall refer later on to another aspect of alcohol in relation to the treatment of acute diseases. Before dealing with chronic diseases or disorders a statement may be made. There can be no doubt that in perfectly healthy persons alcohol is not a necessity of life, and especially is this true of children. Indeed, the highest condition of animal life, namely, that of men in training for muscular efforts, is obtained without it. Now, the question arises whether in the ordinary conditions of life its moderate use is hurtful. Except by assuming that what is a poison in large doses must be a poison in any dose, there is no ground for concluding that it is necessarily hurtful. The human body is designed to act healthily under varying states of temperature, climate, atmospheric pressure, and on very various diets. As far as my observation goes it does so in regard to alcohol. No doubt in regard to all these things the indifference, or, if you like, the power of resistance, is very different in different persons.

We will now turn to the consideration of chronic disorders. It will be convenient to enumerate those in which alcohol is most commonly used as a remedy. And it must be stated that its use is much more freely and frequently adopted by the patient than ordered by the doctor. It is used for the relief of pain, whether occurring irregularly as neuralgia, or periodically at stated intervals. It is used for the relief of asthma; it is used in that condition of the system which is technically styled neurasthenia, popularly nervous debility, or in the fashionable slang of the day, "run down."

There can be no doubt that some cases of pain and of asthma are speedily relieved by spirits. But there are, I think, few, if any, in which equal relief cannot be obtained by less objectionable means. The great

(a) An Address delivered at the Church Congress, Shrewsbury, October, 1896.

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danger from alcohol arises in this way. It is natural that one who suffers from neuralgia or asthma should wish to forestall an attack, instead of waiting till it is fully developed. And there is a real danger of these persons taking alarm needlessly and flying to a dose of spirits. An alcohol habit is thus liable to arise. There is, of course, still greater risk if there should be present that peculiar nervous constitution on which a "craving" seems to depend. And neuralgia and asthma are often expressions of such a constitution. In persons with an established alcoholic habit neuralgia is often simulated both as an excuse for taking wine or spirits, and also as a cloak to their effects.

With regard to nervous debility, the causes of this are common knowledge. Acute illnesses, such as influenza, leave it as a sequel. In men, the worries of business, monetary anxieties, the assumption of public duties in addition to an exacting business or profession, the harass of an executorship or trusteeship, and so on. In women, chronic exhausting illnesses, night-watching, and anxiety for a sick husband or child, domestic duties, and housekeeping, the demands, and perhaps the chagrins of society. These sort of things impair the appetite, invade sleep, and disorder many other bodily functions. Hence depression of spirits, and inability to discharge even ordinary household duties without exhaustion or fatigue. Some stimulant revives the spirits, restores for a time the lapsed energy; the dram is resorted to again and again, and the liquor habit is established. This is beyond all question its origin in a large proportion of drunken women, and in a not inconsiderable proportion of drunken men. These practices are due much less to any medical advice than to spontaneous action by the individual, or the unguarded advice of friends, or the recommendations of quasi-medical authorities in weekly journals. Many adolescent girls and other weakly persons can eat but little breakfast, become exhausted by 11 o'clock, and are given then a glass of port wine, with or without a biscuit, or a glass of quinine wine or coca wine. Such "pick-me-ups" are just as likely to be dangerously repeated as any unmedicated wine, and there is the danger of establishing a coca habit, as well as an alcoholic one. A cup of clear soup or beef tea, or of a solution of some meat extract, will in almost all cases prevent exhaustion just as well as alcohol, and without its possible dangers. What is better still is that a solid meal should be taken at that hour instead of waiting till luncheon-time. But this can only be obtained abroad, where this wholesome plan is the custom of the country.

There is, in my opinion, no doubt that in many cases of acute disease, patients progress more favourably, "hold themselves together" better, if supplied with alcohol in small quantities. So also many persons in feeble health, and indeed others, are the better for taking alcoholic liquids. They take more food, and digest it more comfortably and more effectively, and are better able to discharge their duties. But in all such cases prudence requires that they should be taken only with the ordinary regular meals, and not at irregular times, whether with a little food, such as a biscuit, or not. From this point of view it is futile to discuss whether or no alcohol is a food. It is equally idle to argue that persons may lead a purely animal life, and remain strong without alcohol. We have to deal with individuals as we find them in ordinary life. There can be no dispute, unfortunately, that there are a considerable number of persons who do not use alcohol in this careful manner; who, on the contrary, use it in a way which injures their health, and in many ways unfits them for many of the duties of life. How are they to be cured? Some will relinquish the excess when the danger is pointed out to them; some, on the other hand, have not the same power of self-denial. For some time past it has been possible for these to abnegate their liberty and personal freedom. No doubt the immediate effect upon their health is remarkable. Their appetite is restored and their power of digestion re-established, and all the bodily functions are well-performed. These persons have not had all their fortitude and power of will destroyed by their habits, even while under the evil influence of them. Otherwise, they would not have subjected themselves to a voluntary deprivation of their personal freedom. We can, therefore, understand that when their moral forces are strengthened by an improved physical condition they may be able, after obtaining their freedom, to maintain their habits of acquired abstinence. But do they maintain them? Yes, some do. Others certainly do not. We are badly in want of definite information as to the number of those who do and of those who do not. It has an important bearing upon a proposition which is being pressed for adoption. Seeing that only a small proportion of those who are tersely described as "habitual drunkards" are willing to undergo seclusion, it is proposed that the rest should be forcibly put away. The supporters of this view (with whose aims all must sympathise) seem to think the question a very simple one. To my mind it is an extremely difficult one, as I think will appear when its advocates come to grips with Parliament. It will, I think, help them to succeed if some of the difficulties are pointed out beforehand. There are constantly two currents of public opinion, of which now one and now the other is the more strenuous. They may be styled, "Individualism," and "State Socialism." One makes for, and the other against, interference with personal liberty.

There are a variety of kinds, and innumerable degrees, of excessive drinking. How are we to define an "habitual drunkard?" At present a man says, "I am an habitual drunkard, and I will go into seclusion." There is no difficulty about that. But now it is proposed that someone shall have the statutory power to say to a man, "You are an habitual drunkard, and you shall go into seclusion." In other words, you shall be imprisoned for at least six, probably twelve months, perhaps more. The man contests the fact. He must, of course, be allowed facilities for disproving it. What facilities? If it was sought to prove him a lunatic by inquisition, he would be entitled to be heard by counsel, and to demand to be tried by jury. The "habitual drunkard" cannot surely be allowed less, especially when we consider that the lunatic could at once be set free on proving that he had recovered his right senses; whereas the other is condemned to a definite term of imprisonment, and cannot prove that he has recovered till that term is expired.

I have used the term "imprisonment." I am aware of what may be said to show that the term is inappropriate. My answer is that those who have undergone seclusion voluntarily regard it in that light. How much more, then, will it be so regarded by those who do not undergo it voluntarily. It seems probable that the risk of exposure and scandal which would attend the operation of such a law would greatly curtail its use, and might indeed cause it to be almost inoperative. The narrow limits of my allotted time compel me to omit various interesting and important considerations. They have necessitated a greater conciseness and a more dogmatic tone than is altogether desirable. The views which I have candidly expressed may not be agreeable to some, but it will hardly be denied that they make for moderation and temperance in the use of alcoholic drinks.

St. Mary's Hospital Medical School.

Entrance Scholarships, Natural Science, Sept. 1896, have been awarded thus:—£105 to Mr. C. C. C. Shaw; £52 10s. to Mr. W. J. Morrish; £52 10s. to Mr. J. Gay French. University Scholarship, £52 10s. to Mr. A. G. Wilson, B.A.

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THE TREATMENT OF SCIATICA BY BATHS AND CLIMATE.

By SAMUEL HYDE, M.D., M.R.C.S.,

Chairman of Council of British Balneological and Climatological Society.

THE treatment of sciatica and similar painful nerve affections occupies a very important place in balneological and climatological practice. A short review of my personal experience of such practice may, therefore, not be without interest to the Members of this Association.

In an analysis of two hundred cases of sciatica, which I recently published in the *Lancet*, I found that ninety patients, or 45 per cent., left Buxton cured; one hundred and five patients, or 52·5 per cent., were improved; and only nine cases, or 4·5 per cent., left the Spa no better. Results so remarkable will, I think, justify a brief exposition of the methods of treatment adopted in these cases. Many other painful nerve troubles, for example, intercostal neuralgia, brachialgia, and lumbago, probably derive equal benefit from the baths and climate of Buxton, but it is my intention on this occasion to confine my remarks to those nerve-lesions generally included under the term sciatica. That is to say, all painful conditions occurring in the course and distribution of the trunks and branches of the large and small sciatic nerves, whether of inflammatory or non-inflammatory character. It would be impracticable in this short paper to discuss the symptoms and diagnosis of neuritis, peri-neuritis, and neuralgia, and I must therefore limit myself strictly to the subject of treatment as indicated by the title of my paper.

BATH TREATMENT.

From time immemorial thermal applications have been used in this and similar painful affections. Between the hot flat-iron, or the bag of hot bran or salt, so common amongst country cottagers, and the actual cautery of the surgeon, or the hot douche of scientific balneology, there is probably a closer connection therapeutically than at first sight appears. The popular custom of using hot applications in preference to cold ones for the relief of pain is in full agreement with scientific practice, and this is particularly true of the use of baths in sciatica.

There are many Spas in England and on the Continent where the waters and bath appliances are useful in this disease, and if I confine my observations to the baths of Buxton, it is not that I am unmindful of that fact. There are also many methods of bath treatment, apart from the use of mineral water baths, such as the Turkish, or hot air, bath, the vapour, or Russian, bath, steam douches, and peat baths, which are more or less useful in sciatica. It is, however, with the Buxton mineral water bath, used most commonly in the form of simple immersion or a horizontal douche, that I have obtained the most uniform success. The temperature varies from 100° Fahr. to 90° Fahr., according to pain or tenderness. The time of immersion from five to ten minutes. The douche to affected parts from half a minute to two minutes.

In some cases the massage bath is useful. In others I find it most advantageous to use the hot mineral douche without either immersion or massage on one day, and dry massage on another day, alternately. This is less fatiguing than the massage bath where the system is much run down. The number of baths and the time occupied in a course, vary according to the case, but may be said to average twelve baths and a period of three weeks.

It is difficult to give any satisfactory explanation of the action of the Buxton thermal baths and douches beyond that of ordinary water, or of other mineral waters, at the same temperatures. That the influence of these baths and douches, however, is undoubtedly different, is proved by the essentially opposite *primary* effects produced by warm baths of ordinary water or of the Buxton mineral water. The primary influence of a warm bath of ordinary water in sciatica is to act as a sedative to the painful nerves and the nervous system generally, relieving the pain at least temporarily and never increasing it. On the other hand, the warm Buxton bath or douche almost invariably increases the pain, either at the time or shortly after application, and this disturbing influence of the bath will often continue for the first two or three weeks of the treatment.

CLIMATIC TREATMENT.

The value of climate in the treatment of disease has now come to be recognised as one of the canons of therapeutical science. The diverse action of different climates upon the human system may be compared to that of various drugs. Whilst some climates increase the appetite, improve digestion, and brace up the general system, others diminish the appetite, impair digestion, lower the nervous tone, and produce langour and general depression, just as in the case of many drugs.

In the climatic treatment of sciatica the latter climates are to be shunned as tending to lower the general health and to encourage the progress of the disease.

On the other hand, climates which influence the general health in the favourable way just indicated, are highly useful in the treatment of sciatica. All forms of disease are manifestations of disturbed nutrition, and this is particularly true of the disease under discussion. It is also true that all successful treatment must be directed towards restoring the process of nutrition to its former equilibrium.

It is this beneficial influence upon the nutritive processes which is such a remarkable characteristic of the climate of Buxton, and which is of such signal advantage in treating cases of sciatica that resort to the Spa.

Indeed, it is to the climatic factor in the treatment of this and similar painful affections of nerves at Buxton that I would ascribe an equal, if not more important, place with the baths and waters in those remarkably successful results which are witnessed from time to time. Not infrequently do I see cases of sciatica speedily recover which have been treated unsuccessfully at other spas, where the mineral waters and balneological methods I am sure are in no respect inferior to those of Buxton. How then can we account for these different results except by the admission of a more favourable climatic influence in the treatment? And, this is the explanation I have to offer. The bracing mountain air of Buxton, 1,000 feet above the sea, stimulates the appetite and digestion and improves the quality of the blood and circulation. In consequence of the rarity and lightness of the atmosphere, the blood pressure is reduced, there is an increased flow of blood to the skin, which becomes better nourished and more active, internal parts, including the epineurium and perineurium of affected nerves, are relieved from congestion, and in this and other ways the restoration of diseased nerves and branches is promoted.

We are thus supplied, in the baths and climate of Buxton, with a combination of treatment most simple in its application, but albeit extremely potent for good in this disease. How far one factor in the treatment may be dependent upon the other I cannot say, but experience convinces me that both are essential to the attainment of the beneficial results which almost invariably follow its application in these cases.

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Therapeutic Notes

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra; Hon. Fellow to the Southern Surgical and Gynæcological Association, U.S.A.

JATROPHA CURCAS.

Jatropha Curcas, N.O. Euphorbiacia, known as the purging curcas, was imported from Brazil into Goa in the East Indies, from hence it has spread over the Peninsula. According to A. H. Möller, *Gaz. de Pharm.*, it possesses valuable and well-marked therapeutic powers. It is a large shrub which abounds in a viscid pus-like juice, and its seeds yield an oil, thick and viscid, like linseed, but of a lighter colour.

The seeds, leaves, juice and oil, are used like the seeds of the *ricinus* and *croton*. The seeds are purgative and diuretic; children mistaking them for almond seeds have been poisoned. Their action is uncertain, at one time acting as a mild laxative and at other times purging and griping violently.

In cases of accidental poisoning the editor of the *Archivo Medico da India* recommends lemons and stimulants as the proper antidotes. A decoction of the leaves applied to the breasts stimulates the secretion of milk. Dr. Khory recommends a decoction or a poultice of the leaves, as a remedy for acute rheumatism.

The viscid juice is a favourite remedy for wounds; stopping the bleeding and forming a thin skin of collodion-like substance over the cut; injected into varicose aneurisms, it coagulates the blood with good results.

Neither pain nor caustic action results from its use. Painted on the gums it cures gingivitis and strengthens the teeth in their sockets. The bark of the root is applied to painful joint affections. In Brazil the oil is used as a rub for chronic rheumatism, and the seeds rubbed up with milk are given as a hydrocathartic in anasarca and dropsy.

Dr. Khory states that the word *jatropha* is derived from *jatru*, a remedy, and *phago*, to eat. Some of the species are used as food.

NUX VOMICA.

In an interesting account of the therapeusis of the fourteenth century, Don Luis Comengo gives in *El Siglo Médico* the following formula for an aphrodisiac: Testicles of a fox, seeds of nux vomica, oil of sweet almonds; make an electuary. No quantities are given. The prescription is of interest as showing the use of nux vomica in Spain in the fourteenth century. Its introduction is usually ascribed to Don Garcia ab Horto, of Salamanca, who is said to have brought it with him on his return from Goa in or about 1570. Avicenna, who died in 1087, refers to nux methel, which he writes: "est similis nuci vomicæ."

Clinical Records.

LUMBO-DORSAL CYPHOSIS SIMULATING UTERINE DISEASE—CRURAL NEURALGIA—HYSTERIA—COMPLETE CONSOLIDATION OF THE SPINAL COLUMN, WITH RECOVERY OF LOCOMOTION.

Under the care of Geo. Burbidge White, A B., M.B., F.R.C.S.I.

The patient, a young married woman without issue, of nervous temperament, sent for me late at night in a hurry. When I arrived I found her suffering from an attack of hysteria, for which she was treated. Next morning she explained to me (when she was better) that the hysteria was brought on by weakness, pain of rheumatism, and disease of the womb, for both of which she had already undergone treatment; the weakness in the back she considered was due to the womb. She also stated that she had taken a large quantity of medicine for the rheumatic pains which had the effect of rotting her teeth, a large number of which were so diseased that they were subsequently extracted under an anæsthetic. Absence of any symptoms of uterine disease rendered it in my mind unlikely that the uterus was the seat of any morbid condition. On the contrary, everything seemed to be right in that organ, so also there seemed to be no other evidence of the rheumatism from which she had suffered so long, save and except the pains in the loins, front of thighs, and outside of the legs. I came to the conclusion there must be some other cause for the weakness and pain, so I determined to examine her back, which disclosed the cause of the mischief, viz., there was a large knuckle visible about the 11th and 12th dorsal vertebræ, indicating forward curvature of the column at this point, the lowest site I have ever seen to be the seat of curvature of this nature, viz., Pott's antero-posterior curve, or cyphosis—in the region round this swelling or protuberance proved to be in a high state of irritation, very tender to touch, the tenderness extending outwards and downwards across the lumbar region corresponding to the course of the ileo-hypogastric and ileo-inguinal nerves. Considerable thickening had occurred into the ligaments, muscle and tendon sheaths which abound in this region, so that the whole presented a clumsy or bulky appearance, the very sight of which, without any further examination, would be sufficient to explain the cause of the patient's trouble. The explanation of the weakness in the back was now plain, and the pain referred internally to the crural region not less evident, as it was referred to the sympathetic plexus toward the uterus, and by the bands of the *lumbar plexus* to the crural region and leg. Having discovered the cause of trouble and diagnosed the case, it was decided to "throw physic to the dogs," and apply instead, prompt and efficient surgical treatment with the subsequent application of a poro-plastic support or jacket.

The so-called rheumatism disappeared simultaneously with the initiation of the suitable treatment, and the weakness was quickly replaced by a feeling of strength; and locomotion, which was previously dreaded and could only with difficulty be performed, was now desired, and was indulged in for a few minutes at a time. An uninterrupted convalescence was the result till twelve months subsequently, owing to want of due caution, another vertebra became involved, producing a much larger knuckle. Similar treatment again succeeded in complete consolidation of the spine which, now, after an interval of four years since treatment began, is as strong and useful as ever.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

First Meeting of the Session held October 8th.

The President, Clement Godson, M.D., in the Chair.

VAGINAL HYSTERECTOMY FOR MALIGNANT DISEASE.

The President gave the following account of a case, from which Dr. W. A. Smith (Newport, Essex) showed the specimen. The patient, æt. 50, single, consulted him in May, 1896. Catamenia regular till two years previously, then there was almost continuous loss of blood in small quantities for six or seven months, and afterwards more abundant, with occasional clots. For two months last winter the bleeding ceased; when it recommenced it appeared at irregular intervals, and sometimes very profusely. She suffered no pain whatever, but felt weak. *On examination*, the portio vaginalis felt perfectly healthy, the uterus was freely movable, anteverted, and apparently not enlarged. The sound was not passed, and no bleeding followed the examination. She was ordered pills of strychnine, quinine and ergotin, and hot douches, and the bleeding ceased for two-and-a-half months. It then came on much worse than ever before, whereupon he advised her to have the cervix dilated and the uterus explored. Accordingly she saw Dr. Smith, who curetted her and sent the scrapings to the Clinical Research Association. Mr. Targett reported that the specimens showed malig-

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dant disease, and vaginal hysterectomy was in consequence performed. The long duration of the symptoms was a point of special interest.

Dr. W. A. SMITH said that the operation was performed in the way advised by Mr. Jessett, and presented no special difficulties. The disease was in an early stage. The patient had done well, and was now almost convalescent. In answer to a question from Dr. Macnaughton Jones, he added that some years ago the patient had suffered from a purulent discharge.

Dr. MACNAUGHTON-JONES observed that of late years it had been shown that there was not infrequently a transition from suppurative endometritis to sarcoma; and he thought this was a most important point in connection with malignant disease. The endometritis first assumes a fungating form, and then passes into sarcoma. This view emphasised the importance of early and radical treatment in these minor cases.

Dr. WM. TRAVERS thought the case showed the value of microscopical examination. He had some time ago a patient whose physical signs pointed to cancer; but the microscope showed that the condition was benign, and she had borne out this opinion by remaining in perfect health. By the use of the microscope many patient's lives might be saved by the early diagnosis of malignant disease, and many others, where the signs were doubtful, might be spared grave operations when the disease was non-malignant.

Mr. J. H. TARGETT said the specimen was one of the rather doubtful kind, as regards definite proof of malignancy, but by frequent practice, one got into the way of recognising cases that were malignant, even when appearances were not conclusive. For sure diagnosis the tissues below the surface should be examined.

Mr. F. BOWREMAN JESSETT read a paper, illustrated by specimens on

THE EARLY DIAGNOSIS OF MALIGNANT DISEASE OF THE BODY OF THE UTERUS, AND ITS TREATMENT BY OPERATION,

which will be found on another page.

The PRESIDENT, in thanking Mr. Jessett, in the name of the Society for his valuable paper, observed that it was only a few years ago that Dr. William Duncan read a paper on the subject, at a sister society; and the almost unanimous verdict, in view of the large immediate mortality, was that vaginal hysterectomy for cancer was an unjustifiable operation. Now it was a recognised procedure; and even in the cases where the disease seemed to be most advanced, there was often no recurrence. In a case he had seen some time ago the patient for a long time would not see a doctor, because her daughter had died as the result of an operation; and it was not until she had had several severe hæmorrhages that she consulted him. Operation was consented to, and Mr. Jessett performed it. The patient remained well at the present time, after an interval of two years.

Dr. PURCELL presented a table of 63 cases operated on since 1884. The mortality from the operation was 12, or 19 per cent.

	No of cases of the operation.	Deaths.	Recoveries.	
1884.....	1	—	1	
1885.....	1	—	1	
1887.....	3	1	2	
1888.....	2	1	1	
1889.....	4	1	3	
1890.....	5	—	5	
1891.....	7	1	6	
1892.....	8	1	7	
1893.....	7	1	6	
1894.....	10	4	6	1 died 22nd day. 1 „ 35th „
1895.....	9	2	7	
1896.....	6	—	6	
Total...	63	12	51	
Percentage		19·04 p.c. mortality.	80·99 p.c. recoveries.	

The after results were as follows:—

1 alive after 12 years.
3 „ „ 6 „
3 „ „ 3 „
12 „ „ 2 „
„ „ less than 2 years.

That is, of 51 cases that recovered from operation, 30 were still alive, whilst 21 had died of recurrence; giving a percentage of 58·8 cases alive and free from recurrence. The average age of the patients was 41·5; and the extreme ages 25 and 58. Only one patient was single; the average number of pregnancies of the remainder was 4·3. He congratulated Mr. Jessett on his excellent results; Mr. Jessett's mortality was only about one-half his own. In explanation of his own mortality, he might add that he began operating when the *technique* was less defined than at present: indeed, he performed the first vaginal hysterectomy in England. Further, he had not picked his cases; on the contrary, he had operated on some advanced cases, at the desire of the patient for relief, somewhat against his own judgment. He endorsed the recommendation that when the external os was apparently sound, in doubtful cases, the uterine cavity should be explored and scrapings examined microscopically.

Dr. R. T. SMITH congratulated Mr. Jessett cordially, and thought that he and Dr. Purcell had thoroughly justified their position as surgeons to the Cancer Hospital. The frequent obscurity of symptoms and the absence of pain were familiar points, and he thought the subject of greatest interest was the possibility of recurrence; after the record which they had had presented to them they would be greatly encouraged in this matter. He thought Mr. Jessett had fully proved his contention that the only rational treatment for carcinoma of the fundus was early and complete extirpation.

Dr. MACNAUGHTON-JONES said that he, like others, had been looking forward to this paper with great interest, but he thought that its title would be more exact if it were called "The Justification of Vaginal Hysterectomy." That, however, was not, properly speaking, the subject that they had come to discuss, which was rather "The Early Diagnosis of Cancer of the Body of the Uterus." This question often placed them on the horns of a dilemma, for not uncommonly when a patient had been some time under observation they felt pretty sure of the threatening development of malignant disease, while the symptoms were still doubtful; then perhaps a little later the patient passed into other hands: cancer was immediately diagnosed and an operation performed, and the first attendant was more or less in disrepute. They now knew that the old exclusively cellular theory of cancer was disproved, and that it could begin in the connective tissue, in the ovaries, and in the tubes. A great deal had been done in this direction by the admirable researches of Dr. Mary Dixon-Jones. They knew that cases of erosion might pass on into cancer, and that follicular conditions might become the starting-point of degeneration; For his own part, he looked on these follicular conditions as among the most ominous. They knew that diffuse sarcoma might supervene on suppurative endometritis; and that one kind of sarcoma (deciduoma malignum) might follow gestation. It would be a great advance if they could throw some light on these preliminary conditions. Total hysterectomy was now universally established, and the discussion as to the relative value of supra-vaginal amputation and total extirpation might be looked on as prehistoric; the only modern method of treatment was panhysterectomy. No longer could one surgical rule be applied to cancer of the breast and another to cancer of the uterus. The important thing to remember was that conditions predisposing to cancer ought to be thoroughly treated, and not left half cured, for the symptoms of early cancer were often ambiguous. The patient might have no pain, and indeed she might know nothing of her condition. While he did not wish to underrate the value of the microscope in diagnosis, he must remind them that it was not infallible. The examination of mere scrapings was not reliable. Thus twelve years ago he freely curetted a fungous growth of the uterus, and then used chromic acid. A distinguished pathologist and microscopist pronounced it to be malignant; yet the patient was still alive and well. Hæmorrhage was the most decisive symptom; whilst in cases of diffuse sarcoma there might be, in addition, shreddy patches passed. These symptoms might be absent, however, when sarcoma was subperitoneal; whilst when it was parenchymatous the bleeding might be much the same as from a fibroid. He had sometimes noticed a peculiar appearance of the vaginal roof in these cases; it became leathery, and yellowish, with pinkish patches. In forming a diagnosis, a

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former history of erosion, follicular conditions, or suppurative endometritis ought to be taken into account.

Mr. Fred. Edge (Wolverhampton) wished, as a younger surgeon to thank Mr. Jessett for his paper which was, he thought, most encouraging to those who were beginning. He had himself performed vaginal hysterectomy in 10 cases, but not one of them was for cancer, because he had not seen one case in which he felt he could remove the whole disease, but it would be worth remembering that even if the disease seemed rather advanced, permanent good results might still be obtained.

Mr. Hedley Bartlett (Saffron Walden) said he was present with Dr. Smith at the operation to which the President had referred. He then realised how difficult the operation was; it was very difficult to get the uterus down, owing to the narrowness of the vagina. After the uterine arteries and broad ligaments had been secured, there was still a good deal of oozing apparently from the flaps. He would like to ask Mr. Jessett how he treated such a condition?

Mr. Bowreman Jessett, in reply, said that Dr. Smith's case was important, because had it not been for the President's discernment, the patient might have drifted on, unrelieved. It also showed the value of microscopic examination. He agreed, however, with Dr. Macnaughton-Jones that the microscope could not always be relied upon and three or four competent pathologists might all give different opinions, because they happened to examine different portions of tissue, some of which might be healthy. In answer to Mr. Bartlett, the bleeding might be due to incomplete ligature of the broad ligament: or it might come from the posterior vaginal artery, or from venous oozing from the stump. He thought Dr. Purcell had been unduly modest about his cases; many of which were early ones. His own early cases had been so unfavourable that for a time he gave up the operation; and they were not included in his list. The late results at the Cancer Hospital had been very satisfactory, and they had had 17 or 18 cases this year without a death. He agreed with Dr. Macnaughton-Jones as to the bad tendency of erosions, follicular degenerations, and suppurative endometritis, in persons predisposed to cancer; such cases should always be well watched, and thoroughly cured. As long as malignant disease was confined to the uterus there was often no pain. He had noticed the vaginal appearances that Dr. Macnaughton-Jones spoke about, but he thought they were not seen when the disease was limited to the fundus; when found associated with malignant conditions of the cervix, they were probably due to direct extension of the disease.

LIVERPOOL MEDICAL SOCIETY.

First Meeting of the Session held Thursday, Oct. 8th.

The President, Dr. Caton, in the Chair.

Dr. Barr proposed that the British Medical Association be invited to hold its business meeting for 1897 in Liverpool; this was seconded by Mr. C. Puzey, and carried *nem. con.*

Dr. Thurston Holland gave a lantern demonstration on Radiographs, normal and pathological.

Dr. Glynn also showed a Radiograph of Bullet in Head.

CASE OF EXOSTOSIS OF THE FRONTAL SINUS.

Mr. Thelwall Thomas read a case and showed the patient from whom he had removed an exostosis of the left frontal sinus. The patient, a woman, æt. 46, ascribed the tumour to a blow thirteen years previously. A small portion had herniated into the orbit, this was the size of a filbert. The patient suffered from severe frontal neuralgia. It was removed by an incision placed well under the eyebrow, the orbital portion seized by a strong forceps, and a few taps on a chisel loosened its sinus attachment, and while traction was kept up on the growth the floor of the sinus was cut away. The roof of the sinus consisted of dura mater. A large drainage hole was made into the nose, and a tube 3-8th inch in diameter inserted, and allowed to remain for fifteen days. The wound was not sutured, the cavity being tightly packed with cyanide gauze, and healed rapidly, leaving only a tiny cleft which can readily be closed. The growth, an ivory exostosis, grew from the inner wall of the sinus, was bossed and mamillated weighing a little over half an ounce. The patient was sent to the infirmary by Dr. Napier, of Egremont.

Dr. Carl Grossmann read a paper on the

CAUSATION OF LEPROSY AND THE EXTENT OF ITS OCCURRENCE IN EUROPE.

The paper was based on observations of cases in Iceland in 1895, and in Egypt in the early part of 1896, made primarily for the purpose of studying the ocular manifestations of leprosy. The author shows that leprosy is much more frequently met with in Europe than is generally supposed, and that many cases are overlooked in the early stages especially in the anæsthetic form. The most important question to consider with regard to leprosy is whether it is due to contagion or heredity. The theory that it is due to fish-eating is not corroborated by any proof, and must be given up unless some convincing evidence is brought to light. Equally uncorroborated is the hypothesis of an extra-human habitat of the virus of the disease. As to the question of heredity, Iceland is peculiarly well-adapted for deciding it, the people have careful records of their ancestry, often reaching back 1,000 years without a break. The evidence of the genealogy is strongly in favour of the theory of heredity and a great number of facts tell in favour of infection. The great amount of crowding and the extraordinary absence of cleanliness which prevail in many of the farms would tend to propagate any infection if it existed, and the people manifest an almost incredible indifference as regards the possibility of acquiring this loathsome disease from persons infected with it. Some remarkable illustrations of this were given. The author remarked that the object of his paper was to draw the attention of the profession in this country to the disease, to its possible occurrence when least expected, and to the necessity which exists of making provision for the proper and safe care of such cases when they arise. Cases that have actually occurred within a few weeks were quoted. The medical treatment of leprosy has hitherto been of no avail, as a careful scrutiny, and observation of the reported cures tends to show. Until a successful treatment has been found, isolation is the only means known of arresting the spread of the disease. Such an isolation need not be on the penitentiary lines.

Drs. Clifford Taylor and Abram, and Professor Boyce took part in the discussion which followed, and Dr. Grossman replied.

France.

[from our own correspondent.]

Paris, Oct. 17th, 1896.

Fatty Heart and Obesity.

Dr. Kirsch, a consultant at one of the large watering places, has published an interesting article on the subject of the condition of the heart in persons suffering from obesity. According to him, there exist three periods in the heart trouble provoked by the excess of fat around the organ.

In the first period the cardiac symptoms are but slightly pronounced. When the heart of these patients is examined only a slight increase in the dulness and a certain degree of weakness of the physiological sounds of the organ, as well as of the cardiac shock at the apex is found. Ordinarily the pulse preserves its normal tension, sometimes, however, it is small, the result frequently of a layer of fat over the radial artery. The progressive increase of the obesity produces a parallel increase of fat around the heart, and then cardiac affection enters on the second period. The first change to take place is a dilatation of the left ventricle, and if the compensation be not sufficient the right ventricle becomes enlarged in its turn. It is at this point that the patients complain of palpitations

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vertigo, and an increasing dyspnœa. Frequently also chronic bronchitis supervenes, which under the slightest causes presents acute exacerbations, and the dyspnœa becomes more and more pronounced. Direct examination of the heart reveals little more than an exaggeration of the symptoms of the first period; however, the existence of short systolic souffle is frequently found at the apex, and the shock seems to be diffused over a large surface. The number of the cardiac beats vary considerably, according to the moment of examination, at one time the pulse is rapid, at another it will be found slow.

The researches of M. Kirsch confirming those of Dr. Huchard show that arterio-sclerosis is very frequently met with in fat individuals, and when that is so, the symptoms of this affection, added to those dependent on the fatty envelope, increase considerably the troubles of the patient. It is worthy of remark, however, that during this second period the morbid symptoms are less pronounced in women than in men and in muscular persons than in those of weaker build.

The third period is characterised by the fact that the excess of fat around the organ becomes transformed into fatty degeneration. An active proliferation of fat takes place between the bundles of the muscular fibres of the heart on the one hand, and the fibres themselves undergo the fatty transformation on the other. Hyposystole and asystole are the forced consequences of this anatomical condition of the myocardia. At this stage the patients develop all the symptoms of cardiac asthma and frequently phenomena of angina pectoris are witnessed producing fear of impending death.

The physical signs at this period are important; the cardiac dulness is perceived over a much larger surface, the shock is hardly felt, the bruits are faint, but frequently the second bruit at the aortic orifice is well pronounced. Under these conditions, the pulse is small, depressible, and often irregular and even intermittent.

At the two first periods, the prognosis is ordinarily favourable; but it is far from being so at the third stage of the malady, for a fatal *denouement* can take place, either suddenly or in a gradual manner common to heart diseases. In the first case, the sudden death may be the consequence of an embolus, of acute congestion of the lungs, or from paralysis of the heart, or from cerebral hæmorrhage, especially where the affection is complicated by arterio-sclerosis.

As regards the treatment, which can only hope to succeed in the two first periods, it is that of obesity, that is to say, that it should be essentially dietetic and hygienic. It consists in the systematic use of mineral water (sulphate of soda) acting as a laxative and a diuretic, in hydrotherapy, hot or cold, according to circumstances, in physical exercise and, above all, in an appropriate alimentary *régime*, tending to diminish the quantity of fat in the organism, that is to say, rich in albuminates, but from which sugar and fat should be banished.

TUBERCULOUS MENINGITIS.

The following treatment will be found very effective in this malady.

Iodide of sodium, ʒiiss;
Syrup of orange, ʒij;
Water, ʒx.

Two tablespoonsful the first day, four the second, six the third, eight the fourth and succeeding days.

Every two days 10 grs. of calomel in two doses. Apply a blister to each leg, then to each arm, and finally to the nape of the neck. Rub the shaven head with equal parts of croton and olive oil. Nourish the child with milk and champagne.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, October 16th.

THE SIXTY-EIGHTH CONGRESS OF GERMAN SCIENTISTS AND PHYSICIANS.

IN the Surgical Section of the Congress which was held at Frankfort a/m, from the 21st to the 26th ult. Hr. Köttner of Tübingen read a paper on

FREY'S METHOD OF INTESTINAL ANASTOMOSIS.

He said that the method had only been practised experimentally on animals by the lately deceased inventor had been carried out by himself on the human subject in six cases, four of which recovered, and two died. The *technique* was as follows:—

The piece of intestine was resected (mostly on account of gangrene) between two pairs of forceps (Kocher's) and the ends brought together. After this an incision was made down to the mucosa on each side the required length and the edges of the incision united. The affluent end was then closed by digital pressure so as to prevent the ingress of fæces, and the mucosa cut through. Through the end still closed by forceps two sutures were passed cross-wise. Péan's forceps were then passed through the opening made, and through the end of the intestine, they then grasped the four twisted suture ends, drew them back so that the inverted end of intestine was drawn through the slit made for anastomosis. Around the inverted end a strong silk ligature were then passed, tied, and the ends cut short off; the stump was then replaced in the lumen of the intestine. The same process was gone through with the efferent end. The anastomosis was then closed by suture. The procedure was very simple, readily carried out, and the closure of the ends of intestine quite safe. According to the reader's experience the lateral method of making anastomoses just described was the most perfect hitherto known.

Later a discussion on

THE PRESENT POSITION OF THE GONORRHŒA QUESTION

was introduced by Hr. Neisser, of Breslau. He said that examinations for gonococci afforded a certain determination of infection as the cause of clinical symptoms, and they also determine the present or passed state of infectiveness in suspicious cases. In the gonorrhœa of females, and especially in the ascending and residual forms, gonococcal infection had been ascertained to be the cause of the disease, but in many secondary diseases gonococci were absent and could not be demonstrated, and this was frequently the case in severe forms. In gonorrhœa of the external parts the microscope was necessary; here the question simply was whether the case was still capable of infecting or not. The absence of clinical symptoms was no ground for excluding a diagnosis of gonorrhœa. In suspicious cases, therefore, the urethra, the urethral orifice, with its depression and folds, the cervical canal, the exit passages, and Bartholini's glands should be examined. The examination of the rectum was more important: in older persons, and those having frequent intercourse, the vulva and vagina were scarcely ever the seat of gonorrhœal infection, but the vulvo-vaginitis of children was

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often gonorrhœal. Papillomata, caruncles, and erosion had nothing to do with the disease. Microscopical examination was better than cultivations. There was no acquired immunity, possibly there might be tolerance.

In case of a negative result on examination this should be repeated. Many cases were allowed to go out of hospital because there were no microscopical symptoms, and these were the worst, giving rise to the ascending and metastatic forms. The treatment consisted in the use of medicaments that destroyed the germs without irritating the mucous membranes, and they must not lose this property on combining with albumen. The treatment must also be begun as early as possible and the medicament might be brought into contact with every part of the mucous membranes.

Hr. Sänger, Leipsic, laid stress on the continuance of the disease after the disappearance of the gonococci. There was an atypical form of the disease that began insidiously; there was also a residual gonorrhœa that presented the following pathological features:—1. Vulvitis maculosa, persistens, change in the mucous membranes, diseases of the papillary bodies, and thinning of the epithelium. 2. Adenitis glandulæ Barthol scleroticans, sclerosed atrophied glands. 3. Urethritis maculosa externa persistens. 4. Strictures. 5. Periarthritis chronica. 6. Endometritis. In the rectum also stricture of residual diseases were met with.

Hr. Bumm, Zurich, agreed with Neisser in everything. The gonococci could remain virulent on a mucous membrane for ten or twenty years. Extension of a gonorrhœa after death of the gonococci was incredible. He thought the ætiological importance of the gonococcus had been much over-estimated. It was a disease of the mucous membrane and rarely went beyond them. Direct inoculation had shown that the gonococci could not live in the connective tissue. The ascending form was not very frequent.

Hr. Neisser thought the peculiarity mentioned by Bumm that gonococci was solely a disease of mucous membranes, was a very important one; without special cause the gonococci never passed into other tissues.

Causes of Death in Prussia in 1894.

During this year 678,793 persons died. Of this number 77 died of small-pox (37 males and 40 females), 28 boys and 31 girls were under 15 years of age. 478 persons died of Asiatic cholera, 172 being under 15 years of age. 2·17 per 10,000 of the population died of scarlatina, from measles, and Rötheln, 3·11 per 10,000 died. 14·73 died of diphtheria and croup, 4·74 of whooping-cough, 1·51 of typhoid fever, 0·35 of dysentery, 5·58 of cholera nostras, 5·73 of infantile diarrhœa, 0·51 of acute articular rheumatism. 0·94 of scrofula and rickets, 23·89 of tuberculosis, 5·27 of cancer, 6·82 of inflammations of the respiratory passages and pulmonary catarrh, 15·08 of pneumonia and pleurisy, 2·12 of suicide, and 3·72 from accident. Influenza remains to be mentioned. According to the returns in the two last months of 1889, 314 persons died of the disease; in 1890, 9,576 = 3·20 died of it; in 1891, 8,050 = 2·68; in 1892, 15,911 = 5·23; and in 1893, 10,403 = 3·37: and in the year 1894, 7,336 = 2·25 died of the disease. From 13 to 18 per cent. of the deaths occurred in towns of over 20,000 inhabitants.

The Use of Kidneys in Renal Diseases.

Following the prevailing fashion of the day, an ingenious Russian physician has for some time given kidney in renal disease. The cases consisted of acute and chronic parenchymatous nephritis, granular and amyloid kidney. Increase of urinary secretion, diminution of albumen and of specific gravity, and cessation of uræmic symptoms observed. After taking at least twenty kidneys the therapeutic effect was permanent, and the patients could be looked upon as cured. The kidneys were given fresh and in a raw state.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, Oct. 16th, 1896.

Lyssa Humana.

At the Rudolfstiftung lecture, Bamberger took for his subject a mysterious case of hydrophobia that had just died in his ward. The patient was the son of a labourer, æt. 19, from Moravia, who had been taken ill three days before his admission to hospital, with shivering, loss of appetite, and difficulty in breathing and swallowing; on trying him with a drink of water the characteristic hydrophobic symptoms were undoubtedly present, but no history was forthcoming that he had ever been bitten by or in contact with any rabid animal. The temperature ranged between 39° C. and 40° C. for three days, when the patient died after great agony with apparent lung œdema. The post-mortem temperature was 41·5° C. = 106·7° Fahr. in the rectum. The post-mortem revealed the usual hyperæmia of the meninges but more particularly in the grey substance of the brain. Over the cerebellum was found a dull fluid, with a red brown pigment. Prof. Paltauf injected three guinea-pigs, one with matter from the external gray substance, one from ventral fluid, and another from the same of the medulla oblongata. All the animals soon recovered and appeared perfectly healthy till the seventeenth day, when the one with the medulla oblongata injection took ill, and soon died with all the manifestations of rabies; a few days later the other two became ill and died with similar phenomena.

The symptoms *intra vitam* were indisputable, while the second test was a confirmation. The question arose if any doubt could rest on the throat affection. Could there be any other brain disturbance, such as hysteria, epilepsy, psychosis, cerebral tetanus, or lyssophobia?

After reflecting upon the symptoms and comparing the various phenomena these diseases were eliminated. As for the subdural infection of the guinea-pigs, doubt might be thrown on this confirmation by Spitzka and Dolan, who obtained similar phenomena by injecting other material. It has also been shown that injections taken from men suffering from other nervous diseases, such as epilepsy, mania, delirium, tetany, eclampsia produce the same symptoms before death. The absence of history in this case was the crucial point, but our literature is not void of cases where lyssa has been developed spontaneously. In such cases, however, we must imagine or presume that the patient had been moving among animals affected with madness, who licking his hands or other parts that had been scratched could easily be unconsciously affected with the disease. Many such cases are on record where the scratch of a cat has given rise to the disease. Imagination with psychosis has been credited with many of the deaths recorded, but the history of our patient gives no colour to this being present. Another interesting point

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in the history of the case was the paralysis which appeared on the fourth day of the illness or twenty hours before death. The movement of the left upper extremity, at shoulder and elbow, was destroyed, while the fingers could be moved; on the right extremity, the fingers were paralysed. He was paralysed at the hips, but had power of movement in the legs. It is now common observation that these paralytic symptoms occur in cases of hydrophobia either in the limb bitten or as a general phenomenon, which has been incorrectly placed to the credit of Pasteur's inoculation.

The Operating Theatres.

GUY'S HOSPITAL.

REMOVAL OF APPENDIX. – Mr. ARBUTHNOT LANE operated on a man, æt. 27, who, for about a year, had suffered from violent attacks of pain and vomiting which came on very suddenly and lasted sometimes for several days, leaving his abdomen distended and tender; during the attacks he had passed bile in his urine, and though he never seemed to have been markedly jaundiced during the attacks the region of the gall-bladder was very tender and remained so even in the intervals. Though the right iliac fossa had been carefully palpated during several of the attacks no evidence of pain or tenderness other than that existing everywhere in the abdomen could be elicited. On admission, and for four days preceding the operation, bile was found in his urine. The man was remarkably fat, so that nothing could be felt in his right iliac fossa, nor did he experience the slightest pain or discomfort on forcible palpation of that area of his abdomen. The liver edge could be felt, and in the position of the gall-bladder it was very tender; the whole of the liver, however, where it could be pressed on was somewhat tender. The patient denied being other than abstemious, but as he was employed in the liquor trade too much stress could not be laid on his assertion. It was determined therefore to explore the gall-bladder first, and, failing to find anything there, the appendix. A vertical incision was made over the gall-bladder when the liver was found to be large and swollen and puckered in parts, evidently cirrhotic. The gall-bladder and ducts of the liver were normal; the hand was then introduced into the iliac fossa and an appendix as long as the middle finger and about twice its thickness was felt. The incision in the abdominal wall was then prolonged downwards and the appendix removed. It contained two large cysts filled with a jelly-like secretion, the terminal one being as large as a plover's egg, and the proximal one about the size of a sparrow's egg. The proximal inch of the lumen of the appendix was obliterated. The muscle wall of the appendix was an eighth of an inch in thickness. Mr. Lane said it was the largest and most thick walled appendix he had ever seen.

CYST IN THE PANCREAS. — Mr. ARBUTHNOT LANE operated on a woman, æt. 25, who, for more than a year, had suffered from attacks of pain beneath the xiphoid cartilage and externally back to the spine and the left loin; these attacks varied in severity, in some instances being accompanied by evidences of peritonitis and pleurisy in the left side. On one occasion the left chest became filled with fluid up to the level of the spine of the scapula. On most of the occasions a tumour was felt in the upper part of the abdomen, which increased rapidly in size, causing the patient intense pain and distress; the tumour sometimes developed with great rapidity, appearing to the left of the xiphoid cartilage; it subsided sometimes slowly, sometimes very rapidly. On one occasion the sudden subsidence was associated with an abundant discharge of fluid from the bowels. At the time of operation the tumour was very prominent in front, extending to the right of the middle line for a hand's breadth and well into the left loin, where a rounded mass could be felt very distinctly; it was important, Mr. Lane said, to determine whether this was the outline of the tumour itself or the normal kidney displaced downwards and backwards. Throughout the whole course of the illness there had been nothing to suggest any affection of the left kidney, so that it appeared most probable that the tumour, which was evidently a tense cyst, was in the pancreas; the intestine could be felt empty in front of the tumour. The patient was very much reduced in weight by the inability to take food and by the incessant pain. Although at the time of the operation there was no evidence of fluid in the chest, yet there was a pleuritic rub all round the base. A long incision was made in the loin when the kidney, as was expected, was found splayed out over the back of the tumour which rested on the anterior surface of the kidney and on the spinal column, above it was firmly adherent to the under surface of the diaphragm, and the peritoneum was reflected laterally from its limit at the level of the anterior margin of the kidney. In order to obtain as much information as possible about the state of things the peritoneum was opened at the anterior limit of the incision and the hand introduced, when the cyst was found to occupy the position and relations of the pancreas, displacing the viscera by its presence. The aperture in the peritoneum was then closed and the cyst opened at its posterior surface, where it was uncovered by peritoneum; about two pints of perfectly clear, watery, inodorous fluid were evacuated. A portion of the cyst wall was excised for microscopical examination, it measured an eighth of an inch in thickness. The interior of the cyst was perfectly smooth and no orifice could be felt in it. The wound was closed, a drainage tube being left in the cyst.

ST. GEORGE'S HOSPITAL.

RESECTION OF A MALIGNANT STRICTURE OF THE SIGMOID FLEXURE.—MR. HERBERT ALLINGHAM operated on a man, æt. 60, who had suffered from vague symptoms of malignant disease of the rectum; this part of the intestinal canal on examination was perfectly healthy. An incision was made in the left inguinal region and a malignant growth was found about the middle of the signoid flexure causing stricture. Two drainage-tubes were twisted tightly on the gut about two inches above and below the tumour, being kept tight by being nipped with forci-pressure forceps, and the whole growth containing the stricture resected; about four inches of intestine were taken away with the mass, the cut ends of the bowel being easily and correctly brought together over one of Mr. Allingham's largest bobbins. Mr. Allingham remarked on the utility of employing drainage-tubes in the way he had done, and said he did not believe in any special form of apparatus or clamps for that purpose, the drainage-tubes, in his opinion, being most convenient and simple. He pointed out how easily the gut was brought together over his bobbin, there was no possibility of the bowel slipping away, owing to the shape of the instrument, which, he contended,

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makes an excellent splint, keeping the intestines at rest until they are completely joined, when the decalcified ends of the bobbin become absorbed, leaving the central undecalcified portion to slip into the intestine and to easily pass through its lumen till expelled per rectum.

The patient made an excellent recovery.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 21, 1896.

PATIENTS AND PRESCRIPTIONS.

The prescription is a necessary aid to the medical consultant, be he physician, surgeon, or specialist. According to some folk, it should be used to no less an extent by the general practitioner. In other words, it is stoutly maintained, in many quarters, that the mere making up of medicines should be handed over entirely to the pharmaceutical chemist. Before such a step can be taken, however, there would have to be some readjustment of fees, for it seems absolutely clear that the ordinary money payment of the cheap dispensary and poor-class practice, ranging, say from sixpence to eighteenpence, could not bear any additional cost for dispensing. Unpalatable as the fact may be, it is, nevertheless, the case that in medical practice of the kind mentioned, the fee is not equal in amount to that demanded by the average respectable chemist for the mere physic. In other words, the medical man who works at these rates is practically selling the physic and throwing his skilled advice into the bargain. The reasons for all this underselling and inadequate remuneration are fairly well agreed upon. So far as one can judge from the endless torrent of complaints poured out year after year in the columns of the medical journals, it is due in the main to two causes; first, the absence of any union worthy the name amongst medical men; and, secondly, the want of protection against all kinds of licensed and unlicensed competition. In no other profession are these conditions to be seen, and yet in none of them are the demands and restrictions of Government as to the qualifications for entry and for practice more stringent than in that of medicine. To such a pass have things come in many parts of the kingdom that the mechanical dispenser of prescriptions is often in the enjoyment of a far larger income than the men who are legally qualified to write them. One reason for this, probably is, that the chemists act on the ordinary business principles that guide the conduct of most trades, and agree on certain prices to be charged for their goods. Some of them undoubtedly trespass on the sphere of the medical practitioner, an offence which they often attempt to justify by retorting that medical men who make up their own medicines are invading the domain of the chemist. This line of reasoning, however, will hardly bear the light of a logical inquiry. The whole force of the *tu quoque* argument depends on the assumption that both chemist and medical man are acting within their rights. As a matter of fact the legal rights of the two stand on entirely separate grounds. The medical man has a statutory right to make up and sell medicines whenever he may choose, whereas the chemist, on the other hand, is acting in an illegal manner when he prescribes for his customers or gives them medical advice. It is curious, indeed, how such a fundamental difference is persistently ignored in discussions upon the burning question of counter-prescribing As regards the prescription itself, the general practitioner can hardly fail to recognise the ways of the public with regard to that document. The career of a prescription, often ordering perfectly simple drugs, is sometimes chequered and prolonged. It may be hoarded up for generations, handed about among friends and relations, or even copied out and sent to distant lands. To the ordinary ignorant or half-cultured man in the street, the fact that a certain medicine cured his cough ten years since is sufficient reason that it should do so again, or should cure that of his wife, or his cousin, or his aunt. He recks not that the cough may be symptomatic of slight or of serious mischief. He knows naught of the evil of the long continuance of sedatives or depressants, which may have been necessary in the first instance. Moreover, he often seeks to hasten matters by doubling the dose of his valued nostrum. The vulgar mind longs for the specific, and it is to be feared that even many educated persons fail to recognise the proper *rôle* of the medical adviser. The modern professional tendency appears to be to trust less and less in physic, and to pay greater attention to environment, which includes such things as dress, habits, rest, amusement, exercise

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and so on. The doctor's duty is to tell people how to ward off disease, to say whether they are ill and how to remedy their disease, and in times of serious sickness to watch against complications and place the patient under conditions most favourable to recovery. To perform these duties requires a long and laborious training, and the exercise of the highest intellectual faculties. Yet a great number of our fellow countrymen think they can treat their own ailments by rule of thumb, either by swallowing quack nostrums, or by taking advice and medicine from persons who have not had a medical training, or by the use of stereotyped prescriptions. There can be no doubt that in the long run unwisdom of this kind brings a host of damaged constitutions to the consulting-rooms of the general practitioner.

THE RELIEF OF VISCERAL TENSION BY SURGICAL MEANS.

MANY of the diseased conditions of the internal viscera which ultimately give rise to morbid symptoms indicative of organic change are initiated by a more or less marked condition of vascular tension, and although this tension is rather the effect than the cause of already-existing disease, it probably paves the way to ultimate disorganisation and functional inadequacy. The early stages of cirrhosis of the liver and granular kidney often, if not always, begin with increased tension, which impedes the function of the particular organ, and ultimately determines structural changes characterised by hyperplasia of the connective tissue and consequent strangulation of the secretory structures. Apart from these well-defined pathological conditions, it is well known that transient, and even more or less persistent, jaundice and albuminuria are directly due to a morbid increase of the normal vascular pressure of the organ affected, and at various times it has been proposed to reduce this tension by violent *quâ* surgical means. Many years ago, Dr. Harley preached and practised local blood-letting of the liver in certain cases of hepatic congestion, but his plan of plunging a trocar of large dimensions boldly into the liver substance was too drastic apparently for general use and, except in his hands, the method never attained any great popularity. The objections to Dr. Harley's method of treating hepatic congestion were not wholly based on scientific considerations, for patients displayed a curious reluctance to this novel and audacious proposal, many, nay most, preferring to nurse their congested liver rather than submit to the pang inseparable from the operation. More recently, Mr. Reginald Harrison has placed before the profession certain facts observed by him in performing operations on the kidney, which seem to point to albuminuria being in some cases directly due to vascular tension and amenable to surgical measures. In the admirable address with which he inaugurated the Session of the Medical Society of London last week Mr. Harrison quoted a number of instances of patients who presented symptoms referable to the region of one or other kidney which were severe enough to warrant an exploratory exposure of the kidney in search of a calculus or a focus of suppuration. In these cases he was fain to admit that his diagnosis was at fault, but the error is hardly to be regretted seeing that the result of incision or puncture of the congested kidney was to restore functional harmony, the albuminuria, pain, hæmaturia, &c., disappearing *pari passu* with the healing of the wound. The operation of cutting down on the kidney has of late years been rendered comparatively safe, so that in presence of symptoms sufficiently severe to justify the slight risk entailed, no surgeon need hesitate to ascertain for himself whether the condition of the kidney is such as to warrant puncture or limited incision with this object in view. The cases related by Mr. Harrison do not enable us as yet to state with any degree of certainty in what class of cases surgical measures are likely to be attended by benefit to the patient; they merely prove that there are cases in which surgical intervention, undertaken on quite other grounds, has paved the way to immediate and usually permanent recovery. It can obviously only be in cases of nephritis tending to a rapidly fatal issue, or cases in which the condition of the patient steadily becomes worse, that such radical measures can be justifiable. We do not open the abdomen and scrape the peritoneum because in a few cases laparotomy done for concomitant conditions has determined the retrogression of peritoneal tuberculosis, and physicians may rest assured that cases of nephritis which they have hitherto regarded as peculiarly their own, are not yet on the eve of falling wholly into the domain of surgery.

THE REFORM OF THE ARMY MEDICAL DEPARTMENT.

THE condition, hapless as it is, of the Army Medical Department at the present time, is naturally attracting a good deal of attention in our Service contemporaries. Among others the *Broad Arrow* has been discussing the question of how to reform the Department, and a correspondent makes the following suggestions in connection therewith. (1) Abolish the Director-General and his staff of doctors, quartermasters, and other overpaid and under-worked persons at 18 Victoria Street. (2) Place the administration of the Medical Staff under the Adjutant-General and the command of the Medical Staff Corps under combatant officers, not promoted from the ranks. (3) Place an eminent civilian doctor on the staff of the Adjutant-General to advise on professional matters. (4) Let Army doctors become civil servants, without rank, but with very good pay, allowances and pension. The correspondent in question signs himself "Common Sense." But in view of the fatuity of his suggestions we doubt whether he has the slightest claim to such a description. His letter, indeed, would have been more aptly headed, "How Not To Reform the Army Medical Department." We mention this correspondent and quote his suggestions, chiefly for the purpose of showing the bias which persists in combatant quarters against the officers of the Medical Department. For some reason or another the main basis of this ill-feeling

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is jealousy, and the letter quoted above distinctly shows it. The existence of the Director-Generalship would appear to be a grievance, as a Departmental post, and, therefore, it ought to be abolished. Again, no doubt the arrangement would admirably suit the combatant side of the Service were the Adjutant-General to have the full control of the whole of the Medical Department. Already we should say that this control prevails to a much greater extent than is good for the Service. If the Medical Department were less controlled by the War Office than it is at present, there would be some chance of the Army Medical Officers making the service at least twice as efficient as it is. But there can be no advancement, no real progress in the promotion of efficiency, until the War Office allow themselves to be guided instead of acting the part of obstructionists. As long as the present *régime* prevails, so far as the connection between the War Office and the Medical Department of the Army is concerned, there can be no hope for improvement. That is to say, however much the Officers of the Department may strive to do their utmost for the Service, the War Office officials will always have their hand in preventing the accomplishment of the objects aimed at. The Army Medical Department in efficiency falls very far short of what it should be, and for this the War Office are a great deal to blame. Had the Medical Officers a free hand and the opportunity to make their department as perfect as it should be, the public would soon have something to be proud of in the Army.

Notes on Current Topics.

Robing for the Guild of St. Luke Festival.

Whether the Guild of St. Luke has done wisely or not in introducing the question of dress into a religious ceremony is a matter of opinion. There is no doubt but that the purport of dress in the case of a civic function is not in any way a personal matter. It is the same in the costume of our law courts, where the judge or the counsel put off all personality when they don their robes. It is the same with the Crown, and whether it is pleasant or not to the individual to change his character and sink all personality when called on to perform duties for the benefit of others, it can easily be imagined that to some it may not be agreeable to wear robes except under such conditions. When the Lord Mayor appears in public his name is forgotten; his feelings are not considered; his personality is concealed, and he acts as the representative of a great body of men. In the court of law it is the same principle which regulates the wearing of wig and gown. Counsel is appearing, not for himself, but for others, to defend or attack; and, like a soldier, he is clad in his armour, or uniform. In what manner all those invited to the Ceremony of the Guild of St. Luke can justify the wearing of robes it is difficult to understand. It is possible that the individual may gain something by doing so, but this depends entirely on the view taken by others of his good taste in putting in such appearance. We think it more than probable that if the President of the Royal College of Physicians were asked to appear in public in his Presidential robes, the Fellows of the College would consider that it is best to limit the wearing of the robe to their own meetings. We do not recall any occasion when the Chancellor or Vice-Chancellor of any of our Universities has appeared in robes except when performing the duties of office. The first occasion, we believe, when the Fellows of the College of Physicians wore robes was when Her Majesty laid the foundation-stone of the Examination Hall on the Embankment. We have reasons for believing that to make this the rule at the Harveian oration is not unanimously approved of, and the number of those who have attended without robes has rather increased than diminished. Of course, if the College agreed to some dress for the Fellows, as every College has done for its members at our Universities, it would be a different matter; but until this is done we see no reason for robes being worn except by the President and others holding office in the College; for which special robes are provided. It is, perhaps, not generally known that the degree of M.A. or M.D. at our Universities does not give any right to wear a gown unless the wearer is a member of the University, and still keeps his name on his College "books." That is the rule, and we think that to wear robes on any occasion, when they are not allowed to be worn in the University where the degree was obtained, is rather a questionable proceeding. But admitting that there are good reasons for robes being worn when certain duties are being performed, religious, civic, legal, or professional, we must contend for the observance of the distinct principle that the individual should not do this for personal advantage.

The Treatment of Retained Menses.

If the average student were asked the proper treatment for retention of the menses, he would probably answer that the fluid should be aspirated with every precaution through an orifice made *ad hoc* through the hymen or the structures representing the same. This answer is correct in respect of cases of hæmatocolpus, properly so-called, viz., cases in which the retention is due to imperforate hymen or to atresia of the vagina low down, but it is very inadequate in the not uncommon instances of complete absence of a vagina, either from congenital deficiency or as the result of acquired atresia high up. In this case the uterus itself is necessarily distended, and there is a real danger of the dilatation extending to, and involving the Fallopian tubes, constituting hæmatosalpinx. Several important facts call for consideration in this class of cases. In the first place, access to the os uteri has to be obtained through a passage artificially dissected out between the bladder in front and the rectum behind. Now this passage, when destitute of a mucous lining, is practically impossible to maintain patent, and reaccumulation of the fluid with recurrence of the symptoms sooner or later follows. In the second place, the treatment of cases of hæmatometra associated with hæmatosalpinx is somewhat dangerous owing to the risk

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of regurgitation of the fluid contained in the dilated tubes, or of their rupture. In view of these two conditions, it has been urged that the proper treatment is really to perform abdominal section, in order to remove the uterine appendages with the object of determining cessation of menstruation. Obviously, no such grave intervention would be justified except in presence of a formal diagnosis of hæmatometra, plus total absence of the vagina. When the defect is congenital, it not infrequently happens that the uterus and ovaries share in the arrest of development, in which case no treatment may be called for. Gynæcologists may consider themselves dispensed from the obligation of setting to work to create a vagina simply because the patient does not happen to be provided therewith, for unless by ingenious plastic devices a mucous lining can be secured, their labour will be in vain, the aperture invariably undergoing gradual closure owing to progressive cicatricial contraction. Such cases are not always easy to diagnose, and when diagnosed, they often present considerable difficulties in the way of successful treatment. Fortunately, they are tolerably rare, though most gynæcological surgeons of much experience have met with a certain number.

Constitution of the Conjoint Examining Board in Dublin.

WE are aware that a formal communication has recently been addressed by the Registrar of the Catholic University Medical School in Dublin to the Colleges of Physicians and Surgeons, in the nature of a protest against the alleged exclusion of representatives of that School from the Conjoint Court of Examiners for the double diploma. The communication asserts that, out of a court numbering twenty-four examiners but one hails from the Catholic University School, *i.e.*, the examiner in materia medica, while eleven seats are filled by teachers in the schools of the College of Surgeons, four by teachers in the Trinity School, and eight by persons who are not school teachers. The communication suggests that one effect of this condition of things is that a large proportion of Irish students emigrate to Scotland and qualify there. We understand that the Fellows of the College of Physicians, by a very small majority, declined to take action upon the letter of the Catholic University Medical Faculty, and that the Council of the College of Surgeons has remitted to its Education Committee to consider and report upon the whole question, not only of the alleged redundancy of College School teachers on the Court but upon the general question of the cause of the exodus of Irish students, &c. Pending that inquiry it would not be right for us to express any strong opinion. But a prejudgment of the case should not be created by the figures presented by the Faculty. If the Council of the College of Surgeons, with whom lies the selection of one-half the examiners, deliberately excluded those associated with extern schools in favour of men from their own school, a disreputable scheme would stand confessed, but it must be recollected that, by its Bye-laws, the Council is limited in its selection to Fellows of the College, and it unfortunately happens that the Medical Faculty of the Catholic University numbers only three persons possessing that qualification, and, therefore, that only one or two candidates from that school have ever offered themselves to the College, and any of these who were recognisably suitable have been elected from time to time, and have held office repeatedly. It, therefore, does not seem that the complaint of that school can be satisfied, save by a larger number of its teachers acquiring the Fellowship of the College, or by the total abrogation of the Bye-law. We may, furthermore, suggest that those who enjoy lucrative monopolies cannot, with convincing effect, grumble about the maintenance of monopolies by others, and as it happens that the Medical Faculty of the Catholic University is practically in possession of the whole of the Examinerships of the Royal University, and as we read the assertion of its unequivocal right to such monopoly in the newspapers which represent that school, we venture to suggest that the services of the Professor of Ophthalmology to the Institution might well be engaged in removing the beam from its metaphoric eye. But, in fact, we repudiate, on behalf of the profession, the contention that school interests deserve any consideration in such a question. We trust that it will be approached by the Colleges from the broad standpoint of the greatest good of the public and our profession. In this connection, there is plenty to inquire about, and plenty of reform needed in the Dublin system without encumbering the subject with the selfish interests of schools.

The Royal British Nurses Association and its Organisation.

A FEW weeks ago it will be remembered that a member of the Royal British Nurses Association sued one of the Vice-Presidents, Sir J. Crichton Browne, for £50 damages, for refusing to allow a resolution standing in her name to be put at the annual meeting of the Association in last July. It appears that from the published rules the copies of such resolutions have to be forwarded by registered post to the office of the Association. But upon this occasion the document was sent by a special post-office messenger. This method not fulfilling the terms of the regulations, the President ruled at the meeting that the resolution could not be allowed to be put. Hence the trial, which, however, resulted in a verdict of one farthing only damages for the plaintiff and costs. It is understood, however, that this judgment will be carried to a higher court. Arising out of these proceedings, Sir J. Crichton Browne tendered his resignation as a Vice-President of the Association, at a meeting of the General Council of the Association held last week, with Princess Christian in the chair. The attendance at the meeting was a large one, thirty medical men and thirty-nine matrons and nurses being present. A resolution was proposed, seconded, and carried by sixty-eight votes to one, that Sir James Crichton Browne's resignation be not accepted, and that he be re-elected a Vice-President of the Association for the ensuing twelve months. There appear to be some very recalcitrant members of the

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Association who are doing their best to injure it in the minds of the nursing profession and the public. If these members are dissatisfied with the present arrangements, why cannot they resign and leave the Association to continue its work without them.

Scarlet Fever at St. Paul's Cathedral School.

The Choir School of St. Paul's Cathedral consists of forty little choristers, who take the soprano part in the musical portion of the Cathedral Services. Quite recently in the school-house, a boy was attacked with severe diarrhœa, and soon afterwards, nearly the whole school became similarly affected. The symptom did not readily yield to treatment, while every effort was made to trace the cause of its occurrence, but without avail. At length, unmistakable signs of a mild scarlet fever attack showed themselves in two or three boys, and then the explanation of the outbreak became plain. In consequence of this the school has been dismissed, and for three weeks the lofty dome of the Cathedral will no longer re-echo with the clarion notes of the soprano contingent, for the services will be rendered by men's voices only. In view of the somewhat unusual nature of the outbreak, we should strongly urge upon the cathedral authorities the expediency of a thorough examination of the sanitary arrangements of the school-house. The severe precedent attack of diarrhœa affecting nearly the whole of the school undeniably points to some source of contamination probably in connection with faulty sanitation. At all events it would be highly expedient to endeavour to trace the attack, either to the milk supply, the water, or the drains.

What We are Coming To!

Well may the general practitioner groan under the burden placed upon him by hospital and dispensary competition at starvation prices. It appears from recent correspondence that lying-in women can obtain in the metropolis skilled assistance during labour in exchange for the very moderate sum of five shillings by applying at the Obstetrical Department of the new Hospital for Women, Euston Road. We gather from this correspondence that it is the practice at this institution to require a small payment by patients towards he funds in every department, and, so far, the hospital authorities have only followed the example of Guy's Hospital, where, for instance, we believe a charge of threepence is made to every out-patient. When, however, we come to five shilling midwifery it is evident that the limit has been reached, and in the course of time the general practitioner will have, metaphorically speaking, to put up the shutters. It is, of course, stated that stringent inquiries are made as to the patient's means before inscribing her name on the list, but under the happiest circumstances this can only be a delusion and a snare. How is it that this deplorable innovation is the work of women doctors? One would have thought they had enough jealousy to fight against without going out of their way to injure their fellow practitioners by making remunerative practice *quasi* impossible. We are indebted to Dr. McLaurin for calling attention to this pernicious departure which we regret the more seeing that our sympathies have all along been on the women's side in their struggle for intellectual enfranchisement.

The Metropolitan Asylums Board.

Last year the failure of the Asylums Board formed a stock subject for newspaper comment, and many adverse criticisms were passed on the constitution and management of that body. To-day, the evils and scandal arising from deficient hospital housing for infectious cases is just as great as ever it was. Only last week, a coroner's jury in the East End emphatically recorded their opinion that more fever accommodation was needed for that district. In connection, apparently with the same inquiry, a remarkable statement has been made by Mr. John H. Hale, Chairman of the House Committee of the London Hospital: "The Metropolitan Asylums Board," he said, "exists to provide accommodation for cases of infectious disease such as scarlet fever and diphtheria, but how terribly inadequate the provisions made by the Board are for the wants of London is shown by the record of this institution; and I have no doubt many others would show a similar return. During the previous week, of the twenty-four cases of scarlet fever and ten cases of diphtheria certified by the medical men of this institution, and for the removal of which the Metropolitan Asylums Board was requested to provide, only one was admitted to an Asylums Board Hospital, the remainder being for the most part taken home by the Asylums Board ambulances to run the risk of spreading the infection further." This is a heavy indictment, and is but one of many that have been levelled at the same body. There can be no doubt that the Board has failed in its primary duty, notwithstanding that it has had unlimited supplies of money. No doubt considerable difficulties have lain in its path, but by this time any really competent and able organisation would have surmounted all obstacles. One irritating thing about this breakdown is that the Asylums Board never admits that it is in the wrong. Plausible excuses, palliations, appeals to the past, promises for the future, all pour out from its official press with ready but unconvincing smoothness. Words cannot do away with the unpleasant facts that are daily thrust upon the public in concrete form. The Chairman may deliver sarcastic, interesting, and self-laudatory speeches, but every day an increasing number of scarlet fever and diphtheria cases are refused admission to the public fever hospitals. Surely the time has come for an entire revision and reconstitution of this incompetent branch of metropolitan government.

The City of Dublin Hospital.

The selection of a Surgeon to succeed Mr. Gordon, transferred to the Adelaide Hospital, took place by the General Board of the Hospital on the 16th inst. As we already announced eight competitors had offered themselves to the Medical Board, whose function it was to

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select three to be recommended to the General Board, who should choose one. The three candidates selected were Mr. Charles Boyce, formerly House Surgeon to the Hospital, Dr. G. Jameson Johnston, Assistant Surgeon to the Richmond Hospital, and Mr. Moore, also a former House Surgeon of the Hospital. The election resulted in the choice of Dr. Johnston, by a majority, we are told, of thirteen votes to three over the next candidate. The Chair on the occasion was occupied by Mr. Henry Gray Croly, Senior Surgeon to the Hospital. Dr. Johnston has been, for several years, a Demonstrator of Anatomy and of Operative Surgery in the Trinity School, and his University career was distinguished by his having attained many Honours and Exhibitions in scientific and professional subjects. He also recently communicated to the MEDICAL PRESS AND CIRCULAR an interesting paper on a new Rolandometer for the purpose of mapping out the fissure of Rolando.

"An Inherited Art.."

UNDER the heading of "an inherited art," the *Star* last week published a fulsome account of a bone-setter, who appears to be the son of a coroner, and who, we gather, was educated for the law. What "educated for the law" means we cannot pretend to discuss. It might imply a great deal more than was really the case. The object, however, of the article was to show that that which the law has lost, those of the suffering public who possess bones out of joint, have clearly gained. It is of interest to learn that the subject of the notice is "a bright, active, and genial Westmoreland gentleman, who not only inherits the necessary natural gifts, but has the pluck to devote his life to the carrying forward of a practice initiated by his popular predecessor" [Mr. Robert Hutton]. Beyond, however, this new comer in the bone-setting field being the successor of Mr. Hutton, we are not enlightened as to the source whence he has derived his "inherited" art. But this, we suppose, was an oversight. The puff contains a suggestion that it would be an advantage if Mr. Stead or the Editor of *Truth* would bring the gentleman in question prominently before the intellectual world in the interests of science, as well as for the benefit of suffering humanity. We cannot vouch for the former, but with regard to the latter, most persons have found that he possesses a faculty of "bringing persons prominently before the intellectual world" in a manner which they would have avoided if they had had the power. If we mistake not, the day of bone-setters has passed, and it is the public, not medical men, who have brought an end to the business.

A CURIOUS blunder appears to have been committed by the Secretary of the Dental Hospital of London, in announcing broadcast that Miss Georgina Ormerod had bequeathed a legacy of £200 to the funds of that institution. The solicitors to the estate have written to the press denying the accuracy of the statement. *Si non e vero e bene trovato!*

Deaths in Hotels Abroad.

WE gather some interesting facts from a recent report by the British Consul at Naples, showing what extortion is practised when an unhappy traveller has the misfortune to die in one of these modern caravansaries. In one instance, the landlord attempted to enforce a charge of £80 in respect of a death from non-infectious disease, but the Consul managed to get it reduced to £60—even then a sum vastly in excess of all reasonable demands. The Consul, in view of the not infrequent occurrence of such mishaps, suggests that there should be a fixed recognised sum payable in respect of deaths taking place in hotels, viz., £50 in the event of death from an infectious disease, and £20 for death from other causes, this rule to apply to the occupants of rooms rated at ten shillings a day and upwards, occupants of rooms rated at less than that amount being taxed at half these sums respectively. It would not be difficult to bring adequate pressure to bear on proprietors of hotels much frequented by foreigners. A very moderate degree of publicity would have a deterrent effect on intending visitors; and the present gain would be more than compensated by the inevitable unpopularity. The editors of guide books could doubtless be induced to take the matter up, by bringing any flagrant instances of this kind to their notice, and then travellers would only have themselves to thank if they deliberately place themselves within the clutches of unscrupulous and over reaching landlords.

Ingratitude Par Excellence.

ATTENTION may be drawn to an almost incredible case of ingratitude on the part of a patient's friends towards the surgeon who had successfully treated the case. The action at law now pending in the Circuit Court of the City of St. Louis involves a doctrine of quite recent origin, passing under the designation of the right of privacy. It is brought by Anita May George, an infant, by her next friend, against Dr. Augustus C. Bernays, of St. Louis. The plaintiff, when two years of age, swallowed some concentrated lye, by reason of which her œsophagus became occluded and nourishment had to be administered during four years per rectum and by a gastric fistula. When the patient was 6½ years of age, Dr. Bernays, by a series of skilful operations, succeeded in restoring the patency of the œsophagus. The principal operations were performed at the Marion-Sims College of Medicine at St. Louis, in the presence of a number of surgeons and medical students, and also of the child's mother. Dr. Bernays afterwards published a description of these operations, illustrated by a photograph of the child stripped to the waist, showing the positions of the various incisions made. The identity of the child was concealed by the use of initials, which were false. Now the mother has had the monstrous ingratitude to bring an action at law against the operator for heavy damages, on the ground that the child's right of privacy has been violated in two particulars; first, in allowing outside parties to witness the operations;

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second, in publishing the pamphlet and photograph referred to. As the action is pending, we must refrain from comment, but the decision will be looked forward to with much interest by members of the medical profession in this country.

The Prosecution of Quacks.

A quack of the name of Thomaso, though fortified with the usual bogus American diploma, was fined £20 last week at the Southwark Police Court, under the Apothecaries' Act, for practising medicine. It is only by the by-way of this ancient enactment of 1815, that a quack can be punished for practising in England. In Ireland, no such protective enactment exists, for which reason quacks can do as they please in that country as long as they do not publicly represent themselves as registered practitioners. Fortunately there are, in Ireland, practically no quacks. The good St. Patrick banished them along with the toads and other venomous animals, and since then, though many of the tribe have sought to effect a lodgment, they have always died of inanition. Even the homœopaths are moribund.

Vicarious Advertising.

The dovecotes of the profession in Dublin have been somewhat fluttered by the recent issue by the College of Surgeons of a circular note to certain of its Fellows and Licentiates requesting them to explain how their names came to appear in a list of celebrated specialists issued by a leading firm of apothecaries in Dublin. The repudiation of participation in the publication on the part of these gentlemen is unanimous, and we hear that some of them are indignant at the inference that they were privy to the publication. The course adopted by the College is, in our opinion, quite right. If the Council is in earnest in seeking to keep the Fellows and Licentiates free from *the unclean things* it must deal equally with the humbler and more necessitous of its *alumni* and with the leaders of the profession. A partial application of collegiate discipline would be contemptible and ineffective.

Beri-beri.

The recrudescence of this disease in the Richmond Lunatic Asylum, Dublin, where at present a considerable number of patients lie seriously ill of it, is a puzzle to the solution of which medical investigators might well apply themselves. The explanations given which attribute it to overcrowding and insanitary conditions has never been felt to be quite satisfactory, nor has the inquiry as to its cause been as thorough as it should be. The best ought to be made of the misfortune as an opportunity for studying a disease which has never been seen to the same extent in this country. A death took place last week from it in the Asylum.

Insect Larvæ in the Human Skin.

Some attention has lately been drawn in the dermatological world to the occurrence of the larvæ of insects in the human skin. The writers do not seem to be aware that cases of the kind were met with in Ireland some years ago, and were duly recorded in the Medical Press and Circular. One of the creatures was minutely described and figured by Dr. P. S. Abraham in our issue for April 27th, 1882, Dr. Abraham at that time being the Curator of the Museum at the Royal College of Surgeons, Ireland. The probability is that such cases are examples of common bot flies having made mistakes in the selection of their hosts.

Surgeon-Extraordinary to the Queen.

We are sure we do but voice the opinion of the entire profession when we congratulate Mr. Bryant, lately President of the Royal College of Surgeons of England, on his appointment of surgeon-extraordinary to Her Majesty the Queen, in succession to the late Sir John E. Erichsen. The choice is in every way an excellent one, and no one is more fully deserving of the honour than the recipient.

The mansion in Cavendish Square, formerly so well known as the residence of the late Sir Andrew Clark, has, we understand, been let to a firm of manufacturing dentists as a show room and post-graduate school for dentists. It is somewhat odd that a magnificent house with such a history should have remained so long untenanted, and its uncared-for and deserted appearance since the death of its illustrious occupant has excited general comments. *Sic transit gloria mundi.*

Last week the Duchess of Teck opened the new Union Infirmary at Isleworth, which the Brentford Board of Guardians has erected at a cost of over £30,000.

Scotland.

[from our own correspondent.]

University Rectorial Candidates.—Lord Balfour, of Burleigh, Secretary for Scotland, is the Unionist nominee for the office of Lord Rector in the University of Edinburgh at the approaching election; while Mr. Haldane, M.P., for Haddingtonshire, is the Liberal candidate. In the Glasgow University election the Right Hon. Joseph Chamberlain, M.P., Colonial Secretary, and Mr. Augustine Birrell, Q.C., M.P., will be nominated by the different parties.

Opening of the Winter Session at the University of Edinburgh.—The Medical Classes at the University of Edinburgh were opened on Tuesday last, October 13th. In one or two instances only were special introductory lectures given, most of the professors, and in the extra-mural school all the lecturers, plunged at once into the routine work of the session. Professor Chiene formed one of the exceptions, and reviewed the history of surgery during the past thirty years. There was, he said, as much difference between the work of a surgeon thirty years ago and now as between an old stage coach and a railway train. All this difference was due to Lister. He advised every member of the class to get a copy of Lister's address to the British Association and study it. Professor Sir Thomas Grainger Stewart drew the attention of his class to the advantages which have accrued to medicine from the Röntgen rays, and how their discovery has verified an old prophecy of Sir J. Young Simpson in one of his graduation addresses. He went on to speak of the importance of further legislation in regard to the management of

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inebriates and the results of the Royal Commission on vaccination. He was afraid that the report of the Commission would lead to an attempt to repeal the vaccination laws, although, in fact, these laws should be more stringently enforced. Professor Rutherford devoted his opening lecture to the subject of the Physiology of Fatigue.

ABERDEEN UNIVERSITY — OPENING OF THE WINTER SESSION.—The Winter Session of this University was opened on Tuesday of last week. Professor Cash, in opening the class of Materia Medica, insisted on the importance of research work. He said that it was, especially in young graduates, and particularly in those aspiring to the M.D. degree, that such a training enlarged their qualifications for grappling the more difficult problems of medical science, and equipped them for the teaching of others in their turn. To the Anatomy class, Professor Reid called attention to the work of the Anthropometrical Department which has lately been established in connection with his department, and under his guidance. It would be open to all students of the University for training in the method of anthropometric measurement. Professor Japp met his students in the newly erected Chemical Department, and welcomed them to it. He drew particular attention to the new chemical laboratory, which was large enough, and sufficiently well-fitted, for the teaching of practical chemistry and for research work. The fittings of the department were all due to the skill of Dr. Murray as a designer.

THE SANITARY CONDITION OF ST. ANDREWS.—For some time back there has been much discussion in St. Andrews about a "smell" which has come to be regarded as peculiar to the burgh. Some have said that the St. Andrews smell was a healthy one due to "halogens," others have, more correctly perhaps, ascribed it to bad drainage. At the last meeting of the Town Council it appears that the smell was put down to the state of the sewage outfall. In stormy weather it is alright, as the sewage gets broken up by the waves; in still weather, however, the sewage collects and stinks. One of the members still stuck to the idea that the smell arose from the non-removal of seaweed, but in many places sea-weed is not removed, and no such smell results. We suspect that the smell complained of arises more from substances entangled in the sea-weed than from the weed itself. The Council are evidently going to examine into the matter, though somewhat reluctantly and with a bad grace.

ENGINE-DRIVERS' SIGHT.—An amusing example of the fussy officiousness of trades union officialdom has just been exhibited by the organising secretary of the Amalgamated Society of Railway Servants in a communication to the Board of Trade. It appears that several engine-drivers in the service of the Caledonian Railway were found on examination to possess some visual defect of one eye, the other being normal. The Company, as a result, took them off from their usual duties and gave them work which was independent of visual acuity. The secretary of the society mentioned above drew the attention of the Board of Trade to these facts and also alleged that a man who had lost an eye, though the sight of his remaining eye was normal, was retained by the Company as an engine-driver. He pointed out that his society was of opinion that if the men with faulty eyes were judged unfit to drive a train, the man with only one eye should be deposed also. A statement in the papers a little later, that the one-eyed man did not drive trains, is not to the purpose, unless to show the slight care taken in raising a case, however trivial, against an employer's Company. The Board of Trade seem to have declined to interfere. The question remains, is a one-eyed man capable of such employment when one with one normal eye and one with which he is colour-blind is not! A man with one normal eye appears to be much less liable to make a mistake, than a man with eyes of unequal powers, and even if the society was right in its facts, it does not appear that it was right in the interpretation thereof.

Westminster Hospital School of Medicine.

THE following Entrance Scholarships have been awarded for Natural Science:—£60 to Mr. W. Payne; £40 to Mr. E. R. Carling; the Governor's Scholarship, £40, to Mr. J. E. Skey; Scholarship in Arts, £40, to Mr. D. Martyn.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

"LISTERISM."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Professor Campbell Black and Dr. Granville Bantock have spoken, and the entire edifice of new medical science falsely supposed to be based on a sure foundation of demonstrated and easily demonstrable fact topples ignominiously to the ground. It is very sad that the scores of labourers in every civilised land, many of them intellectually gifted above the common, should all this time, through years and years, have been wasting their energies in futile effort, but so it is; we have the word of these two distinguished gentlemen for it, and the fact must be faced. The fact is a most serious one, and in order to realise it we need only catalogue a very few of the errors accepted as truth by the mass of so-called scientific men whose fatuity has been so indecisively dealt with by your correspondents.

First, it is quite evident that Pasteur's views as to fermentation and putrefaction are all wrong, and it is impossible, as everyone has hitherto imagined, to prove for oneself by simple experiment that these processes cannot occur without the influence of germs present in the atmosphere. The practical results arising out of what were thought to be Pasteur's discoveries and which have revolutionised the processes of brewing and other similar manufactures must, therefore, be explained on some other hypothesis.

It is a gigantic error to suppose that the specific virus of fowl cholera or rabies or of any other of the numerous diseases which the deluded labourers in a score of scientific laboratories have believed they were manipulating, have ever been isolated, or that micro-organisms have had any share in producing these poisons. It follows also, that vaccination against small-pox is a stupendous error, or if it produces immunity, some other than the current explanation of its effects must be sought.

It cannot be denied that before the era of Listerism, surgical operations everywhere, and always, were most uncertain in their result. No surgeon was able to practise any method which in the simplest case could give assurance that suppuration, surgical fever, or blood poisoning, in one form or another, might not ensue. In a thousand hospitals, and in ten thousand hands, it happened somehow that immediately after acceptation of the principles of Listerism the practice of surgery was rendered free from all its previous serious dangers, and the surgeon soon felt confident that, no matter how grave the operation he had it in his own hands, save in rare and exceptional instances, to guard the patient against every dangerous complication which formerly menaced him. We cannot deny the advance of surgical practice, but to ascribe it to the acceptation and practical application of the generalisations of Lister founded on the researches of Pasteur is a stupendous error.

This and a good deal more equally serious is what Dr. Campbell Black and Dr. Granville Bantock tell us, and so it must be true. The information will, to put it mildly, prove most disheartening for every worker in science and lover of scientific progress.

I am, Sir, yours, &c.,

IGNORAMUS.

Oct. 15th, 1896.

P.S.—Although we are all wrong in our science, surgery is not likely to suffer retrogression, nor are we likely to have a new era of pyæmia and hospital gangrene, and so our poor patients happily will not suffer from our stupid acceptation of false theories.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Methought, on reading Dr. Granville Bantock's letter to you on this subject, that I was dreaming and lived in the Middle Ages listening to a hot discussion as to how many angels could rest comfortably on the point of a needle. Others I heard maintaining the truth of the spontaneous generation of species. While a confused echo sounded in my ears which seemed to belong to the same period, *bacilli are the result and not the cause of disease.*

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But no. I was wide awke, and the words were contained in the Dr. Bantock's letter. In another part of this letter I am accused of confusion of thought. I admit that this sentence does confuse me. Are the bacilli directly formed by the disease? Does each disease originate different bacilli? Or is it the presence merely of the bacillli which which is meant but not stated? Is Dr. Bantock capable through his tissues of growing bacilli *de novo* when he happens to be ill? And, lastly, what is the reason that only one species of organism, as a general rule, is "formed by" such a disease as a boil? The instance which he quotes—Dr. Stoker's use of oxygen gas—is much more applicable against his theory than for it. By increasing the oxidation of the diseased products and by stimulating the leucocytes engaged in the process of repair the bacilli present are unable to proliferate. Pure oxygen has has been shown, also, to be potent bactericide in many cases.

I am sorry to see that Dr. Bantock sneers at my position as implied by my *nom de plume*. If medical men had confined themselves to studying their patients at the bedside since the days of Hippocrates I doubt if they would have progressed even as far as Dr. Bantock. Anti-vaccinists, we know, and anti-vivisectors are present among us; are we now to recognise a new class of reactionaries, the anti-bacillists? It has always been a favourite occupation with some to decry advances made by others, and to obtain a cheap notoriety by a display of conservatism, a display which means much more in words than it does in deeds.

It is clearly a work of superogation to attempt to instil any knowledge of bacteriology into an "old-fashioned doctor" like Dr. C. Black He is not receptive. But there is one point which I might correct in his last letter. He says that micro-organisms live upon their saprogenous environment (what a diet!), assimilate it, and then synthetise it into the final products of organic decomposition. Now the truth is that one of the chief characteristics of all formed ferments consists in the power which they possess of splitting up organic bodies far in excess of their nutritive requirements. I am ashamed to say, also, that it is news to me that bacteria themselves give of carbonic di-oxide. That gas is undoubtedly formed during the fermentative actions necessary to allow some of them to procure the carbonaceous material for their growth, but the gas is liberated from the medium in which they grow not from the bodies of the bacteria.

Harvey did not anticipate others in all points when he formulated his theory of the circulation of the blood; he gathered his facts from previous workers, and, adding to them, was able to give to the world a satisfactory explanation. Lister should not be attacked because he was not the first to use carbolic acid, or any other anti-fermentative measure; his great achievement was the discovery of the cause why such measures are followed by such good results. No great advance has ever taken place in any science in a moment, and it ill becomes those who are unable to accept a theory in its entirety to assail the man who first recognised the great underlying principle. I repeat, and I maintain, that the true essence of Listerism is the guarding of wounds from infection by micro-organisms, however accomplished, and whether the organisms reach the wound from outside or from within. The merit of Lister's work lies in the clear exposition of this principle, and his name, I venture to prophesy, will go down to posterity as one of the greatest benefactors of our time.

I need only quote from "Erichsen's Surgery," the following sentence in illustration of what I have said:—"However much the details of the *Antiseptic Method* may be varied in the course of time and by the introduction of new chemical agents, the grand principle which sub-lies it, and on which the whole superstructure of its details is built, will run on intact and unchangeable." And, again:—"The principle itself is immutable, for it is based on, and is the outcome of, direct experiment and observation." In the same paragraph the author points out that any method whatsoever, designed to prevent fermentative changes in wounds, is only a part of the great system first laid down clearly by Lister. Professor Chiene, in his opening lecture to his class of Surgery last week, struck the true note when he said that the scientific world now received him as the man of the century, who had done more for suffering humanity than any other man, and as the man who had saved more limbs and lives, and even more pain, than any other man.

It would be of great interest, and, maybe, of value, to learn from the anti-bacillists what they look upon as the real nature of such maladies as suppuration, diphtheria, and the like. Do they ascribe them, like the ancients, to angry demons, to misconduct of the humours, so popular in the middle ages, or to any particular manifestation of divine wrath? I dare say you, Sir, will be as curious as I am to learn the true cause, to their minds, of any disease which is able to form and nourish particular micro-organisms.

Allow me to thank you for publishing my letters and to hope that some more capable defender of rational surgery will see fit to expose the fallacies of the reactionaries, who, I have no doubt, would be the first to insist on the absence of bacilli in any operation performed on their own persons.

I am, Sir, yours, &c.,
A Research Scholar.

Edinburgh, October 15th.

DIRECT REPRESENTATION.—DR. WOODCOCK'S CANDIDATURE.

The following correspondence has been sent us for publication:—

15 Eccles New Road, Salford,
Oct. 9th, 1896.

Dear Sir,—A meeting of the practitioners of Salford will shortly be held to discuss the programmes and merits of the candidates for the General Medical Council and to take a ballot.

It is within my knowledge that some practitioners feel that they cannot support you, if it is correct, as stated, "that you were in Court in readiness to give evidence in favour of Dr. Kingsbury at the late trial." If you would like to make any reply to this assertion through me, I shall be glad to give your letter to the meeting.

Yours, &c.,
R. H. Wolstenholme, Sec. and Convener.

Old Trafford, Manchester,
11th Oct., 1896.

My Dear Sir,—I am obliged by your letter and am not without appreciation of the interest you take in my candidature for the General Medical Council.

It would surprise me much if sensible men should allow their judgment of my eligibility for a seat on the Council to be influenced by the fact that I responded to a legal summons demanding my attendance in Court in the case of Kingsbury *v.* Hart.

No one but myself is aware of the nature of the evidence I should have given if I had been called upon. This attempt to injure my candidature is only one of the many mean efforts of a person whose astounding vagaries in the way of authorship have made it impossible for one to regard him as a subject for serious attention.

The numerous issues of reprints of trivialities, culminating in an illustrated edition of "Snap-Shots," warrant me, I think, in assuming this attitude and in refusing to take public notice of the pertinacious efforts of this prolific writer to disparage me in the estimation of the profession.

That a long record of honourable conduct is not enough to protect one against sinister insinuations is demonstrated by the fact that the present President of the Lancashire and Cheshire Branch of the British Medical Association and two past Presidents have not escaped accusations of unfairness in the discharge of public duty, and I can hardly be surprised that their accuser should extend his adverse strictures to the President-Elect.

You may read this letter in its entirety to the Salford meeting.

I say that I received a subpœna to appear as a witness for the plaintiff in the case of Kingsbury v. Hart, and responded to it by my presence.

I have no apology to offer, no expression of regret to make. I am not conscious of having violated any ethical rule of the profession, nor of having said one word in support of doubtful professional conduct on the part of another.

I am content to be judged by my past professional and

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public life, of which I do not boast, but of which I am not ashamed, and if this should be outweighed by an assumption of an impropriety of which there is and can be no proof, I shall cheerfully accept the verdict.

The pain of sacrificing the confidence of my professional brethren will, however, be mitigated by the consciousness that I know how to accept defeat with composure, and that whatever may be the issue of the contest into which I have entered. I mean to emerge from it without damage to a reputation for probity and good sense.

I am, my dear Sir, yours truly,
SAM WOODCOCK.

To R. H. Wolstenholme, Esq.

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15 Eccles New Road,
Oct. 12th, 1896.

DEAR SIR,—Your letter to hand this morning. I quite know to whom you refer, but I must point out that he is not a Salford practitioner at all, and it was with reference to the effect of that "statement" on several Salford practitioners which I desired to offer you the chance of altering.

It was a Salford practitioner who wished to ask you a similar question at the Memorial Hall meeting but who was prevented by the chair.

Your reply this morning seems to suggest that you might not have supported Dr. Kingsbury if you had been put into the box. Allow me to point out to you p. 47 of Dr. Kingsbury's pamphlet, *re* the trial. "Among the gentlemen in court to *support me* were the following:— . . . . . Sam Woodcock, M.D., President, Manchester Medico-Ethical Society; President, Lancashire and Cheshire Branch of British Medical Association."

If you did not intend to support Dr. Kingsbury I think in your own interest you ought to *at once* dissociate your name from the announcement on the page I have quoted. If you would like to do so and withdraw your letter of this morning there is still time, as the Salford meeting takes place Tuesday at 4.30 p.m.

Yours, &c.,
R. H. WOLSTENHOLME.

To Dr. Woodcock.

Old Trafford, Manchester.
Oct. 12th, 1896.

DEAR SIR,—Although my sympathies are not with Dr. Kingsbury, and my evidence, at most, would have been to the effect that up to a certain point he had followed a custom which, in my judgment, would have been more honoured in the breach than in the observance, yet it appears to me that it would be somewhat undignified, not to say truculent, to write in extenuation of my position in this case for the sake of catching votes.

My letter of yesterday, which I desire you to read to the meeting, is intended to indicate that I wish to be judged by my general professional conduct in the past, and that I am aware of the attempt on the part of unfriendly critics to counterbalance, or more than counterbalance this, by an unwarrantable assumption of impropriety in a particular case.

I repeat that I have no apology to offer. I am not infallible. I may have made a mistake.

However, I do not want, and I know I shall not get the support of those who cannot trust me.

I am, yours truly,
SAM WOODCOCK.

R. H. Wolstenholme, Esq.

[In addition to the foregoing, a letter was also forwarded to us for publication by Dr. Broadbent setting forth the part he had taken in the controversy, but as his name is not mentioned by Dr. Wolstenholme or Dr. Woodcock, and his letter is, moreover, of a somewhat personal character, we have not thought it necessary to insert it.—ED.]

DR. GLOVER'S CANDIDATURE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The great majority of your readers will, I have no doubt, consider that Dr. J. G. Glover's reply to Dr. F. H. Wolstenholme in your issue of the 14th inst. perfectly satisfactory, and for the simple reason that the chief point at issue is not clearly put before them, and it is this, that Dr. Glover says things and acts in such a manner at the General Medical Council meetings to which few could take exception, and which when reported in the *Lancet* or any other periodical look very well and very proper "to the broad and generous judgment of the profession," but when we take the evidence of those who actually witness his proceedings we get to the crux of the whole matter. We are told that when seconding the resolution of Sir Walter Foster on increased direct representation he appeared to do it in a perfunctory and half-hearted manner. Sir Walter, on the other hand, gave evidence to those who heard him that he really meant what he said. This exactly corresponds with the manner in which he treated the deputation which represented the London and Counties Branch of the British Medical Association on May 29th, 1895, and which I had the honour of accompanying and assisting. It was well known to us all that he did not give us that hearty support which we received from our other two Direct Representatives. His letter published yesterday, his speech in Manchester recently, are "all of a piece" with this experience, which can be briefly expressed as "broad" and indefinite. If the profession at this time will be satisfied to again return him, of course, the responsibility rests with them. In Lancashire we want his exact views and aims upon the midwifery question. He has not stated them with the clearness that we require in a candidate for whom we should vote. It is very necessary and essential that Dr. Glover's proceedings in the Council should be carefully analysed, and that if we find them a trifle too broad and indefinite we must see if we can find another whose views are clearer and who is likely to enforce with more energy and whole heartedness.

The interest in medical politics is growing rapidly throughout the country, and especially in Lancashire. We must have men to represent us for the next five years who will move briskly with the times and who carefully observe the pulsations of those whom they serve.

If more general practitioners attended the meetings of the General Medical Council, which are free to the public, we should be able to judge better what our representatives do for us, and especially *how* they do it.

I am, Sir, yours, &c.,
G. H. BROADBENT.

Ardwick Green, Manchester,
15th Oct., 1896.

Literature.

THE PHYSIOLOGY AND PATHOLOGY OF THE CEREBRAL CIRCULATION. (a).

THIS work purports to be the substance of three lectures delivered by the author as Hunterian Professor at the Royal College of Surgeons, in February last, to which is added a considerable amount of other material.

It is a record of valuable and careful experimental work done as Research Scholar of the Worshipful Company of Grocers. The volume is divided into several sections, dealing with pulsation of the brain, the cerebro-spinal fluid, the cerebral circulation, influence of the force of gravity on the circulation of the blood, cerebral anæmia, metabolism of the brain, cerebral compression, &c.

The sections which stand out most prominently, and which cannot fail to make their mark on future opinion, are those on "The Influence of the Force of Gravity on the Circulation of the Blood," "Cerebral Anæmia," and "Cerebral Compression."

In the study of cerebral anæmia, experiments were made on rabbits, dogs, cats, and monkeys, by (A) occlusion of the whole cerebral arterial supply by ligature, embolism, and compression. (B) Occlusion of all the venous sinuses. (C) By bleeding from a large artery. (D) By sudden vaso-motor paralysis coupled with the effect of gravity. There was considerable difference in power to stand the operation of ligature of the carotids and vertebrates on both sides in the various animals chosen, and he concludes "there is

(a) "The Physiology and Pathology of the Cerebral Circulation." By Leonard Hill, M.B. London: J. & A. Churchill

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every reason to believe that both common carotids can be safely tied in men, if, with intervals of time between, each artery be gradually occluded by means of a screw-clamp, so as to allow the expansion of the anastomotic pathways." In this section he discusses the production of epilepsy and sleep by cerebral anæmia, and produced clonic spasms in himself by compression of one carotid.

The experiments given in the section of cerebral compression will throw much light on many clinical symptoms oberved in this class of case, both to the physician and surgeon. We take the liberty of quoting from this part.

"It cannot be too forcibly insisted that it is not the rise of intracranial pressure, but the cerebral anæmia that produces the symptoms of apoplexy."

There are numerous illustrations of apparatus used, and of tracings of blood pressure, &c.

An extensive Bibliography is given at the end of the book. The whole makes an interesting volume, and we have had both pleasure and profit in its perusal.

Too much praise cannot be accorded to Dr. Hill for the excellence of his work.

MENTAL OVERSTRAIN IN EDUCATION. (a)

This is a reprint from the *Lancet*, another contribution to the fight made by members of the medical profession against excessive study and overstrain. Dr. Shuttleworth thinks the high school system needs amendment in three points:—(1) excessive hours of study, especially during spurts of growth and development; (2) deficiency of systematic out-door exercise and recreation; (3) disregard of physiological functions differentiating the capacity for work at certain times of girls as compared with boys. Even at Girton, Newnham, and the Royal Holloway Colleges, where there is more elasticity in the curriculum and a certain safeguard against over-pressure in the way of out-door sports, he thinks there is a risk in the frequently recurring examinations, which are taken more keenly and conscientiously by young women than by young men of corresponding ages; and with those of bad heredity especially, there is a tendency to break down under the strain of competition. There are three important factors in the etiology of mental overstrain, which he emphasises as follows:—(1) neurotic family history; (2) malnutrition; (3) in the female sex, disorders of the menstrual function causing irritability and deficient powers of application.

Medical News.

The Harveian Oration.

The Harveian Oration was delivered at the Royal College of Physicians, London, on the 19th inst., in the presence of Dr. Samuel Wilks, the President of the College, and a large number of Fellows of the College, and members of the profession. The orator of the occasion was Dr. J. F. Payne, of St. Thomas's Hospital, and his address was devoted to a study of the relation Harvey bore to his predecessors, and especially to Galen. He argued that it was by the labours of the great Greek school, of which Galen was the finalr epresentative that the problem, though left unsolved, was put into such a shape that the genius of Harvey was able to solve it. The two generations preceding his own strongly influenced Harvey, and he might say that the influence of Linacre and Caius represented two successive stages in a movement which was preliminary and essential to the work of Harvey, and of which his discovery was really the culmination. That period, called the renaissance, was really the revival of Greek learning, for Linacre's great object was to make the works of Aristotle and Galen accessible by translation and study. Every student of to-day who went down to the dissecting room with his text-book in his hand had reason to be thankful that in the fifteenth century their predecessors began to read Greek MSS. Thus, modern science had grown out of Greek science, and in what way it could have arisen otherwise could only be a matter of speculation. The moral of it all was that they could not ignore the instruments of the past. That, indeed, was a growing truth.

(a) "Mental Overstrain in Education." By G. E. Shuttleworth, B.A., M.D.

Manchester Pathological Society.

The following Office Bearers, Members of Committee, and Auditors for the year commencing October, 1896, were elected at the Annual Meeting, Wednesnav, October 14th, 1896:—President: T. Harris, M.D. Vice-Presidents: W. Thornburn, F.R.C.S.; H. A. G. Brooke, M.B. Treasurer: T. A. Helme, M.D. Secretary: T. N. Kelynack, M.D. Committee: A. Brown, M.D.; F. H. W. Cottam; E. T. Milner, M.B.; E. S. Revnolds, M.D.; J. W. Smith, F.R.C.S.; W. P. Stocks, F.R.C.S.; R. B. Wild, M.D.; J. B. Wolstenholme, F.R.C.V.S. Auditors: A. T. Wilkinson, M.D.; J. G. Clegg, F.R.C.S.

The Royal University of Ireland.

The Seventh Annual *Conversazione* given by the graduates of the University will be held on the evening of the 23rd inst., in the University Buildings. The entertainments will include a vocal and instrumental concert, organ recitals, lectures on the Röntgen rays, and other scientific subjects, by Professors of the University, and lantern exhibitions.

The Dublin Conjoint Preliminary Examination.

We are informed that the Council of the Irish College of Surgeons in order to meet the views of the General Medical Council and to afford unquestionable guarantees of the *bona fides* of the Dublin conjoint examination (such guarantees being, we assert, quite unnecessary) have agreed with the College of Physicians that all hindrances to the appointment of examiners who shall be entirely independent of medical profession should be removed. The Council has, therefore, resolved to ask the Lord Lieutenant to approve a modification of the Collegiate bye-law which limits examinerships in General Education to Fellows of the College.

Election of Direct Representatives to the General Medical Council.

A meeting in support of the candidature of Dr. Glover, London; Dr. Woodcock, Manchester; and Dr. Lovell Drage, Hatfield, will be held to-day (Wedneeday), at 5 p.m. at 41 Belsize Park, London, N.W., when the three candidates have promised to attend, and it is expected that in addition to representatives of the profession in this neighbourhood, Sir William Broadbent, Dr. Danford Thomas, Mr. C. B. Lockwood, F.R.C.S., and others will be present.

Over-pressure in the Army Medical Department.

The *Court Circular* of last week says:—"The authorities are not likely to increase the popularity of the Army Medical Department by overworking the *personnel* as they are now doing. In order to conceal the pressure which the lack of officers is causing, the Medical Officers in charge of brigades at Aldershot have been made available for duty in the military hospitals. In short, rather than admit a deficiency in the medical staff the Department, where possible, is doubling the duties of Medical Officers. This is quite a new departure, but it is one which at best can only serve a temporary purpose, and sooner or later the weakness of the Staff will have to be officially acknowledged. Every effort is being made by the Department to conceal the fact that the lack of officers is causing much inconvenience; but occasionally it is impossible to hide the causes which are behind certain recent arrangements, amongst those which can be clearly traced to the present dearth of Medical Officers being the case quoted.

Royal University of Ireland.

The following candidates have passed the under-mentioned examinations, M B., B.Ch., B.A.O. degrees:—

Upper Pass.

Finucane, T., Q. Col., Cork.
Gorman, E. S., Q. Col., Belf.
McDowell, R., Q. Col., Belf.
MacKeown, W. J., B.A., Q. Col., Belf.
Moore, W. W., B.A., Q. Col., Belf., and Cath. Univ. Sch. of Med.

Pass.

Birmingham, A., Cath. Univ. Sch. of Med.
Burns, A., Q. Col., Belf.
Conner, S., Q. Col., Cork.
Cowan, J., Q. Col., Belf.
Devitt, R. E., Cath. Univ. Sch. of Med.
Elliot, G., Q. Col., Belf.
Fitzgerald, D. P., B.A., Q. Col., Cork.
Lennox, J., Q. Col., Belf.
McCutcheon, O. E., B.A., Q. Col., Belf.
Morrow, R., Q. Col., Belf.
Nevni, R., Q Col., Belf.
O'Neill, J., Cath. Univ. Sch. of Med.
O'Shea, J. J., Q. Col., Belf.
Ritchie, Hugh J., Q. Col., Belf.
Shaw, B H., Q. Col., Cork.
Smith, R. J., Q. Col., Cork.
Stuart, R. J., Q. Col., Belf.
Whelan, J. F., Cath. Univ. Sch. of Med.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price 2s. 6d These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

RUSTICUS.—It appears to be true that a woman at Portrush was delivered of seven healthy and well-formed infants, but the report which you enclose does not mention the fact that intervals of not less than a year occurred between their respective births.

A MEDICAL AUTHOR.—We are always open to receive suggestions, but the proposal to publish your story, "The Doctor's Revenge," in serial form is too much at variance with established usages in medical journalism for us to accept your offer. We shall be pleased to notice it in our "Literary Notes" when it appears in volume form.

DR. G. V.—It would be ungracious on your part to sue for a return of the fee paid on your behalf, however much you may disapprove of your friend's behaviour.

BOVRIL.

THE Bovril Company has been bought up by a Mr. Hooley, a promoter of whom we have heard much recently in the cycle market, for the great sum of two millions sterling. The Company and its name were created by the buying up of "Johnston's Fluid Beef" in 1889. Up to 1893 the Company was no more than fairly successful, but in that year the shares began to "boom," and those then sold for £3 10s. 0d. realised at the opening of the present year, £12 10s. 0d. The sum which Mr. Hooley now agrees to give will return to each holder £55 per share.

DR. PEARSE.—The question will be carefully considered. It is one that needs very delicate handling.

THE GUILD OF ST. LUKE AT ST. PAUL'S CATHEDRAL.

HAVING been asked by correspondents in the provinces whether there was any likelihood of the festival Service at St. Paul's being postponed on account of the death of the Archbishop of Canterbury, who was to have preached, we are glad to announce that this sad occurrence will not interfere with existing arrangements, except that the Bishop of Stepney will preach the sermon. We may add that the Lord Mayor of London and Sheriffs will attend in full state, and that members of the medical profession are expected to wear their academical costume, although this is not compulsory.

DR. YOUNG (Bradford).—Cases of infantile paralysis in association with other diseases have been met with. For example, a physician recently recorded that he had had three cases of the kind under his care, in one of which the child was also the subject of tuberculous disease of the hip-joint, and in the other two angular curvature was present.

MEDICAL OFFICER OF HEALTH.—The Report, so far, has not reached us, but the matter will be attended to as soon as it does.

DR. NEWMAN (Leeds).—"Ritter's" disease is an acute dermatitis followed by excessive exfoliation of the epidermis, and accompanied at times by a vesicular or bullous formation occurring in young infants. Its synonym is "dermatitis exfoliativa infantum."

DR. HIME (Bradford).—As the meeting will have taken place before this journal is in the hands of readers, it will be quite waste of space to insert the notice asked for.

DR. STANMORE BISHOP'S paper is unavoidably held over to our next.

MR. J. A. P.—We believe the active principle of the remedy is boroglyceride, combined with some of the tar products. We are having trials made as to its value.

DR. ELIOT (Southampton).—Your cases are marked for early insertion.

HOLIDAY CORRESPONDENT.—Your letter had not been received at the time of going to press.

MR. HY. WILSON.—Your case is, unfortunately, a common one. You believe the quack to be a qualified medical man without first taking the trouble to ascertain the facts; you pay him fees, and when you receive no benefit from his so-called "treatment," you ask us to expose him in order that you may get your money back. We decline to abet your folly.

Meetings of the Societies.

WEDNESDAY, OCT. 21ST.

ROYAL MICROSCOPICAL SOCIETY (20 Hanover Sq., W.).—8 p.m, Mr. J. Butterworth: Photo-micrography Camera, designed chiefly to facilitate the Study of Opaque Objects.—Mr. T. Comber: On the Occurrence of Endocysts in the Genus Thalassicosra.—Mr. E. M. Nelson: On the Measurement of the Apertures of Objects.

FRIDAY, OCT. 23RD.

CLINICAL SOCIETY OF LONDON.—8 30 p.m. Mr. H. Clutton: Resection of a Dilated Sigmoid Colon.—Mr. H. B. Robinson: Suppurative Pericarditis, Resection of the Sixth Rib, Drainage through left Pleura, Recovery.—Mr. F. C. Wallis: A Case of Nephrectomy for Trauma.—Dr. Le Cronier Lancaster: A Case of Gastric Rupture, Fatal Hæmatemesis.

Vacancies.

Birmingham and Midland Free Hospital for Sick Children.—Resident Surgical Officer. Salary £50, with board, washing, and attendance. Particulars of the Secretary.

Bradford Infirmary.—Dispensary Surgeon (unmarried).—Salary £100 per annum, with board and residence. Applications and testimonials to the Secretary by Oct. 26th.

Bury Dispensary Hospital.—Senior House Surgeon. Salary £100 per annum, with board, residence, and attendance. Applications to the Hon. Sec.

Gesto Hospital, Island of Skye.—Medical Officer,—Salary £200 per annum, with furnished house, fire, and light. A knowledge of Gaelic desirable. Full particulars of J. MacLennan, Solicitor, Portree.

Nottingham General Dispensary.—Resident Surgeon for a Branch Dispensary at a salary of £200 per annum, together with rooms and attendance. Particulars of the Secretary.

Seamen's Hospital, Greenwich.—House Surgeon. Salary £50 per annum, with board and residence. Applications to the Secretary.

Queen Charlotte's Lying-in Hospital, Marylebone, London.—Assistant Resident Medical Officer. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary.

Wolverhampton Eye Infirmary.—House Surgeon. Terms £50 per annum, with rooms, board and washing. Applications to the Secretary on or before Nov. 5th.

Appointments.

ADAMS, P. T., M.R.C.S., L.S.A., Assistant Surgeon to the Kent County Ophthalmic Hospital.

AIKEN, A., L.R.C.P., L.R.C.S.Irel., Medical Officer to the Pettigo Dispensary, District of the Donegal Union, and Medical Officer for the Clonelly Dispensary District of the Irvinestown Union.

GRUGGEN, W., L.K.Q.C.P.Irel., L.F.P.S.Glasg., D.P.H.Camb., *pro tem*, Medical Officer by the Ware Urban District Council.

HAYLETT, P. H., M.B.Lond., L.R.C.P., House Surgeon to the Cape Town Hospital, South Africa.

HOOD, N. L., B.A., M.B., B.Ch.Cantab., House Physician of the Brompton Hospital for Consumption and Diseases of the Chest.

IZARD H. E., M.R.C.S., L.R.C.P., Junior Resident Medical Officer to the Manchester Children's Hospital, Pendlebury.

LAVERS, N., L.R.C.P., M.R.C.S., Junior Medical Officer at the Camberwell House Asylum.

REVELL, H. S., M.R.C.S., L.R.C.P.Lond., District Medical Officer for Wandsworth by the Wandsworth and Clapham Union.

SHACKLETON, W. W., M.D.B.Ch.Dubl., Medical Officer for the Aldenham and Bushey Sanitary District of the Watford Union.

WELLINGTON, R. H., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health by the Wisbech Port Sanitary Authority.

WHITE, W. R., M.D.Aberd., M.R.C.S., Medical Officer for the Benenden Sanitary District of the Cranbrook Union.

Births.

BOON.—Oct. 17th, at 80 Torrington Sq., the wife of Ernest G. Boon L.R.C.P., M.R.C.S., of Alassio, Italy, of a daughter.

ROBERTS.—Oct. 14th, at Ruabon, North Wales, the wife of R. Lawton Roberts, M.D., of a daughter.

Marriages.

HASLEWOOD—GORDON.—Oct. 14th, at St. Mary's Church, Aberdeen, Clarence Haslewood, M.B., C.M., fifth son of the Rev. W. M. Haslewood, B.A., late vicar of Great Harwood, Lancashire, to Johanna Margaret, second daughter of William Gordon, of Aberdeen.

TUXFORD—MORTON.—Oct. 15th, at Boston Church, Lincolnshire Ivon, second son of Jas E. Tuxford, M.D., J.P., to Mary, eldest daughter of Jas. Morton, Esq., of Roecliffe, Yorks.

Deaths.

ALSTON.—Oct. 19th, at his residence, Sandgate, Kent, Wm. Evelyn Alston, M.D., J.P., Surgeon-Major, Army Medical Department, retired, aged 60.

FRANKS.—Oct. 14th, at Beaufort West, South Africa, Gertrude Jane, wife of Kendal Franks, M.D., F.R.C.S.I., late of Dublin.

MINTO.—Oct. 10th, at Brighton, James Clephan Minto, M.D., aged 91.

MORRIS.—Oct. 10th (suddenly), at Rickmansworth, Edwin Morris, M.D., F.R.C.S., of Spalding, Lincolnshire, aged 81.

THEW.—Oct. 13th, at 10 Trinity Road, Tulse Hill, London, S.W., Edwin P. Thew, M.B.C.M., aged 43.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, OCTOBER 28, 1896. No. 18.

Original Communications.

DRAINAGE IN ABDOMINAL SURGERY.

By E. STANMORE BISHOP, F.R.C.S.ENG.,
Hon. Surgeon, Ancoats' Hospital, Manchester.

IN considering the question of drainage in abdominal surgery, we may start with two axioms, which will not, I think, at the present time, be disputed.

First, that all evil effects in any wound, either naturally, as in perforation of intestine, or artificially produced, as in operative interference, depend upon the admission to the absorbent surfaces of bacteria, or other micro-organisms, and their products.

Secondly, that for such organisms to develop and to produce toxins, it is necessary that they be surrounded by some fluid, and that within certain limits, their virulence and the consequent danger to the patient will vary *pari passu* with the amount of fluid supplied and allowed to remain in a state of rest around them.

If these two postulates be granted, it will necessarily follow that—

First.—If no bacteria be present, the amount of fluid present is of secondary importance, and can only do harm from its mechanical properties, as in ascites, from pressure, or by its interference with the proper performance of normal functions. For such effects a comparatively large amount of fluid is required; smaller amounts may be safely ignored.

Second.—That if bacteria are present, their results may be greatly minimised, if not entirely removed, by producing a condition of absolute *dryness* around them, and that the nearer we approximate to this ideal condition, the shorter will be the life of each generation, and the less its individual virulence.

Thus, the first question which has to be answered in any given case is that of the presence or absence of bacteria, using the term in its broadest sense to cover all forms of pathogenic micro-organisms. If, therefore, a perfectly aseptic operation has been performed upon a part which is, at the time, absolutely aseptic, and the wound can be absolutely protected during the period of healing from the entrance of bacteria, drainage is superfluous.

And in this connection it is worth while emphasising the fact established by the observations of Metchnikoff and confirmed by the daily experience of all operators, that the normal tissues of the body, with the exception of its surfaces, do not contain bacteria, but do contain phagocytes, the members, so to speak, of the body's militia and volunteers, always ready and anxious to repel and overcome invaders of the body's commonwealth, so that if the surfaces divided are previously rendered aseptic there is no danger of invasion from within. The fluids supplied to the wounded tissues from within contain no harmful particles, but only material for the rebuilding of the breach made. Of course, a wound of the mucous membrane of the intestine must, in this sense, also be looked upon as a wound of one of the body surfaces, which it most undoubtedly is.

And as a necessary corollary of this, if drainage is superfluous, it is also necessarily harmful. Not only is any drain of any kind an open way for the entrance of bacteria into the wounded tissue if by chance it be left unguarded, but by its means nutritious material which might and should be used for rapid repair, is carried away and wasted, thus delaying greatly the process we are most anxious at that point to favour. Account must also be taken of the irritation to the tissues due to the presence of a foreign body; of the possibility of the insinuation of omentum and even gut wall into the openings in the tube; the consequent need for intermittent manipulation of the tube in order to prevent this, and the increased irritation produced. Also that in those cases in which a tube is left with the intention of removal in 24 or 48 hours, it becomes necessary to disturb to a corresponding extent the original dressings, which may thus easily be made septic, or the original layer of uniting lymph may be disturbed at this otherwise unnecessarily early period, and such disturbance will always delay, even if it does not arrest the previously certain primary union. Moreover, the passage of a drain of any kind, by preventing primary union, tends to weaken supporting tissues, especially if they are of the fibrous type.

The case is naturally supremely different if bacteria have already found an entrance, and it is in these cases that drainage is of importance, the governing idea being always by its means to ensure *dryness*, and nothing less.

Apart altogether from this consideration stands that of drainage *to prevent* tension. The abdomen contains certain tubes, dilated or contracted, along the interior of which pass certain matters. Should these tubes be divided, they must be reunited, and the final permanent union of them takes an appreciable time. During this time it is important that the material they contain should not be allowed to accumulate at, or above, the weakened place. Should this occur, there is a great risk that the tension thus produced may cause a re-opening of the artificial closure, and the whole aim of the operation be defeated. Besides this, the mere presence of such material between the uniting surfaces, especially if fluid, as it usually is, will delay if not upset altogether such union, and it must be remembered that it is never possible to stop the current for any length of time through the wounded tube without disaster. Here, therefore, drainage along the course of the tube is of great importance to the successful issue. Such cases are met with in ureteral wounds and fistulæ—vesical fistulæ, injuries and operations, rectal operations, &c.

So that cases in which artificial drainage has to be considered may be divided into those—

1. In which it is distinctly required:
   (*a*) Operations on tubes wherever practicable.
   (*b*) All septic operations.
2. In which it is beneficial.
   In cases where pure asepticity is doubtful.
3. In which it is distinctly hurtful.
   Cases which are absolutely aseptic, and in which the patency of a tube is not involved.

The means by which drainage may be carried out are very numerous, and must be adapted to the nature of the case with which we have to deal. The central idea is a tube of some kind, and a force by means of

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which the tube is emptied and kept empty, so that the end nearest the absorbent wounded surface is kept *dry*. The tube may be a large one, as in the glass tube used often after laparotomy, or an extremely minute one, as in the case of drainage by strands of silk or gut. The force may be supplied by a suction-pump, as is done in drainage by a large glass tube, or it may be capillarity, as in Mickulicz's gauze drain, or again, the action of gravity. This is not often obtainable in abdominal surgery although it is sometimes taken for granted when using a vaginal drain; and lastly, the tube may be a natural one, and the force also one of the natural forces of the body, as in the drainage by the intestinal canal, where the force is that excited by the muscular wall of the intestine.

The materials used for drainage may be best considered when the matters drained have been reviewed. These last are:—

1. Blood.
2. Lymph.
3. Pus.
4. Bile.
5. Urine.
6. Fæces.

1. Blood simply should never require artificial drainage, being in itself aseptic. If it exists in quantity it means a bleeding vessel, which requires pinching, torsion, ligature, sponge pressure, cautery, or solid astringent, as the case may be. If the amount lost is less than this, and is aseptic, it will be absorbed and will do no harm. If more, it will clot and block up any drain introduced, and in an hour the drain will be perfectly useless. The true way of dealing with small quantities of blood, or of large amounts of the next—lymph—is by setting the natural suction pump to work. This will be further referred to later.

2. Lymph is a material which does not require drainage, for the same reason. It does not show its presence in quantity at the time of operation, and should be looked upon as building material pure and simple. If the amount thrown out is more than is required, it should be left to the natural process, which will soon dispose of it.

3. Pus: The presence of this may be said to be the one main reason for drainage. Pus may escape into the general peritoneal cavity before an operation, as in some abscesses around the appendix. It may escape during operation, as in the removal of a pyosalpinx. In most of such cases it is advisable to leave a drain when closing the abdominal wound, so that any material of this kind left behind may be carefully removed; this, however, is not always necessary, as is shown by the following case.

M. S—., æt. 27, admitted Ancoats' Hospital, June 27th, 1896. History of infection after only confinement seven years before. Left tube abscess size of fist. Removal by cœliotomy, July 10th. Before removal in Trendenlenburg position, flat sponges packed in behind and over intestine. Sac burst whilst being separated. Pus caught by sponges. When all removed, peritoneum clean and dry. For safety patient was lowered and abdomen washed out with normal saline solution. Fluid returned clear. Dried out by sponges. Wound closed without drainage. Perfect recovery.

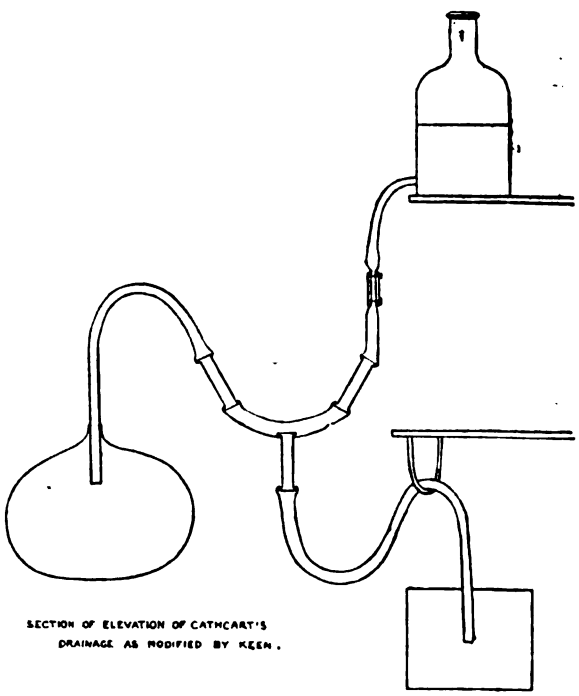
If the abscess can be opened without disturbing the limiting adhesions or membranes between it and the peritoneal cavity, drainage of the abscess itself is imperative, and this can often best be done by a gauze drain arranged *à la* Mickulicz. By this means, the space can be kept dry, by frequent changes of the inner pledgets of gauze, whilst the actual surface of its walls is not disturbed. More especially is this mode of drainage useful, if the walls of a cavity have to be sewn to the parietal peritoneum, in consequence of inability to finish removal of a suppurating cyst from too intimate adhesions to the surrounding structures.

When the exit of bile has to be provided for, rubber tubes are probably the best to use; glass would be preferable, but the irritation of its inner extremity, and the possibility of fracture is against its use in this situation.

When urine and urinary organs are in question, we require drainage in three situations for different reasons.

In the region of the kidney, if the kidney has simply been opened, we require a drain to carry off as quickly as possible the unavoidable leakage of urine, and prevent its infiltration into the connective tissue and fat around, and here large size rubber tubes are best. In this position, gravity is the force available. When the kidney has been removed, it is wisest to use a tube for two days, since air is sucked into the tissues by the respiratory movement of the diaphragm, and without a tube, its exit is impeded by the valve-like action of the soft tissues which encompass the cavity produced. But its outer opening must be very carefully protected so that any air that enters may be rendered aseptic by its passage through cotton wool or gauze.

When the ureter is in question, it is usually a question of suture. The putrescible urine has to flow over the weakened point, and if it is allowed to enter and remain between the uniting surfaces, they will certainly yield and the primary union, where here more than ever, is an essential, is prevented. If, moreover, the mere traumatic inflammation causes swelling of its lining, so that a temporary stricture is formed, tension will be produced above the narrowed point, and this in itself may be sufficient to defeat our most carefully planned operation. But here, drainage is used on the inside of the tube. It is not so much a question of removing quickly infective material from the tissues outside, as the rapid draining away of the natural excretion from within. A small rubber catheter with an open end must be passed through the bladder into the internal orifice of the ureter and up the tube as far as may be necessary for it to receive the fluid above the sutured part. This is fairly easy to do in the woman as Pawlik and Kelly have demonstrated, but it is a most difficult thing to do in a man, and may even require a preliminary supra-pubic cystotomy for its accomplishment. Some writers claim to have succeeded by the aid of the cystoscope. Luckily, the majority of these cases arise in women and are within reach as, *e.g.*, in uretero-vaginal fistulæ.



SECTION OF ELEVATION OF CATHCART'S DRAINAGE AS MODIFIED BY KEEN.

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In cases of bladder rupture, or vesical fistulæ, after the operation has been done, drainage of the same kind from the bladder must be carried out for the same reasons. This, of course, is comparatively easy. All these drainage tubes must necessarily be of rubber, although glass is practicable in bladder drainage in women.

When supra-pubic cystotomy has been done, as *e.g.*, for calculus, and cystitis is present, it is usually advisable that the upper opening should not be closed at once. Some form of drainage is here also necessary, since otherwise the bladder will empty itself from time to time without much warning, and the wound, patient, and bed, be flooded by urine, with a result which may be imagined. In such cases the drainage apparatus designed by Cathcart as modified by Keen will be found extremely useful, inasmuch as its rate of drainage can be modified as required by the rate of secretion. The ordinary syphon drainage is of little use here or in any abdominal case, inasmuch as when once started it will empty the cavity once and then cease to act until restarted.

Fæces are rarely carried off by drainage except in cases of intestinal obstruction where the small and even the large intestine may be emptied by Grieg Smith's method. He advises that distended intestine should never be left after a cœliotomy for division of a band, treatment of volvulus, &c., but that a loop of distended intestine should be withdrawn from the abdominal wound and pierced in several places by a hypodermic needle to allow the escape of flatus. Should any of these punctures ooze after withdrawal of the needle they should be incised along the surface of the gut furthest from its mesenteric attachment, and parallel with this, to allow of free exit of fæcal matter, and, in some cases, to facilitate this, a rubber tube is to be passed into the lumen of the intestine, so as to empty the gut as much as possible. In order to get the utmost result from this procedure, he leaves this tube *in situ* until all distension has disappeared, the opening in the gut being kept just outside the cavity. When the tube is removed, the gut is sewn up by Lembert's suture, washed, and returned into the abdomen. Lockwood reports some cases of diffuse septic peritonitis treated in this way minus the use of the tube ("Med. Chir. Trans.," vol. 78, p. 7).

The materials used for drainage are worth consideration. Glass tubes are the ideal tubes for this purpose, if they can be safely employed. They can be easily rendered aseptic, and there can be no doubt as to their freedom or otherwise from dust or dirt of any kind; but they cannot be used if pressure is required, from their liability to fracture. Metal tubes are not advisable. It is difficult to be sure of their absolute cleanliness, and most metals are acted upon by animal fluids. If made of rigid metal, they are awkward, and, so far, the flexible tubes of wire have not proved a success. If the wire is closely wound, there is only one deep opening. If the wire is widely rolled, the tissues are apt to penetrate between the coils, and the tube has to be withdrawn like a corkscrew. Where glass is inadmissible, rubber tubes are usually the alternative. These accommodate themselves easily to the parts around and to all positions, but it is difficult to absolutely sterilise them, and it is not possible to be sure of their freedom from foreign matters. Pozzi places them for five days in water kept at 95° in a culture oven, renewing the water daily. Then they are transferred to carbolic solution, 5 per cent., or sol. mercuric chloride, which is changed every second day for the first fourteen days.

MacEwen introduced the use of decalcified chicken bone drains. I may have been unfortunate, but I have not had a satisfactory result from their use. The idea is to obtain a drain which shall not require removal. They shall act during the time required, and then become absorbed, so allowing the original dressing to remain unchanged until healing is complete. They do act for awhile, but then they form a flocculent mass, which effectually blocks the further exit of fluid and delays effective union. The same objection applies to catgut strands, which make a smaller, but hardly less objectionable mess.

Drainage by capillarity is the object sought to be obtained by the latter method, as also by strands of horsehair, or silkworm gut. Horsehair is inadmissible inasmuch as, owing to the manner in which the epidermic scales of which it is composed are set, it will travel either into or out of the wound in which it is placed. Silkworm gut is the best material for this kind of work. But drainage by capillarity appears to me to be based entirely on a false idea; only serum, blood and lymph can be removed by its means, and that imperfectly, and, if the wound be aseptic, this is unnecessary. If it be septic, the method is ineffective.

The most important means of drainage we possess in abdominal surgery, however, is the natural suction-pump, the intestine. This is an advantage which abdominal surgery possesses over that of all other regions in the body. All writers on the after-treatment of laparotomies, &c., lay stress upon the desirability of securing early action of the bowels, and such action is looked upon as in most cases securing safety from peritonitis. But the exact manner in which that safety is produced has not, as far as I know, been clearly defined. It is not, of course, merely because the lower bowel has been emptied, that an operator feels safe. The presence of decomposing, offensive material in the rectum is, of course, objectionable, but the absorbtive power of its mucous membrane is not great, and the mere removal of this load would not make the immense difference to the prospects of the patient that is associated in the surgeon's mind with the fact that the bowels are in action. Moreover, in all these cases, the bowels have been cleared before operation, and often enough, the amount passed is but small in comparison with the relief experienced. Indeed, the surgeon is not very anxious about any patient who has passed flatus naturally, even if no solid matters have escaped per anum. The passage of a stool only emphasises the fact that the bowel is acting normally, and shows that it does so with a fair amount of strength.

The small intestine fulfils many duties in the economy, but for our purpose, and after operations involving the peritoneal cavity, I suggest that it may truly be looked upon as a living suction pump, or a long sponge, which when properly acting, by the vermicular action of its muscular coat, is constantly drawing up through the myriad stomata in its serous coat into the lymph channels of its walls all fluids from the cælom, which it completely fills, and forcing such fluids onwards into the blood stream, where they can be dealt with by the various excretory organs. By its steadily recurring ryhthm of contraction and relaxation not only are its fæcal contents passed on into the rectum and so out, but any fluids in the peritoneal cavity are sucked up and pressed onwards away from the free surface of the peritoneum, where they might form a stagnant pool in which bacteria could develop. Thus the salutary result of the action of the gut is not due to the actual passage of fæces through it, though doubtless this assists, but to a separate function, the activity of which, however, we can gauge by the coarser and more visible result.

That the utmost good may result from such action, it is evident that it should be started soon. Should it be delayed, two things may happen. The amount of fluid to be disposed of in the abdominal cavity may be too great to be easily and expeditiously carried away; some fluid will then remain in a state of rest, under conditions of warmth, &c., eminently favourable to the development of bacteria. When this in its turn is absorbed, poisoned toxins are present, and are absorbed with it, producing septicæmia, or the paralysing effect

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of these toxins may be so great, as to prevent any effective action on the part of the natural suction pump at all. Peritonitis will then rapidly develop.

Tait has, perhaps, done more than any other writer to emphasise the necessity of this procedure after laparotomy. As is well known, he advises the use of saline aperients, seidlitz powders to be begun at the earliest possible moment upon the appearance of any sign of peritonitis. If the foregoing explanation of the benefit to be derived is correct, however, it will be seen that it is wiser not to wait for any such signs, which evidence the result rather than the cause of the necessity for such action. The natural suction pump will act with more certainty as well as with more force when it has but little, and that innocuous, fluid to act upon, rather than when that fluid has developed poisonous qualities, which at the same time tend to paralyse its action, and are themselves dangerous to the system through which they must pass before they can be finally eliminated.

My own experience too, has been against the use of seidlitz powders. They require to be dissolved in a comparatively large amount of water, and this is contrary to the excellent rule now generally adopted by abdominal surgeons, of abstinence from fluid during the first 48 hours. We wish to favour, as far as possible, the absorption of fluid towards the intestine, and in order to do this, we keep the tube itself as empty as we can. Patients differ greatly, perhaps in different localities, but in Ancoats' Hospital we have constantly found that vomiting has been started again by seidlitz powders, when the original chloroform sickness has passed off. Now, perhaps, the most dreaded accident of all is a return of vomiting. Calomel in small doses, frequently repeated, has served us very well, but there is an advantage, of course, in using a saline purgative if possible. The presence of a saline fluid in the intestine of a higher specific gravity than that outside favours dialysis, and we find tartrate of soda in drachm to two drachm doses very effectual, whilst free—in our patients—from the risk of vomiting. Turpentine enemata assist, but the old-fashioned soap and water enema mixed with half an ounce of castor oil has been found the most effective of all. This we have come to rely upon as certain if used after two or three doses of the soda salt have been given. But, for the reasons insisted upon above, we begin early. The following cases are illustrative of this point.

Mrs. R., æt. 31. Parovian cyst. Laparotomy and removal.—Chloroform sickness lasted six hours. Calomel every hour, beginning twelve hours after operation. Flatus passed eighteen hours after. Fæces passed on third day. Recovery—no sign of peritonitis.

Mrs. S., æt. 31. Intra-ligamentous dermoid cyst. Laparotomy. Marsupialisation.—Nothing by mouth for 48 hours. Nutrient enemata. Passed flatus within first twenty-four hours, therefore no purgative. Cavity washed out daily and dried, packed with iodoform gauze. Perfect recovery.

Miss H., æt. 25, sent by Dr. Anderson, Bradford. Multiiocular ovarian cyst. Laparotomy. Removal.—Cyst had yielded six hours before.—Commencing peritonitis found at operation. Impossible to get passage of flatus afterwards. Death in 48 hours.

Mrs. H., æt. 42. Multilocular ovarian cyst, adherent to intestine for six inches. Laparotomy. Removal.—Calomel begun 48 hours after. Flatus passed 56 hours after. Stool after enema on third day. Recovery.

Mrs. B., æt. 38, Unilocular ovarian cyst. Omentum adherent. Laparotomy. Removal.—Calomel every hour, beginning 20 hours after operation, for six doses. Flatus passed 48 hours after operation. Stool 61 hours after operation. Recovery.

Mrs. W., æt. 46. Epithelioma uteri. Vaginal hysterectomy. Constant sickness.—Calomel begun 48 hours after operation. No passage of flatus or stool. Death on third day. Bowels passively distended from second day. P.M.—ʒiss dark, bloody fluid found in pelvis. Coils of intestine slightly adherent, with reddish effusion at lines of contact.

Mrs. W., æt. 34., sent by Dr. Rogers, of Stockport. Right pyosalpinx. Laparotomy. Removal. No drainage.—Calomel with belladona given every hour since 24 hours after operation. Flatus passed in 48 hours. No action of bowels for four days. Recovery.

Mrs. A., æt 38. Small, multilocular ovarian cyst on left side.—Laparotomy. Removal. No drainage.—Passed flatus in 24 hours. Bowels did not act for three days, and then but slightly. Recovery.

THE CAUSES OF DEATH AFTER LAPAROTOMY.

By PROF. FRITSCH, OF BONN.

Read at the Congress of German Scientists and Physicians, Oct., 1896.

[FROM OUR GERMAN CORRESPONDENT.]

HE said that when a man had seen deaths after laparotomy for nearly 30 years it would be readily understood that he had formed certain definite opinions as to their cause. Every year, unfortunately, opportunities occurred of testing the opinion thus formed.

Marion Sims disputed the old view that death was the result of suppurative inflammation, of peritonitis in the old sense. He described the condition that we now called septic peritonitis, the colouration of the peritoneum, the vascularity of the intestines, the tympanitis, the bloody serum exudation moderate in quantity. But it was not correct to call all these cases sepsis. Antiseptic and aseptic measures were no monopoly at the present time. Every hospital, public or private, was a teaching and learning school of antisepsis. The introduction of cocci by hand, sponges and instruments did not take place now as they did thirty years ago. The best proof of this was that results had improved everywhere.

At the same time it could not be denied that we did not operate on absolutely sterilised subjects. Our asepsis was not as complete as in the case of bacteriological experiments. He would only remind them that they might perform two or three laparotomies and that one of the patients might die although the condition might be the same in all, the preparation, the *technique*, and even the cases.

The course of the case might not be alike intra- and extra-peritoneally. Whilst the pedicle and the peritoneum might heal perfectly, the external wound might suppurate, and if anyone should say that the preparation was imperfect antiseptically he would reply that often when the sutures were in three layers the peritoneum and skin might heal normally, whilst slowly a suppuration might develope in the centre layers, and break through eight or ten days after.

The body itself was then not absolutely free from germs, and if the course was not the same in all parts, the different tissues must behave differently in the presence of invasion of bacteria, and as the course varied in the different tissues, so it was, in general, various people had various affinities as regarded cocci, or what was the same thing, they had various resisting powers as regarded the growth and development of cocci.

There had never yet been a plague epidemic in which all the people had died. With identical external conditions all people did not have cholera or typhoid. Diphtheria and cholera bacilli were also found in healthy people. When formerly we saw epidemics of puerperal fever, there was always an extraordinary case, severe in its commencement and in its course,

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where, however, nature triumphed and recovery took place.

The most important organ was the peritoneum. In the peritoneum, the physiological and pathological changes were very rapid. The time required for adhesion to take place was rather minutes than hours. Cocci were rapidly swept from the peritoneum into the blood and destroyed. But for cocci to become harmless, three things were necessary. First, they must not be in too great a quantity. Secondly, an undisturbed circulation and a healthy heart were necessary, a lengthened operation, chloroform narcosis, loss of blood, and cooling injured the circulation. Possibly, also, the hæmoglobin and the chemical quality of the blood had to be taken into account.

Thirdly, the functions of the tissues. here the peritoneum, must be normal, The cooling was of less moment than the contact with the air, and the altered pressure after opening the abdomen. The injury thus caused was often visible to the eye. The injury to the peritoneum was the greater the more roughly and improperly it was treated. Even without direct infection the operation might be dangerous. It must not be forgotten also that cocci accidentally introduced or coming through from the intestines might under these circumstances find conditions suitable for their growth. Generally the weakened intestines recovered their tone in a few hours. If, therefore, after twenty-four or more hours the heart was strong and the pulse good there was no danger. But with a weak heart and a quick pulse the normal function of the bowel was not restored. He had shown then that independent of infection, there were two conditions closely connected with each other that were dangerous, viz., weakness of the heart and injury to the peritoneal and intestinal functions. Avoidance of infection was not the only important thing as had hitherto been represented, but the maintenance of the general and local power of resistance.

Patients on whom laparotomy had been performed did not die because they became septic, but they became septic becanse they died or whilst they were dying.

Myotomy was more fatal than ovariotomy because it took longer, and with every one the results became better as he learned to operate better.

Now came the self-deception. Every operator adopted some peculiar method of procedure, and as he improved in an operation his results improved until he came to believe that his good success was due to his peculiar methods instead of putting it down to their true cause, his gradually improving dexterity. For himself, his methods were really the best, whether for others was questionable.

The correctness of his views could be tested clinically. The course in unfavourable cases was the following:—The patient awoke after the operation already distressed. The breathing rather heavy, the bandage pressing heavily, otherwise the binding was well borne. The characteristic symptom was the cardiac weakness, the quick, feeble abdominal pulse that was always pathognomonic. The abdomen was distended, the countenance pale, there was thirst, and vomiting was frequent. The temperature was normal. Tympanitis increased and the pulse became worse. These were the symptoms of ileus, but there was no ileus, nothing of obstruction. They were peritonitic symptoms, but there was no purulent peritonitis. There was no sepsis. There could be sepsis without fever. These cases of which he was speaking often got well. With and without suitable treatment, the distressing symptoms ceased. If this was not the case, on the second or third evening there was slight fever that increased *sub finum vitæ*. In any case, the most important symptom was the cardiac weakness, and not the fever.

If his views were correct, at least for many cases, the conclusions to be drawn as regarded practice were: In cases of weakened or weak heart, in thrombosis after pneumonia, after influenza, &c., we should not operate but wait. Before operation, debilitating preparation, such as starving or powerful purgatives were contra-indicated. The *technique* must be good, the after treatment very careful, washing out of the stomach, warm enemata, tonics subcutaneously, quinine, &c., were useful. A good *technique*, skill, and experience were very important as regarded results. It would be a good thing in gynæcology if a recognised *technique* could be adopted. A knowledge of the procedure fixed upon would do away with all doubts and loss of time. In the meantime, the principle must make its way that lives were to be saved by careful selection of cases, good preparation, sparing (Schonend) operation and careful after-treatment.

THE

TREATMENT OF SOME TRAUMATIC LESIONS OF KNEE-JOINT.

By JOHN O'CONOR. M.A., M.D., B.Ch., T.C.D.,
Senior Medical Officer, British Hospital, Buenos Aires.

Hæmarthrosis.

F. M—., æt. 16, a groom, was admitted into the British Hospital on February 27th, 1896. suffering from a large swelling of left knee-joint. Three days previously, while exercising a polo pony, he was thrown off, and falling on to some stones, received a contusion of left knee; he was able to get up, and limp home. His parents seeing that the articulation was considerably swollen applied cold water dressings; the patient noticed that the pain was in no way proportionate to the amount of distension.

Two days later he was brought to the Hospital; the leg was placed on a McIntyre splint, and as the joint was considerably distended, aspiration was performed; two ounces of blood were withdrawn, but as the cannula became plugged with clots, the joint could not be properly emptied.

On the following morning, as the distension was as much as before the tapping, the skin having been thoroughly disinfected, chloroform was administered, and an incision, one inch in length made parallel to, and half an inch internal to inner border of, patella. On the capsule being opened some five ounces of blood gushed out, followed by clots; the index finger was introduced into the synovial pouch, and many adherent clots detached, and removed by irrigation with 1 in 40 warm carbolic lotion. A gauze drain was inserted and wound dressed with iodoform gauze and sublimate wool.

First evening, temperature normal, no pain or discomfort. On the fourth day the dressings were changed and the drain removed, the joint appeared quite dry. On the seventh day, three silkworm gut sutures were inserted and wound closed; eighth day patient moved his joint through an angle of 45°; while so doing, some synovial fluid escaped from wound.

Twelfth day—voluntary movement beyond a right angle, without any pain. Fourteenth day—sutures removed as they were causing some skin irritation. Patient was allowed out of bed on the nineteenth day, and was walking about the garden twelve days later with a normal joint.

My reasons for operating were:—First, the presence of such a large amount of clotting blood in the joint; secondly, a strong prejudice against allowing any accumulation of blood to remain in or about a wound, be it external or internal; and thirdly, the certainty that the operation could be carried out aseptically.

To young men entering the curriculum of life, it is without doubt a handicap to leave a collection of clotting blood in their knee-joints, in the hope that Nature may remove it; we know that the liquid portion

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probably may be absorbed, but we also know that clots tend to form adhesions, and thus the future utility of the limb runs a great risk of being permanently impaired.

Again, in those whose constitutions are below par, I consider early operation all the more imperative, for an enfeebled body means diminished vitality of the tissue cells, consequently a weakened home defence; a collection of stagnant blood or serum at the normal temperature of the human body, provides an excellent medium for the cultivation of the lower forms of organic life: and pathogenic microbes possess the faculty of working their passage from outside, through the blood to habitations that may be suitable for the propagation of their species; with these premises it may be, at any rate logically concluded, that the removal of the medium before the coccus arrives is expedient surgery.

In carrying out this object, two instruments are useless, a trocar and cannula; the latter is liable to get plugged with clots; then evacuation of even the fluid blood is impeded; fibrinous coagula in the recesses of the synovial pouch are not removed, as was shown in above case, nothing short of digital shifting sufficed, and when the fluid pressure within the joint is suddenly diminished, fresh hæmorrhage may take place from the ruptured capillaries; if so, we are left *in statu quo ante*.

An incision possesses the following advantages: thorough elimination of all blood and clots; digital examination, whereby any adhering clots may be removed; the arrest of hæmorrhage, if necessary, by gauze packing; and rest is provided for the injured synovial membrane, by a more prolonged drainage; also, the overstretched ligaments are afforded a chance of promptly and permanently contracting to the normal.

During the past year I opened the knee-joint on four occasions, in order to wire transverse fractures of the patella; in each instance the first thing noted was the large amount of blood clot present; next, the constant overlapping of the fragments by the torn prepatellar aponeurosis; and lastly, the amount of oozing that followed re-freshening of the broken surfaces. The deductions that naturally followed were, in all fractures of this bone, there must be a considerable quantity of blood effused into joint, consequently, a great probability of many adhesions forming, if such an amount of clot is left; that any attempt to unite the fragments without removing the fibrous tissue that overhangs the broken surfaces, must be futile as far as perfect bony union is concerned; and, lastly, that the apposition brought about by wire sutures does not in all cases arrest the oozing from the revivified surfaces, and there is a chance, if drainage is not provided for, that a fresh collection may take place. Consequently, any operation undertaken for the adjustment of the fragments scientifically and practically necessitates evacuation of all blood and clots, excision of the overlapping fibrous tissue, and prevention by drainage of any subsequent accumulation. Lister's operation fulfils the first two requirements, but not the third, which is equally important, and is best effected by a loose roll of iodoform gauze. This drain may be left in with safety until the fourth day, and the wound united on the seventh by two or three silkworm gut sutures.

I shall now briefly mention what I consider a most important detail in the after treatment of traumatic injuries to this joint. A surgeon of such world-wide reputation as Mr. Watson Cheyne, recommends early passive motion (I believe within the first week), in cases of fracture of the patella; I confess I have often puzzled over the *rationale* of such a practice, and I cannot arrive at any other conclusion, than that its object is to prevent blood clot forming adhesions; for with the limb extended and carefully bandaged on to a straight back splint, undue contraction of the flexors cannot be apprehended; if a collection of serum, or thickening of the synovial membrane is feared, I do not see how early movement is going to help; and it is presumed that no rheumatic, gouty, or other tendency is present. On the other hand, to start active motion (I use the word active, for I generally have found the muscles, laryngeal included, anything but passive) at a time when we know that bony union has not taken place, and when the traumatic irritation of the surrounding structures cannot possibly have subsided, is, in my opinion, a dangerous performance, and likely to bring about the very things that are so essential to avoid: continuance and increase of inflammation, a parent of stiff joints. I think it might be laid down as a fairly safe rule, in the majority of cases of traumatic arthritis, that movement by the patient's own muscles should form the advance guard to any movements by the surgeon.

ACUTE SYNOVITIS.

T. T., æt. 38, stevedore. while working in a ship's hold on January 19th, 1896, received a contusion of his right knee, by a bag of maize falling on it; he immediately felt pain in the joint, but foolishly continued at his work until the 21st, when owing to the swelling and pain, he could not stand it any longer. On January 29th, he was admitted into hospital, the joint was distended with fluid, patella floating, and he complained of pain on the slightest movement, calor well marked.

The limb was placed on a pillow, which was fixed by sandbags, and a Martin's elastic bandage applied; this treatment was continued for four days without any marked benefit. Three blisters, Scott's dressing and a splint were substituted, and continued for three weeks, at the end of which, tumour, dolor and calor had disappeared; a few days later he was placed in an easy chair beside the bed, with an elastic bandage on knee; as no relapse followed, five days later he was told to cautiously put his foot to the ground (of course, crutches having been provided). This he did, on the following morning the joint was found in the same condition, as on the day of admission to the hospital.

It was now determined to incise and drain; and the most scrupulous attention was paid to the disinfection of the limb, hands, instruments, &c. On March 9th, an incision, one and a half inches in length was made parallel to inner border of patella, over most bulging spot, and three ounces of serum and synovial fluid were evacuated; the index finger was then introduced into synovial pouch, and as no very marked thickening of membrane was found, a few strands of iodoform gauze were inserted and iodoform gauze dressings applied.

As the temperature did not exceed 99°, the dressings were not changed until the fourth day, when they were found soaked with synovial fluid, no pus; a gauze drain was again inserted. The wound was dressed daily for the following three days; by the eighth day all excessive secretion had ceased, and on this date the patient voluntarily and painlessly moved his joint through a right angle. On the thirteenth day four silkworm gut sutures were inserted and wound closed; these were removed on the twentieth day, as firm union had taken place. The splint was left off on the twenty-second day, and he was allowed to sit up in a chair for one hour. On the twenty-fourth day he walked to the garden with the aid of two sticks, no swelling, pain, or heat followed; on the thirty-sixth day he walked out of hospital without a limp, normal movement having been completely restored.

Since January 1st three other cases of synovitis of knee have been treated in a similar manner, with equally good results.

Splints, icebags, hot irons, blisters, leeches, &c., without doubt served surgery well, at a time when pus followed the knife as sure as night follows day; but under the existing conditions of surgical cleanliness

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there can be no excuse for continuing their service beyond a limited period. And I should think there are very few surgeons who can conscientiously say that the long-continued expectant treatment of this affection is satisfactory, and that the ultimate results repay the time lost. I will now take the liberty of quoting from Mr. Barker's most excellent treatise in Treves' "System of Surgery," in describing the treatment of acute synovitis. This gentleman states: "In many cases, too, where there is much tension from effusion, aspiration of the joint with a sterilised hollow needle is the readiest way of giving relief, and this should be done before the capsule and ligaments have been overstretched, and the synovial membrane permanently altered"; under prognosis: "but when the measure has been too long delayed the synovial membrane becomes thickened and shrunken and has lost its elasticity and smooth surface, and the subsequent movements of the articulation are permanently impaired."

In this most able appeal for early surgical intervention I most heartily concur, but differ as to the method, for I consider a small incision with gauze drainage infinitely preferable to the use of a grooved needle. by the former no re-accumulation of fluid can take place, as sometimes happens after the latter; the synovial membrane can be examined and if any part of it should be much thickened, it may be excised; rest is assured to the joint for as long as the surgeon chooses, whereas after aspirating, it is in some cases only momentary; again, the puncture of a needle may in itself cause hæmorrhage into the joint.

If this latter objection should appear far fetched, let the unbeliever open up some of the wounds that he has just sutured, and he will be astonished at the amount of bleeding on the inner surface that occasionally follows the puncture of a needle, which if untreated furnishes a suitable nidus for a wandering microbe. And I think it may be truly said that the gauze drain is to the medium, as Listerism to the germ; and that the elimination of both germ and medium is an absolute aseptic necessity.

In conclusion, I feel convinced that we should be acting in a manner more becoming, both to our art and to the interests of our patients, if we would only consider ourselves above the sphere of criticism that may emanate from sources infected with septic superstitions, and open the joints in every case of simple traumatic synovitis, which had not yielded (disappearance of excessive fluid) to twenty-one days thorough expectant treatment; by so doing, permanent thickening of the synovial membrane may be prevented, and many patients saved from having a weak knee for the rest of their lives.

In carrying out this simple operation the most scrupulous cleanliness must be adopted, and the routine which I now employ may serve, in some degree, as a guide to others; the day prior to operation, the limb is shaved, scrubbed with soap and hot soda water; then sponged with turpentine and a piece of antiseptic lint wrung out in 1 in 500 C.S. wrapped round joint and fixed on for the night by sublimate wool and a bandage. The patient having been chloroformed, a nurse removes this dressing with a sterilised scissors and forceps. The field of operation is again sponged with turpentine and washed with 1 in 500 C.S., the thigh and leg are enveloped in towels that have been boiled, and soaked all night in 1 in 500 C.S.; the same are placed all round, so that if an instrument is left down on table it cannot be infected. (All instruments are previously boiled.) The hands and arms having been scrubbed with soap and soda water, are placed for two minutes in a basin of Watson Cheyne's strong lotion, an incision from one to two inches in length is made parallel to, and half an inch internal to inner side of patella; as the structures are divided, all bleeding points are secured; when all oozing has ceased, the capsule is seized by a pair of dissecting forceps and opened; two pressure forceps are applied, one on either side, to cut edges of capsule, with a flat sponge external pressure is made directly over synovial pouch, by this means all the fluid is gently squeezed out; the index finger is next inserted, and if any thickened tags of synovial membrane are found they are seized with a torsion forceps and excised. If any hæmorrhage follows this latter procedure, a small sponge on a pressure forceps is introduced, and direct pressure made: at the same time, external pressure with a large flat sponge is carried out as before; in this way the bleeding is soon stopped. Three or four sterilised silkworm-gut sutures are inserted through whole depth of incision, including capsule (by the forceps previously placed on incised edges this can be accurately done), they are tied loosely, and ample space left for the introduction of a few strands of iodoform gauze into the synovial pouch. Iodoform is dusted freely all round, and the dressing consists of iodoform gauze and sublimate wool; a McIntyre splint is applied, this is fixed above and below the wound with domette bandages.

The dressings and drain are removed every two days, and if on the seventh day the secretion of synovial fluid has decreased to normal, the edges are united by the silkworm gut sutures already inserted. These are removed on the fourteenth day; and if the union is firm, patient is allowed out of bed on the sixteenth with instructions to daily increase the range of movement. No knee-cap or elastic bandages are applied, these can be profitably relegated to the limbo of unreliable trusses and fantastic pessaries.

In this age of asepticism, to *sentence* an unfortunate bread-winner to a term of two, four, or six months on splints or on the broad of his back, for water on the knee, is, to my mind, an unjustifiable and unsurgical procedure, and as Mr. Arbuthnot Lane very tersely remarks, writing on the treatment of simple fractures, "the commercial value of a limb" now-a-days deserves the serious consideration of every surgeon.

As the struggle for existence became more keen, it seems as if Nature had arisen to the occasion, and brought forth a Lister to propound the art of antisepsis, in order that the full physiological activity of wounded limbs might be so speedily restored, that their owners might not be compelled to drop out of the race, and become candidates for parish relief.

Clinical Records.

CASE OF TUBAL DISEASE, COMPLICATED WITH PREGNANCY.

By E. F. Eliot, F F.P.S., Etc.,
Southampton.

I first saw the patient on October 24th, 1893. She was 36 years of age, had married on April 18th of the same year, and left the neighbourhood. I had known her for several years, and knew she suffered from dysmenorrhœa, but her uterine complaint had been treated in London. I always understood she had had a good deal of "internal trouble," and had been operated on for uterine polypi. On this occasion, I obtained the following history. From the time of her marriage till September 17th, 1893, she was as well as usual, with the exception of occasional pain in her groins. She menstruated on Sept. 17th, and on Oct. 2nd was suddenly seized with pain, which she described as being in her bladder. She was seen by a medical man, was sent to bed, and took some chlorodyne; fourteen days afterwards she came here to consult me.

On Oct. 15th she missed a period. Precautions had been taken to prevent the occurrence of pregnancy. When I saw her she was in constant severe pain referred to the pelvis, especially the left side. Pain described as "unwell pain." On attempting to stand, a good deal of "bearing-down" sensation and great pain. Good deal of pain on micturition.

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She was lying in bed with knees drawn up. There was no discharge. On examination, the os was very soft. Finger could not be passed into cervical canal. The uterus was fixed (a point of great importance in the subsequent history). On the left side the tube was much larger and very tender, and formed a distinct lump. Right tube also enlarged, but not so large as on the left side.

I ordered a palliative treatment, and for some hours she was much easier, but at 8.30 p.m., violent pains came on. The temperature was 100·6° F., pulse 114. She could only lie on her back.

The diagnosis lay between pyosalpinx and a tubal pregnancy on the left side. I decided against a pregnancy (for several reasons which I shall refer to later on) and suggested the advisability of operating and removing the diseased appendage.

On Nov. 1st, I asked my friend, Mr. Lawson Tait, to see the patient, and we decided the right course was to operate, and I operated on Nov. 2nd, 1893.

On opening the abdomen, I found the appendages on either side firmly bound down with dense adhesions, and the operation was difficult. The ovary and tube on either side were removed. Both tubes were markedly diseased, the left one containing semi-purulent fluid, and the right one was also distended. There was no tubal pregnancy. The patient made an excellent recovery. The temperature at night after operation was 100° F. The next morning 98·8° F., and it never went up again. A week after operation there was a rather profuse blood-stained discharge, which lasted ten days and then appeared again in a week's time.

On Nov. 21st, patient was up, and described herself as quite well.

I next saw the patient at the end of Jan., 1894, and found a tumour reaching up to about 2½ inches below the umbilicus. I diagnosed a pregnancy.

On Feb. 10th, the patient felt a distinct kicking movement. I asked Mr. Lawson Tait to see her and consult as to the wisdom of allowing pregnancy to go on to full term, and considering the very fixed condition of the uterus we decided it would be too risky.

On the evening of Feb. 17th, 1894, a dilator was introduced.

On Feb. 18th, it was found to be slowly doing its work. There was no pain, and a larger dilator was inserted, but as, on examination a few hours later it made but little progress, the patient was put under chloroform, and we had the greatest difficulty in removing the fœtus. We could not get any further dilatation, and the fœtus had to be removed piece meal.

The uterus was washed out, and the patient made an uninterrupted recovery in a few days. Since then the patient has quite picked up, and when I saw her a few weeks ago she was absolutely well and able to do anything. The pregnancy was curious considering the patient had been married five months, and had used precautions against becoming pregnant; the great pain she experienced, the tubal disease she was suffering from, and the history of old uterine trouble, the very open condition of os and cervix, that she had had an abdominal section performed, and that she had had several profuse discharges from the uterus after the operation.

From our knowledge of the condition of the pelvis at the time of the operation, and in consideration of the possible increasing adhesions resulting from the removal of the diseased tubes, we judged that it would probably have been fatal to have let the pregnancy go to full term. We calculated the pregnancy occurring about Oct. 15th, eighteen days before the operation. The extraordinary difficulty encountered in getting the fœtus removed entirely justified this opinion.

THE Local Government Board has given its sanction, subject to certain reservations, to the purchase by the Metropolitan Asylums Board of 136 acres of land at Westcroft Farm, Carshalton, as the site for a southern convalescent fever hospital for about 700 patients.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, OCT. 23RD, 1896.

The President, Dr. BUZZARD, in the Chair.

GASTRIC VARIX; RUPTURE; FATAL HÆMATEMESIS.

Dr. E. LE CRONIER LANCASTER (Swansea) read the notes of a case presenting this rare pathological condition, and also showed the part of the stomach containing the varicose veins. The patient was a married woman, æt. 36, she had felt "poorly" for some weeks, but had not had any definite symptoms of ill-health until July 24th, 1895, when she suddenly vomited about two pints of blood; three days later she again suddenly vomited about the same quantity of blood. She had not had any abdominal pain, or any symptom of indigestion. She was admitted to the Swansea Hospital, on July 29th, 1895. There was extreme weakness and pallor, but she had no abdominal pain or tenderness or any signs of peritonitis. Pulse 110, weak. Temp. 100·6. Urine, sp. gr. 1020, no albumen or sugar. There were no evidences of syphilis or alcoholism. The bowels acted twice on the day of admission, the stools being dark and tarry. From the history gastric ulcer was diagnosed. She was ordered to be fed entirely *per rectum;* no medicine given. For two days she improved a little, but on July 31st, she sat up in bed "to have a look round," and in less than a minute fell back fainting. When seen shortly afterwards, she was collapsed and blanched, there was no restlessness, pain, nausea, or vomiting. Pulse 120, soft, weak. Mr. Brook saw her, with Dr. Lancaster, and as there was no proof of any present hæmorrhage, treatment was directed against her asthenic condition. She was given copious rectal injections of normal saline solution, and in addition to the rectal feeding, small quantities of peptones and peptonised milk by the mouth, with frequent small doses of brandy and digitalis. To definitely exclude the possibility of the case being one of pernicious anæmia, the blood was examined microscopically—it was that of simple anæmia. The optic discs were normal and there were no retinal hæmorrhages. She continued in much the same weak state until early on August 7th, she then became unconscious and remained so, until her death at 11.30 p.m. She had not vomited once whilst in the Hospital; the bowels acted on August 5th and 6th, the stools were pale and formed; but on the day of her death she passed one stool containing freshly-poured out blood. At the autopsy, sixteen hours after death, the principal points observed were as follows:—1. Several branches of the gastro-epiploic veins in the great omentum and gastric submucosa were typically varicose. 2. The largest of the gastric varices presented on its upper surface a small circular smooth-edged aperture about the size of a pin's head. 3. Except for the varices the mucosa of the whole of the digestive tract was healthy. 4. No cause for the varicose state of the veins was discovered, the thoracic and abdominal viscera were healthy. 5. There was no left kidney or left adrenal. Dr. Lancaster said that varix of the veins of the stomach was apparently of extreme rarity; the only case similar to this that he had been able to find recorded was one reported in the *Lancet*, of December 14th, 1889, under the care of Dr. Barr, at the Liverpool Northern Hospital. He suggested that a certain number of cases supposed to be gastric ulcer, cases in which hæmatemesis is the only prominent symptom, might in reality be cases of varix, and alluded to the difficulty, with our present knowledge of the diagnosis of varix.

Mr. G. H. MAKINS observed that the source of the hæmorrhage in this instance presented some resemblance to the condition in bleeding piles, and he remarked that if physicians could diagnose this condition in the stomach the arrest of the hæmorrhage might be effected under far more favourable conditions than in the case of ulceration, and the operation would not be much more dangerous than for the removal of a foreign body.

Dr. KINGSTON FOWLER, referring to the cases of pseudo-hæmatemesis in association with cirrhosis of the liver in which the blood came from the veins of the œsophagus

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and cardiac end of the stomach, mentioned that in a recent post-mortem examination at Middlesex Hospital this condition was found to exist.

Mr. H. H. Clutton on a case of

RESECTION OF DILATED SIGMOID FLEXURE FOR CHRONIC OBSTRUCTION.

The patient was a lady, æt. 50, who had suffered as long as she could remember from chronic constipation and occasionally from sudden attacks of distension of the abdomen accompanied by pain. For five years preceding the operation the symptoms had been much more severe. They commenced to be so after an illness in which violent purging had been the principal treatment. During these five years she had had frequent attacks of obstruction, lasting from five to ten days, accompanied by great distension of abdomen and occasional vomiting. The bowels were eventually relieved by enemata. The difficulty of obtaining relief by enemata gradually increased, till latterly 5-8 pints of fluid could be introduced without any intermediate result. Her distress became so great from the frequency of the attacks and from the uncertainty of obtaining relief, that she gladly submitted to operation. On November 19th, 1895, a very large, dilated sigmoid flexure was removed, and the two ends of the divided bowel were united by Murphy's button. The operation was perfectly successful except for the fact that the button remained *in situ*. She has had no attacks of obstruction since the operation, and has led an ordinary life. She has been so comfortable, indeed, that she declined even to submit to an examination under an anæsthetic to see if the button was movable. Since writing the above, the patient had developed gradually increasing symptoms of obstruction, and last Sunday he had to perform median laparotomy. He found the small intestines collapsed and empty, but the large intestine was enormously distended with liquid fæces and practically filled the abdomen. He could feel the button high up in the splenic flexure. He made an incision and evacuated two basins full of liquid fæces, and then he managed to move down the button as far as the site of the original operation, but no further. He therefore cut down upon it, and took it away. There was a stricture at the line of junction left from the previous operation admitting the finger, so he made a longitudinal incision, which he sutured transversely. The operation was done under great difficulties, and took nearly three hours. The patient was not doing well, there being indications of peritonitis.

Dr Herringham recalled the case of an elderly gentleman who presented the same dilatation limited to the sigmoid flexure. He had had symptoms of general peritonitis before, and when the abdomen was opened, the dilated colon occupied the whole of the front of the abdomen. The sac proved to be gangrenous in one part, and the patient subsequently died. He pointed out that cases of continued obstruction of this kind might be divided into two classes: (1) those occurring in old people in whom it was confined to the sigmoid flexure, and (2) those in which the whole colon, or the greater part thereof, was more or less uniformly dilated. These cases occurred mostly in young persons, and even in babies. On looking through the literature of the subject, he had been unable to find any record of such a tumour as that described by the author, and he asked to be referred to his sources of information. One would not expect to meet with it in the second group. The causation appeared to be still very obscure. In the first class, it had been suggested that the shape and position of the sigmoid flexure might explain the gradual dilatation, but nothing at all seemed to have been suggested with regard to the origin in younger subjects.

Mr. Wallis said all the explanations as to causation he had met with seemed to be based on mere surmise. He recalled a somewhat similar, though less severe, case in which examination of the rectum revealed the existence of an annular stricture just within reach of the finger, and he suggested that possibly some cases might have this origin, or there might be defective development of the flexure or meso-colon. He remarked on the extraordinary fact that the button in the author's case had taken an upward course.

Mr. Makins asked the author for the data for his remarks on the comparative success of lateral anastomosis. He himself had seen two cases of the kind, one in a boy, and both ended fatally. He thought it was doubtful whether the remainder of the intestine was really normal, and observed that if they could test it they would probably find that the muscular coat was wanting in contractility, as was certainly the case in young subjects. The boy came in with a history of chronic intestinal obstruction which had become complete. On opening the abdomen the sigmoid flexure presented and was opened, but nothing escaped. They subsequently did a right colotomy, but again nothing came out, and the lad died, and it was found that the colon had absolutely lost all contractile power. Personally he did not believe that lateral anastomosis would prove of much service in these cases, for the excluded part would probably not shrivel and would be the seat of a fresh accumulation. He thought too that in the author's case it would have been better not to make use of any mechanical apparatus at all.

Mr. Clutton, in reply, said he had derived much valuable information from the article on "Volvulus" in Treves' "System of Surgery." It was generally held that volvulus occurred when the two ends of the flexure were approximated, consequent upon pathological contraction of the meso-sigmoid, but whether this explanation was merely theoretical he could not say. Volvulus was, in any case, a very fatal condition, and there were very few successful cases on record. He pointed out that it was by no means the first time that Murphy's button had travelled upwards, and Murphy himself had attributed it to the surgeon having put the heavy end upwards, but this was not so in his own case. He said he should not use it again in end-to-end anastomosis. Lateral anastomosis with Murphy's button had proved very successful in cancer of the large intestine, and was much preferable to colotomy. At the last operation it was clear that the whole of the colon, including the cæcum, was enormously dilated, and as this must have taken some time, it tended to bear out Mr. Makins' suggestion that the condition of the colon above and below the dilatation was not really normal.

Mr. J. C. Wallis on a case of

ABDOMINAL NEPHRECTOMY FOR RUPTURED RIGHT KIDNEY.

A. N—., æt. 22, groom, was admitted to Charing Cross Hospital in February 27th, 1896, having fallen through a distance of 12 feet from a ladder on to a spiked railing. Condition on admission:—The patient was conscious, and in evident pain, somewhat collapsed. The abdomen was rigid and rather distended. It was found that one of the spikes—3 inches in length—had pierced the abdominal wall, nearly an inch below the 10th costal cartilage on the right side. The opening in the skin ran downwards and inwards, and on passing the finger into the wound, it could be pushed on into the abdominal cavity. Soon after admission, he passed a pint of healthy, pure blood, by the urethra. The patient was taken immediately to the operating theatre, and prepared for operation. *Operation.*—The skin around the wound was cut away with scissors, as it was impregnated with the dirt from the edge of the spike. The incision was begun at the lower end of the punctured wound, and continued downwards along the right line and semilunaris. A lacerated wound of the peritoneum was now seen through which bruised intestines presented. The peritoneal wound was enlarged and large masses of blood-clot were turned out of the abdomen. Sponges were inserted, and the sides of the abdomen held apart by two long silk ligatures. The under surface of the liver and gall-bladder were exposed and found intact. The intestines were then examined in the wound track, and were seen to be bruised, one piece of small intestine had the external coats torn, and the mucous membrane bulged through the opening. No fæces could be seen or fæcal odour detected. At the bottom of the cavity the kidney could be felt torn almost in two; blood welled up through the wound at a great rate. The left kidney was next sought for, and its presence made out. The peritoneum was now divided along the outer edge of the ascending colon, and this portion of the gut pushed in towards the middle line. The left hand was passed in behind the colon, the kidney rapidly freed and brought out of the wound. The ureter was clamped, tied, and cut, the vessels treated in the same way, and the kidney was removed. The deep muscles were considerably lacerated and bled freely. Sponges

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were temporarily inserted, and the abdominal cavity washed out with saline solution. The wound was packed with iodoform gauze in strips, and dressed with cyanide gauze, blue wool, and bandaged. The patient being greatly collapsed after the operation was left on the table for an hour. He recovered from the shock very rapidly during the next twenty-four hours, and made an excellent recovery, the wound being thoroughly aseptic throughout. The gauze was removed on the fifth day after the operation, and the stitches removed on the tenth day. The patient was discharged on April 13th quite well, and has been seen three times since; he is now at work as a groom.

Dr. HERRINGHAM asked whether the author believed that in these cases of nephrectomy the albumen came from the other kidney after the removal of the injured organ, and whether he had noticed any difference in the tension of the pulse and the size of the heart.

Mr. WALLIS, in reply, said that probably much of the albumen noticed during the first days was from the blood which had collected in the bladder.

LIVERPOOL MEDICAL SOCIETY.

MEETING HELD OCTOBER 22ND, 1896.

The President, Dr. CATON, in the Chair.

CASE OF ADDISON'S DISEASE.

DR. T. R. BRADSHAW showed a man, æt. 31, the subject of Addison's disease. The pigmentation had existed nearly twelve months, but the patient had continued his occupation until August, when he had to relinquish it on account of weakness and pain in the back. The pigmentation was universal, but especially abundant on the genitals, the face, and the backs of hands and forearms. Several flat almost black moles were on the face, and there were abundant patches on the inside of the cheeks. There was no excess of pigment in the choroid. The pulse was of very low tension, and occasional attacks of vomiting occurred. He was being treated with suprarenal capsule by the mouth. The only apparent effect was that the temperature, which was very low at first, remained nearly normal during the administration.

DR. GLYNN related a case of

MALIGNANT DISEASE OF PYLORUS

in a youth of 20 years of age. He had suffered from stomach trouble for three months, he received a blow in the stomach two months ago, there was dilatation of stomach and exaggeration of peritalsis and a hard lump the size of a walnut felt over the region of pylorus. An exploratory incision was made, the glands found enlarged, so the operation was abandoned. He died of inanition fourteen days after operation.

Mr. PAUL thought it very difficult to distinguish by the sense of touch between malignant and inflammatory affections of the pylorus. He had no doubt the diagnosis was right in this case, though the patient was remarkably young for cancer. He thought it almost a pity that gastro-enterostomy was not done.

Mr. ROBERT JONES related a case of

MAL-UNION OF FEMUR

in a youth, æt. 19, who fell and broke his thigh at sea, and had no medical attendance. On his return from sea he had three inches shortening and a weak leg. Mr. Jones operated by the open method with long incision. After the operation only one inch shortening, and he had now a useful limb.

Mr. NEWBOLT said that in St. Bartholomew's Reports for 1885, two cases of mal-union of the femur were reported. In one an attempt was made to break down the union, but this failed, and an osteotomy was done seven months after by open incision with good results. In the other case, the fracture was broken down, after several attempts, without any cutting operation, and the difference in length after treatment was only half an inch instead of 2½ inches as before the operation. He suggested that an attempt might have been made to break down the reported case without a cutting operation, as in these cases there was a certain amount of risk and often troublesome hæmorrhage at the time of operation, especially when the fracture was high up.

Mr. R. W. MURRAY showed two children upon whom he had performed thyrotomy for laryngeal warts. One of the children, a girl of eight years of age, was operated upon eighteen months ago. Her voice was strong but slightly husky. The other child, a boy of three years of age, who had been operated on six months ago, also spoke with a strong but husky voice. Before operation both children spoke in a whisper.

Dr. HUNT read notes of a case of

EARLY MALIGNANT DISEASE OF THE LARYNX

in a man of 56. Slight hoarseness of a year's duration was the only symptom. Laryngeal examination showed a small white papilloma in the anterior third of the left cord. The diagnosis was based on (1) the colour of the growth; (2) its inflamed base; (3) its invasion of the substance of the cord; (4) the age of the patient. There was no impaired mobility of the affected cord. On July 29th, Mr. Paul performed thyrotomy, and excised the left vocal cord and neighbouring tissue after the manner recommended by Mr. Butlin and Dr. Semon. A Halin's cannula was used. The subsequent course of the case was very favourable. The laryngeal wound closing a little over a fortnight, voice was gradually restored until it became practically normal, the left cord appearing almost exactly like the right when viewed with the laryngoscope. Sections of the growth proved it to be an epithelioma.

Mr. RUSHTON PARKER showed a patient, æt. 26, who had suffered from a painful and contracted scar of the back resulting from burns suffered thirteen years previously. The hard and apparently physically efficient, but painful and occasionally ulcerating scar attended by great stretching of the surrounding skin was freely incised on July 9th, 1896, and stripped up all round, from the fascia beneath, leaving a gap about 9 ins. by 5 ins. or 6 ins., which was then covered up with large grafts sliced from the front of the thigh an inch or so wide, and from 3 ins. to 6 ins. long, each graft comprising superficial layers of skin and its attached epidermis, and being applied to the raw surface left by the dissection; more grafts were applied twelve days later to granulating surfaces which had sprung up between the first grafts and in some places where the first grafts had become necrosed. The grafts were covered with strips of gutta percha tissue and cyanide gauze moistened with boracic lotion and changed at first once daily, but after some days thrice daily. Eventually the large gap was filled with sound skin, portions of which, however, still show a slight tendency to break out in small blisters followed by ulceration, owing, no doubt, to the trophic conditions resulting from the disturbance of long standing.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

OPENING MEETING HELD THURSDAY, OCTOBER 8TH, 1896.

The President, Mr. RECKLESS, in the Chair.

THE PRESIDENT'S Inaugural Address was on

COMMON PLACE CASES.

Dyspepsia, perhaps the commonest ailment of the human race, was first dealt with. Closely allied to dyspepsia was that very common disease glycosuria. Failing physical and mental power is mostly complained of, but there is neither thirst, nor appetite, nor excess of urine. The question of a suitable diet in these diseases naturally occurs. Some cases of glycosuria are benefited to some extent by excluding starch and sugar, but the question is, whether on the whole it is wise to absolutely forbid these articles of food, for the punishment so inflicted is often more severe than those caused by the disease. Mr. Reckless knew of cases of dyspepsia with flatulent distension that had been completely cured by the Salisbury treatment. This consists essentially in withholding all stimulants, all possible fermentable foods, and causing the patient to live for weeks, possibly months, upon cleansed minced beef properly cooked, and hot water. From 2 to 8 or 10 ozs. of minced beef are allowed, according to the case, three times in twenty-four hours, and a pint of hot water at 100° to 120° is slowly sipped an hour and a half before every meal.

The question of final cardiac failure in chronic cases of heart disease was next referred to. In mitral stenosis and regurgitation with a short diastolic period, digitalis

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might be expected to do good of the nutrition of the muscular wall was not too much impaired. In aortic regurgitation with diseased coronary vessels the indication would be to try and decrease peri pheral resistance. A case in which urgent dyspnœa was promptly relieved by venesection was cited to show the benefit which sometimes follows bleeding. The same patient was on a subsequent occasion bled for the same symptoms without relief.

It is a very difficult question in the early stage of venereal sore to decide as to whether or not the patient is suffering from syphilis. Mr. Reckless thinks it best to treat the sore locally and to wait watching very carefully for constitutional symptoms. Individual susceptibility to mercury varies within very wide limits. As an example of what may be administered with impunity, the case was given of a young man who used during a course of treatment 24 grains of hyd. c. cret., 95 ounces of liq. hydr. bichlor., 23 ounces of 10 per cent. oleate of mercury, 350 (1-16 grain pill of biniodide of mercury), and a large quantity of iodide of potassium. It is astonishing with what safety an absolutely clean hypodermic syringe may be used. Its value as a diagnostic agent in obscure cases with, it may be, anomalous physical signs, will be generally admitted. Mr. Reckless stated that he had operated for empyema nineteen times, and for simple pleural effusion sixty times, and on every occasion he had used the hypodermic needle as a means of final diagnosis. He has never seen a serous effusion converted into a purulent one, nor has he ever had any cause to regret a preliminary puncture.

In illustration of unusual complications of pneumonia the President referred to three cases he had under his care this year. One with double phlegmasia dolens, another with thrombosis of the ophthalmic vein, which rapidly destroyed the globe, whilst the third in an alcoholic subject presented from beginning to end the symptoms of delirium tremens. The difficulties encountered in dealing with tight strictures of the urethra, with urgent indications for prompt action single-handed in cases of instrumental labour requiring chloroform, with retained placenta after abortion, with cases of poisoning and intestinal obstruction, were briefly alluded to. The ad lress concluded with some remarks on modern drugs and sero-therapy.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Oct. 24th, 1890.

Stricture of the Rectum.

At the last meeting of the Société de Chirurgie, M. Berger spoke on the treatment of stricture of the rectum by dilatation. He had frequently employed this method, which had been somewhat abandoned in these last years, and had generally obtained excellent results. He was of opinion consequently that it should be tried before attempting any other operative treatment.

The dilatation of stricture of the rectum should be practised with prudence and gentleness, in leaving an interval of one or two days between each séance. Attention should be paid to the size of the dilators, and rapidity in execution should not be aimed at, unless in extreme cases. Large enemas of some antiseptic solution should be given after each operation to prevent inflammation of the rectum.

Hæmostatics.

M. Reverdin (Geneva) said he utilised several times with success sulphate of soda in small doses (2 grs.) every hour in cases of grave capillary hæmorrhage, spontaneous or traumatic, and in particular in a case where the hæmorrhage consecutive to the extirpation of a subcutaneous begnign tumour, had resisted every means employed for eight weeks to arrest it; thanks to the sulphate of soda, the bleeding ceased almost immediately.

This agent, which had been recommended by Kussmaul, seemed to be employed for hæmophilia in the North of Germany. It acted by increasing the rapidity of the coagulution of the blood. The soda should be given by the mouth, and not subcutaneously.

Alcoholism through Breast.

M. Vallin spoke on the accidents to which infants are exposed when nursed by women who partake too freely of stimulants.

At Paris, in a certain number of well-to-do families, a bottle of good wine was allowed generally each day to the nurse, and, in many cases, strong beer was given *ad libitum*.

It was not to be wondered at that, under such circumstances, a small quantity of alcohol passed into the milk and produced in the infant nervous attacks, convulsions, &c., which were frequently attributed to other causes.

Hydarthrosis.

Lanoline, ʒij.;
Dermatol, ʒiv.;
Ess. of winter green, ʒj.

For frictions.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, October 23rd.

SIXTY-EIGHTH MEETING OF GERMAN SCIENTISTS AND PHYSICIANS.

In the Section of Gynæcology, Hr. Müller, of Bern, opened a discussion on

The Treatment of Prolapsus Uteri.

He spoke with special reference to prolapsus after the climacteric in cases where no provision need be made for the exercise of the sexual functions. Instead of extirpation of the uterus for such cases, he recommended total extirpation of the vagina, the fixation of the uterus above the wound, and then total closure of the vaginal walls. By this means a strong cicatricial septum would be formed which would afford an efficient support to the uterus. Hydrometra was very rare and he did not fear its occurrence. Atresia of the uterus was frequent after the climacteric, but no distension of the uterus occurred along with it. The uterus was generally atrophied, it weighed but little, and did not press upon the septum, if the cervix was hypertrophied it could be removed. The operation had the advantage that it was simple and quickly performed, no stump had to be cared for, and no separation of the bladder from the uterus was necessary. If menstruation had not ceased, the uterus could be stretched in the vaginal wound, it then lay in the cicatrix instead of above it.

Hr. Löheim said that pyometra after such atresias was not so rare as the previous speaker thought.

Hr. Asch, Breslau, recommended the typical extirpation of both uterus and vagina, as retroflexion could only be cured in that way.

Hr. Freund recommended thick silkworm sutures in place of silver ones, in the tobacco-pouch form of suturing proposed by himself; laterally, the suture should not be too superficial. In seven cases he had only one failure.

V. Herff said that recurrence after total extirpation was not rare, and then the condition was worse than before,

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Clinical experience was in favour of the plan recommended by Hr. Müller.

In reply, Hr. Müller said that the operation proposed by him was less dangerous than total extirpation. If the uterus was large, the portion might be removed.

THE CAUSES OF DEATH AFTER LAPAROTOMY.

One of the most important, and from a gynæcologist's point of view, the most interesting, was Prof. Fritsch's (of Bonn) paper on the causes of death after laparatomy. The author speaks with the authority of thirty years' experience, and as I thought his conclusions would be read with interest by others outside Germany, I herewith enclose a full summary.

[This paper being too long for Correspondence, we have inserted in another column.—ED]

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Oct. 23rd, 1896.

BLOOD PRESSURE AND DISEASE.

THE sphygmograph has long been recognised as a scientific curiosity that could be turned to little account inpractice. From a long series of experiments, however, Federn has discovered that it can be utilised at the bedside with much benefit in the diagnosis of disease. From the thousands of cases which had passed through his hand he is now inclined to differ from the experimental physiologists in placing the monometrical pressure at 70 to 165 millimetres of mercury (2·75—6·45″). He considers the more correct pressure in a normal pulse to range between the narrow limits of 80 or 90 millimetres (3·149—3·543″) of mercury, or in very exceptional cases, 100 millimètres. Any excess of pressure above these standard figures is due to some abnormal condition of the system depending on increased resistance which cannot long be sustained with a normal state of health. He is inclined to value this instrument as useful at the bed-side, if not more so than the thermometer. The danger of a continual high pressure may be found arising in three ways:—

First, the combination of the tissues of the organism with the nerve system, which acts as a mechanical force.

Second, the high pressure in the capillaries owing to the metabolic changes. Federn has frequently met with cases where temporary high blood pressure produced albumen, sugar, and an increase of uric acid in the urine, which disappeared from that secretion directly the pressure was removed.

The third cause may be due to an inherent contractile excessive action of the heart in its effort to empty itself into the aorta or pulmonary artery. He has on former occasions shown the important relation that exists between high blood pressure and neurasthenia where the neurotic symptoms disappeared on reducing the blood pressure to its normal force.

MEDICAL SOCIETIES.

This week witnessed the formal opening of the three principal medical societies, which have been scathingly criticised by the *Wiener Klinische Rundschau*. The journal thinks that these organisations of the medical profession have descended to advertising centres for a few medical men who parade some common cases met with every day, without entering into the scientific or more abstruse points of morbid anatomy that is constantly disturbing the minds of the more thoughtful of the profession. The Editor thinks that more good and substantial work is being done by the small societies up and down the country.

BASEDOWII DISEASE.

Möbius in his lectures on this disease endeavours to show that the toxic condition arising from the morbid gland is the cause of the different phenomena. The proximate origin of the glandular disease he admits to be still presumptive. The usual train of symptoms follows the diffusion of the Basedowii toxine to the heart, blood-vessels, central nerve system, and the skin. It appears to operate first by producing fever and emaciation. He is inclined to put all theories, such as bulbar, &c., aside in favour of the toxic production. He acknowledges the necessity of dividing the phenomena into genuine and symptomatic Basedowii.

Treatment with the thyroid gland does more harm than good, while that of the thymus still leaves a little hope of success. The treatment with serum from animals which have had the thyroid gland extirpated has given no encouragement, although many cases of success are recorded. He finally concludes that the surgical treatment is the most successful, although not without danger in the operation.

A HOLIDAY TOUR IN THE PYRENEES.

(*Conclusion*).

[FROM OUR OWN CORRESPONDENT].

BIARRITZ.

"You have spoilt my Biarritz!"—(*Eugenie to the Emperor*).

IN the olden time Biarritz was a village of Basque sailors and fishermen. When the Bay of Biscay was one of the leading whale fisheries, Biarritz was a main centre of that trade, and the constant care of its hardy population was to contrive ways of lessening the tithes imposed upon the whole catch by the ecclesiastical authorities of Bayonne.

With the exodus of the Cetaceans northwards, the prosperity of the Basque Coast fishermen likewise gradually disappeared, and for many years, Biarritz languished. Seventy years ago, a traveller states, he found only a few antiquated dwellings scattered about the rocky shores. About that time, sea-bathing began to become fashionable. The Royal Duchess of Berri made Dieppe a Parisian Summer Resort; and some of the Bayonne families, and others of the Pyrenean magnates sought the Biarritz beaches. For many years it had been the custom of the neighbouring Basque villages to seek the sea-coast for bathing, from August 15th to the 20th, of each year. The beach near Biarritz (known as the "Côte des Basques") was annually, at this time, a scene of sea-side carnival for the country folk and mountaineers. These rustic visitors camped out of doors. Cabins were not needed, the jutting rocks and numerous caves affording sufficient shelter; and as their time was limited, the water was crowded from dawn to night, many bathing half-a-dozen times a day, and for hours at a time.

When the Empress Eugenie first came here Biarritz was yet a small out-of-the-way village; with only here and there a modern "villa" appearing amongst the ancient cottages. She liked the quaint surroundings and the poetic picturesqueness of the place, also its proximity to

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Spain; so Louis Napoleon erected for her the square, rich-looking Palace of red bricks. The first sight of it somewhat displeased her; other modern mansions were springing up likewise, and she felt the naive aspect would be destroyed; so instead of thanks for his lover-like care, she petulantly wrote him, "*You have spoilt my Biarritz!*"

Another thing, in addition to the whales and the flavour of antique quaintness, has apparently departed with the bygone centuries. In the closing years of the Sixteenth Century, and the early years of the Seventeenth Century, Biarritz shared with St. Jean-de-Luz, Ascain, and the adjacent districts, in the "Witchcraft" epidemic which swept over the Labourd and Landes provinces. In 1576 forty "witches" were put to death in Landes. In 1609 a Royal Commission was sent here to investigate into, and to stamp out the moral plague. These Commissioners reported that Biarritz and other Biscayan towns and villages were given up to the "worship of the Devil"; and they ordered the execution of over 800 people, men, women, and children, for "sorcery."

One of the Commissioners has left detailed accounts of his "judicial" proceedings; he ascribes the evil to "fallen angels," and to other "demoniacal spirits driven out of Japan and India, who have sought a refuge in the Basque Mountains and the Landes Plains."

In proof of this he adduces this *indisputable* testimony:

1. The people hereabouts are addicted to "light" dancing!
2. They love the sea and sea-bathing; and "Venus came out of the sea"!
3. Apples are plentiful here; and Eve tempted Adam with an apple!
4. The girls of Biarritz are famous for beauty!
5. These carry in their *left* eyes a mark of the Devil!

I said "sorcery" had disappeared with the Leviathans; perhaps I am wrong, for four at least of these specified proofs of its existence are yet evident in and around Biarritz! But, so far, I have not succeeded in detecting the fifth "eye-mark"!

The overthrow of the Napoleons checked the rapid growth of the new Biarritz, but it had gained too firm a hold on popular favour to linger long in the background, and it is now progressing surely and steadily. Every year it enlarges its bounds, and adds to its social comforts and many attractions.

One of the best views of the modern town is from the ancient Moorish fort, or the "Atalaye," a rocky promontory projecting into the bay. Standing there, looking southwards, you see the splendid sweep of the "Côte des Basques," a beautiful sea-beach stretching far away towards Guéthary. In the distance are the main Pyrenean range with the noble La Rhune and Trois Couronne peaks most prominent, farther south, past San Sebastian the mountain chain turns westward and forms the Asturian hills, apparently sinking into the sea in the distant horizon.

Turning northwards, you face the main portion of the Biarritz of to-day, with its small harbour, the "Grande Plage," and the "Plage du Palais." Biarritz has been called "the City of Hotels," and you cannot question its right to this title when looking upon the town from the Atalaye heights, or from the Island of the Virgin; for pre-eminent in the fine panorama stand out these hotels. The "Hotel d'Angleterre" first strikes the eye; a very handsome imposing edifice on a bluff arising bodily from the beach. It has a magnificent marine prospect, and on the land side a large well-arranged garden. The "Angleterre" is admirably conducted by Mr. and Mrs. Campagne and justly claims to be a head-quarters for British visitors. A little above it, farther from the sea, rises the popular "Hotel des Princes;" and near this the "Hotel de Bayonne," which its enterprising and successful landlord is now busily enlarging.

On the other side of the "Angleterre," but lower, is the Hotel du Casino, also well kept by a son of the Angleterre proprietors. The Casino itself occupies part of the same building, and is famous for its good concerts, soirees, and sporting-tables. Farther northwards on another height, the "Grand Hotel" of Mr. Montenat stands well forward; a noble extensive edifice which is, as it claims justly to be, "first-class-in-every-respect." "*The Grand*" is a favourite resort of the Russian and Spanish aristocracy, and is Mr. Gladstone's domicile whenever he visits Biarritz. Below, on the "Grande Plage," is now being built the new "Municipal Casino," which, judging from its plans and foundations, will not be excelled in any Continental Summer Resort. Yet farther along the circling shore on a lofty site the Hotel Victoria proudly upreares itself, one of the choicest hostelries on the Basque coast. It commands an unobstructed view of the Bay and its shores, and has handsome grounds (including a capital private tennis-lawn), running down to the beach. The Fournean family, who keep this really elegant mansion, have a steady and increasing *clientele* of visitors of all nationalities, among them many good English families. The Victoria has, for invalids, the great advantage of being near the excellent Biarritz-Salins baths; and for its more athletic patrons the advantage of being near the fine golf-links. Beyond the Victoria is the beautiful "Hotel du Palais" (formerly the Imperial Palace of Eugenie), standing in fine extensive grounds. It is the most costly of Biarritz hotels, and deservedly enjoys a high reputation. Many of the Russian and other Continental nobility make their home at "The Palace." In the town itself, less conspicuous, are various other very comfortable hotels; as "The Europe," of long and old popularity; and "The Cosmopolitan" which this season is taking a new departure under a new manageress. There are others, as "The Central," "The France," "The Paris," "The Beau-Sejour"; too numerous to mention. Adjoining the baths is also a quite new handsome hotel, in the very capable, competent hands of Mr. Moussiere (formerly of Cauterets), called the Hotel-Biarritz-Salins.

The visitor to Biarritz has abundant choice of a temporary, or more permanent, resting-place, and nowhere else has the traveller a better chance of (like the Shakesperian worthy) fully and most comfortably "taking mine ease in mine Inn."

As I have said in previous letters, hotel prices rule high in Biarritz during the fashionable crowded months of July, August, and September, but in the other months (especially for families for a lengthened stay) arrangements can be readily made at first-class hotels on very reasonable terms considering what the American Senator, Daniel Webster,, used to call the "solid comforts" given. There are no desirable continental resorts in which better value for the money paid can be obtained than at Pau and the Western Pyrenees, or at Biarritz and on the Basque Coast.

H.R.H. the Princess of Wales has sent a donation of £20 in aid of the Extension and Improvement Fund of Queen Charlotte's Lying-in Hospital, Marylebone, of which she is a Vice Patroness.

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The Operating Theatres.

KING'S COLLEGE HOSPITAL.

TRIGEMINAL NEURALGIA.—Mr. ROSE operated on a woman, æt. 53, who had suffered from trigeminal "tic" for many years, which, in spite of medical treatment, had been getting steadily worse. She was seen by Dr. Ferrier, who, after carefully investigating her symptoms, advised neurectomy of the inferior division of the fifth on the left side, as it certainly appeared that the symptoms were confined to that portion. The left side of the face and head being carefully purified, and the ear plugged with a piece of salicylic wool, Mr. Rose turned up a semicircular flap of skin only, as he invariably does in these cases, the incision commencing about an inch and a quarter in front of the external auditory meatus, and passing downwards and backwards over the angle of the jaw, and then forwards along the ramus for about two inches, this flap when dissected up was temporarily stitched to the side of the face and protected with gauze; a transverse incision was next made through the fascia and the masseter muscle below Stenson's duct, and the lower aw laid bare immediately beneath the sigmoid notch. A three-quarter inch trephine was then applied, and the disc of bone removed, exposing the upper opening of the dental canal; the inferior dental and lingual nerves were readily recognised and seized by Spencer Well's forceps. By a process of steadily twisting, both the inferior dental and lingual nerves were gradually drawn out of the dental canal and the substance of the tongue respectively, they were next followed up to the foramen ovale and pulled until they broke at that aperture. On measuring the nerve trunks removed the inferior dental was four and a quarter inches, and the lingual four and three-quarters inches long, a total length of nine inches. In lifting out the disc of bone it may be mentioned that the neck of the jaw fissured longitudinally close to the angle; the fracture was wired into position and the wound closed in the usual way. Mr. Rose, in his remarks, stated that he had never been so successful in any of his previous cases in removing such a length of nerve trunk; in his last case three and three-quarter inches of the inferior dental and lingual coming away; he firmly believed that the greater the extent of nerve removed the less the probability of a recurrence of pain. The method of nerve traction employed, he said, was first recommended by Thiersch.

ST. MARY'S HOSPITAL.

OPERATION FOR CLEFT PALATE.—Mr. Q. SILCOCK operated on a case in which the child was only eighteen months; a condition of harelip had been dealt with previously; the cleft in the palate was very wide, and was continuous with that which had existed in the upper lip. Mr. Silcock used a needle-holder which had been recently devised and described by Mr. Arbuthnot Lane, and together with the needles recommended by that surgeon, very fine silk was employed to close the cleft both in the hard and soft palate after the edges had been pared in the usual manner. The lateral incisions also were made in the ordinary way, and raspatories employed to raise the muco-periosteal flaps. The detachment of the tissues about the hamular process was effected by means of blunt-pointed scissors. Mr. Silcock remarked that the particular needle-holder he had employed seemed to be less convenient than that by Roux, since this latter is simpler in construction, is more easily sterilised, and does not need the constant pressure of the finger upon the lever for the holder to maintain the grasp on the needle; but he pointed out the advantage of using small needles as compared with the methods in which large-sized needles in handles or hollow needles were employed, the latter making much larger holes and lacerating the tissues to a far greater extent than the smaller which can only be used in a needle-holder similar to the ones before mentioned. He thought there was no question of the superiority of fine silk over silver wire as sutures in these cases, for the silk is more easily manipulated and must be less irritating after the operation to the dorsum of the tongue. The child was the youngest he had ever operated on for cleft palate, and in future he should certainly, he said, endeavour to close the palatal cleft before dealing with the harelip, because, as was obvious, the manipulations were rendered difficult by the smallness of the oral orifice in an infant so young, and the additional room given by any existing cleft in the lip would therefore be very advantageous.

It is satisfactory to say that the child, which was somewhat ill-nourished, progressed favourably; all the hard palate and part of the soft, united, one or two of the osterior sutures having given way; the cleft in the soft palate however, could be easily dealt with on a future occasion.

EPITHELIOMA OF THE TONGUE.—Mr. SILCOCK operated on a man, æt. 40, for epithelioma of the tongue. The method employed was to tie both lingual arteries as a preliminary and then to cut the entire tongue out with scissors. There was a little bleeding from the dorsal artery of the tongue on one side, which was immediately restrained by the application of forcipressure forceps. Mr. Silcock explained that in his opinion this procedure was less troublesome than that of Whitehead, in which the bleeding from the lingual arteries in the stump is sometimes very profuse, and if they were divided far back, the hæmorrhage was very difficult to control. Moreover, the incisions for ligature of the lingual might also be utilised for the removal of enlarged glands beneath the jaw, and the salivary glands might be taken away if necessary, together with other structures in the floor of the mouth through the same openings; it was rarely that the dorsal artery which, as he pointed out, came off the main trunk of the lingual on the proximal side of the ligature, gave any trouble.

Bristol Medico-Chirurgical Society.

AT the annual meeting of this society, held in the medical library of University College on Oct, 14th, Dr. Aust Lawrence was elected President for the year and delivered an inaugural address on "The Evils of Marriage and Pregnancy in Women who do not Possess Sound Pelvic Organs." The annual reports of honorary secretary, editorial secretary, and the honorary librarian were read and adopted. The following officers were elected: President-Elect, Dr. J. E. Shaw; honorary secretary, Mr. J. Paul Bush; honorary librarian, Mr. L. M. Griffiths. Committee: Dr. Michell Clarke, Mr. J. Dacre, Mr. W. H. Harsant, Dr. B. Rogers, Mr. Munro Smith, and Dr. Waldo.

The London School of Medicine for Women

Has received a donation of £1,000 from a lady who was a student a short time ago. The interest is to be divided between annual contributions to the library and common room funds and bursaries to deserving students. The Helen Prideaux prize of £50 has been awarded to Miss Edith Knight, M.B., London, for her essay on the "Pseudo-bacillus of Diphtheria."

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 28, 1896.

COLLEGE POLITICS AT THE ROYAL COLLEGE OF SURGEONS, ENGLAND.

The subject of "College Politics" at the Royal College of Surgeons, England, is at present somewhat in the ascendant among those who can claim to be interested therein. In the first place, within a month or so the annual meeting of the Fellows and Members will be held at the College for the purpose of receiving the report of the Council for the past year, and it is quite certain that the opportunity will again be made use of by the "Body Corporate" assembled to urge upon the Council some well-devised and expedient reforms. Secondly, it is now generally known that a *plebiscite* is in progress among the Fellows with reference to their views upon the question of the direct representation of the Members on the Council. This is a matter which, naturally enough, is exciting a considerable amount of interest in the profession generally. There is no saying when this *plebiscite* will be closed—although a period of three months from the date of issuing the circular-letter has been mentioned—consequently, it is quite possible that a long time may yet elapse before the result will be made known. The general opinion seems to be that the "elucidatory statement" isued by the Council to the Fellows was scarcely an impartial one, as it should have been. It was not the duty of the Council to suggest to the Fellows how their opinion should be expressed, and yet, any Fellow who had not attended to the previous discussions on the matter could not fail to be left with the conviction, after reading the statement, that the demand of the Members for direct representation on the Council was unwarranted, and a suggested reform to be opposed. There is no difficulty in believing that the Conservative Members of the Council are prepared at all costs to prevent this concession to the Members being agreed to, and there are also reasons for supposing that the "elucidatory statement" has been of some assistance in giving effect to this policy. But we cannot describe the efforts of the Conservative Members of the Council in this regard as anything less than very ill-advised. It is almost impossible to doubt that that which they are now so desirous of opposing will ultimately be effected by time. The Members have, as a matter of fact, a much stronger, and more invincible position as arbiters of college affairs than is generally attributed to them. The Members have it in their power to prevent every measure of reform being carried into effect, which may be attempted by means of a new charter. Obviously enough their power rests in hurling their opposition in the proper quarters against every appplication for a new charter that may be made. Until they obtain their cherished ambition of electing some of their body to the Council, they have pledged themselves to oppose the application for any new charter which does not contain this concession in their favour. This is no mere threat; as a matter of fact, they proved their determination within the past twelve months or so, with reference to the action of the Council respecting certain amendments in two of the bye-laws of the College. Apart, then, from the moral and just claims which the Members have for direct representation on the Council, it is undeniable that in several ways the best interests of the College would be consulted were their demand to be granted. The last and third point which has drawn more attention than usual to the question of College politics has been the circular letter issued to the Fellows by Mr. James Hardie, and which originally appeared in the *British Medical Journal*. Mr. James Hardie, who was only elected to the Council two years ago, and is now posing as a prominent collegiate politician, is strongly opposed to the representation of the Members on the Council, and in discussing the whole question he gives effect to many amateurish views in his circular letter. It is scarcely essential for us to point out here wherein Mr. Hardie fails to justify his position, for this has been already amply done in an able reply to his circular by the Committee of the Association of Fellows. But it may with truth be observed that the career of a "politician," even in connection with "politics" concerning the College of Surgeons, England, requires an apprenticeship for its successful evolution, and unless such period of probation can be given, persons who essay to pose as politicians can only be expected to fall into error in connection with the matters of collegiate policy which they attempt to discuss.

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THE CONSTITUTION OF THE DUBLIN CONJOINT COURT OF EXAMINERS.

OUR brief observations upon the letter addressed to the Colleges by the Medical Faculty of the Catholic University Medical School appears to have a good deal excited our contemporary, the *Freeman's Journal*, which, *more suo*, strives to lead the dispute in the direction of a politico-religious controversy. That it should do so was a matter of course, and its fervid pronouncements thereon need not be regarded, save as one more reiteration of an old journalistic formula. As regards the regrettable absence of Catholic University Teachers from the Conjoint Board of Examiners, we have already explained that it arises not at all from any exclusiveness, politico-religious or other, on the part of the electors of the Colleges, but simply from the fact that the Catholic University Medical School has very few teachers qualified by Fellowship to offer themselves for election. The *Freeman*, as might be expected, puts aside this explanation, and is silent as to it, but anyone who pleases to peruse the list of teachers set forth in the "Irish Medical Directory," can see that a complete answer to the charge of exclusiveness is thereby presented. Out of eighteen medical teachers in the Catholic University School but three are Fellows of the College of Surgeons, and two Fellows of the College of Physicians. Of the three who are eligible for the Examinerships in the College of Surgeons, one has held such office several times and will probably hold it again whenever he likes to take it. Another, as our recollection serves, offered himself once, and would probably be successful if he pleased to do so again, and the third is a demonstrator in the school, as to whom it is no depreciation to say that he has not yet achieved the professional dignity looked for in an Examiner. As regards the two Fellows of the College of Physicians who are connected with the Catholic University School, one is actually an Examiner, and the other is a representative of the College in the Committee of Management of these examinations, and has served as Examiner when he wished it. Of the remaining thirteen teachers in the School, eleven are either Examiners or Senators of the Royal University, but, not being Fellows of the Colleges, are ineligible for examinership in them. The accusation of exclusiveness which the *Freeman* makes against the Colleges in regard to Belfast, Galway, and Cork, is also completely refuted by a glance at the list of the teachers in these institutions, as set forth in the "Irish Medical Directory." Out of thirty-one teachers who conduct these Schools, not one Fellow of either of the Dublin Colleges, as far as we can observe, is to be found in Belfast or Galway, and only two Fellows of the College of Surgeons in Cork. It thus appears conclusively proved that the charge of exclusiveness, politico-religious or other, made by the *Freeman's Journal* is totally devoid of foundation. It is, we freely admit, very much to be regretted that the Dublin Colleges should thus have lost hold of medical teaching in the Catholic University and in the Provincial Colleges. That they have done so results not in the slightest degree from any exclusiveness on their part, but from the competition of the Queen's, and afterwards, of the Royal University and the Scotch Colleges. The strength of that competition is derived chiefly, if we must speak plainly, from the greed of the Dublin Teachers and Colleges, which has, through a long succession of years, forced up the cost of medical education and qualification in Dublin until the breaking strain has been reached, and students fly from Dublin, as citizens migrate over the city border to escape the excessive tax imposed upon them. If the Dublin Colleges are to regain the position which they once held as the qualifying centres for Ireland, the price of their diplomas and of lecturing and hospital teaching must come down from its present amount by nearly one-half, and the attempt to mask this unpleasant fact by talking of exclusiveness as a cause of student migration is, in our view, excessively foolish.

THE PURE BEER COMMITTEE.

THE present Departmental Committee nominated to "inquire into and report upon the questions whether legislation is required to prevent the use of deleterious substances in the manufacture of beer, and whether the materials of which beer may be composed can be defined by law without undue interference with the liberty of brewers to use any wholesome materials in brewing," must be regarded as engaged in useful work. Formerly only water, barley malt and hops were used in the brewing of English beers, but this honest simplicity has long since given place to complication and uncertainty. Curiously enough, with the repeal of fiscal enactments the whole process of brewing was completely changed, and now alcohol can practically be obtained from any starchy substance, or direct from sugar, though it is true that a proviso is made that the malt substitutes should be of a "non-poisonous" character. As a matter of fact the quantity of barley malted for brewing purposes has long been outstripped by rice, maize, potatoes, and sugar. The bitter principle is no longer chiefly derived from hops—quassia, gentian, chiretta, columba, and camomile being serious rivals. It must be admitted that this departure from simple methods has been followed by further complications, such as the over-salting of brewing liquors, sodium chloride being found to the extent of 60, 70, and 80 grains to the gallon of beer, an analyst to a London Vestry having repeatedly found one-tenth of the residue at the bottom of casks to consist of salt. These variations have also led to further sophistication, such as the addition of antiseptics, among which are sulphurous acid, bisulphide of lime, sulphite of potassium, salicylic acid, and borax or boracic acid. From what we know of the processes of digestion and assimilation it is to be expected that modern "beers" would have very different effects to those produced by the older liquors. We know that alcoholic poisoning has assumed alarming phases in Latin countries in direct ratio to the sophistication of pure grape juices. Whether the same evil results have

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followed upon the departure from simplicity and certainty in breweries is a question that should be investigated by the Committee. One thing is quite certain, we find more drunkenness and disease traceable to the consumption of beer in England than we do in Germany. Yet our Teutonic cousins consume prodigious quantities of beer. With them, however, the liquor is by no means so heavy as with us. In most of the German States very strict laws regulate the science of brewing. For instance, in Bavaria malt must be made from barley of certain qualities, and it is enacted that only malt, water and hops shall be used, unmalted barley or substitutes being disallowed. As a rule only young hops are used, which are bitter and aromatic without having the marked soporific qualities of the more matured specimens employed with us. The German method of fermentation is also different, and it is claimed that though lighter, their beers contain more albuminous extracts than ours, so that, while less alcoholic, they are more nourishing. These liquors are quite as susceptible to acetic fermentation as ours, if not more, but it is not permitted to combat this tendency to change by the use of antiseptics. German beers, at all events for home consumption, must have a modicum of sodium chloride, and absolutely no added substances, such as sulphurous or salicylic acids. Fermentation and decomposition is prevented by proper storage in low temperatures. Such beverages are consumed largely by men, women, and childen, and if the University students do frequently drink to excess and become intoxicated, the effects soon wear off; the population grow strong and healthy on these beers, and the students do good work. Possibly, in a climate such as ours a stronger beverage is needed, but the marked difference in the effects of indulgence to be seen in the two countries are so striking that further investigation is fully justified. While wishing to avoid anything approaching pre-judging, we cannot refrain from expressing a hope that the Departmental Committee will interprete their mandate in the widest sense. The inquiry should not be restricted to the commercial and fiscal aspects, but should deal exhaustively with the scientific and hygienic, and consequently the social side. We trust that one result of the Committee's labours will be the adoption of more definite regulations as to what does and what does not constitute adulteration, for at present the duties of the health authorities are rendered needlessly hard and unprofitable owing to the conflict of "expert" opinion and the consequent uncertainty of magistrates.

Notes on Current Topics.

Heat and Cold Spots.

Everyone is more or less obscurely conscious of the existence of heat and cold spots, that is to say, surface areas more richly endowed than others with the special apparatus for transmitting variations of temperature. A very slight amount of reflection will show that the areas of greatest susceptibility to heat and cold are not coincident, indeed, they are situated in totally different portions of the skin. The master of the house, lording it over those dependent upon him, stands before the fire with his coat tails neatly raised, the better to expose a part of his person which he knows by experience is grateful for extra warmth. The shivering schoolboy instinctively turns the palms of his semi-frozen hands to the comforting blaze, and the ideal of luxurious idleness in the cold weather is to sit with the feet as nearly approximated to the fire as prudence will permit. These positions are instinctive, and from the warmed areas a glow of warmth suffuses the entire body. The "cold spots," meaning thereby the surface areas peculiarly susceptible to cold, are principally the nape of the neck and the lower part of the back of the head, the front of the abdomen and the shins. The acute discomfort and the sense of impending disaster which results from the steady play of a current of cold air upon the neck from behind are well known to the million, and the automatic raising of the coat collar, in emergencies, may also fairly be described as instinctive. The necessity of keeping the abdomen warmly clad is also generally recognised, though perhaps not as generally carried into practice. Curiously enough, few people are conscious of the danger they run by exposing the usually inadequately protected shins to currents of cold air. This is the usual way in which colds are caught on omnibuses. When driving one takes care to cover the legs with a rug or waterproof, but on the more democratic conveyance rugs are not often available, and the reckless passenger by-and-bye awakens to the fact that the iron has entered into his soul, in other words, that he has "caught cold." People who wear stockings, such as Highlanders, golfers, and cyclists, invariably take the precaution of turning the thick woollen material down over the shins, the better to protect them against loss of heat, though, incidentally, the artificial embellishment of the calves may not be altogether foreign to the manœuvre. This is an instance of how all things work together for good. It does not, of course, follow, because certain areas are peculiarly susceptible to cold, that a chill may not be conveyed to the nervous system from other points. Prolonged sitting on a stone, or even on the damp grass, is well-known to be a fertile source of disease, and wet cold feet are also, with reason, credited with paving the way to an early grave These, however, are brutally mechanical ways of abstracting heat from the body, and far larger doses of cold, if one may use such an expression, are required to determine the effects which even slight and ephemeral exposure may set up when brought to bear on the selected areas.

The Guild of St. Luke at St. Paul's Cathedral.

The celebration of St. Luke's Day, on the 21st inst. by the Guild of St. Luke, was a red-letter day in the history of the organisation. Hitherto, the annual festival—of which this was the thirty-second—has been entirely confined to members of the Guild, but

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the committee of that body, thinking it desirable to have some function similar to that which exists in the legal profession when her Majesty's judges attend St. Paul's Cathedral in state, issued invitations to the 5,500 medical practitioners in the metropolis, asking them to attend wearing the gown and hood of their degree, whether medical or otherwise. About 1,000 invitations were accepted, of which number 250 practitioners intimated that they would appear in their robes. The Lord Mayor and Sheriffs, together with the officers of the corporation, also attended in state. The ceremony was highly impressive, and such as is not likely to be soon forgotten by those who were present. Presumably never before has a procession endowed with so much wealth of colour, as displayed by the robes of those who took part in it, traversed the great nave of the beautiful cathedral. The scene was one which perhaps in attractiveness and effect could not have been equalled, and, certainly, from this point of view the success of the festival was absolutely complete. The service was special to the occasion, the lessons being read by the Rev. H. Arnott, F.R.C.S., formerly one of the assistant surgeons at St. Thomas's Hospital, now Vicar of Beckenham, and the Rev. J. Belcher, M.D. The Bishop of Stepney was the preacher, who, as we announced last week, had been asked on this occasion to take the place of the late Archbishop of Canterbury. In the course of his remarks the Bishop said that he thought that religion could not do without science, and he was profoundly convinced that science could not do without religion. In the Guild of St. Luke he saw just what was wanted. It should induce the young men to join; there was nothing in the rules to tie them down to one school of thought; no great profession of religion was required of them, but they must do their part in bringing about the necessary harmony between science and religion. The service concluded by the pronouncement of the Benediction by the Dean of St. Paul's, and thus came to an end one of the most memorable meetings of medical men in this country which has taken place in modern times.

The Housing of the Poor.

THE problems of town life under latterday conditions are rapidly becoming more and more intricate and difficult to solve. The dense aggregation of persons upon a given site brings with it a train of peculiar evils, which are naturally emphasised in the poorer quarters. One of the most pressing questions, indeed, which municipal authorities have to face is how to house the working classes. In the older towns they often dwell in crowded buildings that date from a pre-sanitary period, and that constitute so many rocks ahead for Medical Officers of Health. If these unwholesome dwellings are closed or demolished the difficulty of housing the evicted inmates is simply substituted for the former evil. Rents and land values are raised to such a pitch in town areas that in many cases even the jerry builder stands aloof. Private enterprise, philanthropic or semi-philanthropic, may do something by building so-called "model" dwellings. In the long run, however, it seems likely that the only real way of meeting the wants of the working population will be by the establishment of municipal dwellings for the poor. In Coventry this social question has become most urgent and complicated. It has been officially stated that 3,000 out of the 12,000 inhabited houses in that town are grossly insanitary. To this is added the estimate that at least 500 fresh houses are needed to house the existing population decently. The present low death-rate is accounted for by the fact that newly-married folks can find no houses to live in If such be the case, it is high time for the good people of that ancient city to bestir themselves, and see that at the next elections they return candidates who will pledge themselves to an enlightened municipal policy. If the working men and those interested in their welfare were to join the young folks desirous of matrimony their efforts alone would go a long way to settling the question at the next Town Council election. All such matters of local administrative reform can be readily changed by a united and determined electorate.

Music and Disease.

A STORY comes all the way from Bombay which should appeal to those who believe in the calmative and curative effect of musical sounds, however discordant, on the course of some diseases. The fakirs of Bombay still believe in the supernatural origin of disease. Perhaps their belief is not so very far removed from that held by some of our profession in this country, and wished to assuage the anger of the deity to whom they supposed the present outbreak of the bubonic plague was due. After performing certain ceremonies on the sea-shore they marched in procession headed by one playing the Scottish bagpipes with great vigour and proficiency. They visited all the parts of the city affected with the plague, and then separated. The piper not only sought to appease the wrath of the deity with the skirl of the pipes, but chose as the tunes most appropriate those peculiar to Scotland. The performer is thought to have had something to do with a Highland Regiment in the North of India at one period of his life. Sarcastic Sassenachs have been known before now to declare that the chief reason why the Highland Regiments have been so successful in battle was because the enemy could not stand the noise of the pipes, and that they were more afraid of the noise than of the bayonets. Perhaps an idea something like this passed through the mind of the fakir, who hoped that the noise might scare away the deity sooner than anything else. We doubt if even the firmest believer in the curative effect of music would recommend the bagpipes as the agent for the production of sweet sounds, inspiriting though it be in its proper place. When Li Hung Chang was in Scotland he was treated to the sounds of the pipes, and said that they were the most pleasing he had heard out of China, as they more nearly approximated to the music of his native land. Perhaps the fakir was wrong after all, and the deity liked the music. Still, a stirring reel or strathspey on the pipes might well be of benefit to a melancholic, while a Highland

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lament, than which, when properly played, there is nothing more doleful, might prove of good effect in excitement or cases of exaltation. A lament played to a melancholic would soon lead no doubt to a suicidal tendency.

Sanitation in India.

However much opinions may differ as to the abstract right of the British annexation of India, there can be no question as to the effect of our rule upon the sanitation of that vast empire. The Annual Report of the Government, dealing with that important subject, has been recently issued, and literally teems with interesting and suggestive facts, and while it shows steady progress in most directions, yet, at the same time, it contains figures which cannot fail to arrest serious attention. The responsibility resting on the Government is, indeed, great, and we are glad to note that a leading lay journal, to wit, the *Times of India*, makes the public health one of its standard and leading topics. Turning to the province of the Punjab, we learn, on the authority of Dr. Crawford Roe, the Sanitary Commissioner, that the total deaths for the year 1895 were 620,000, of which nearly 400,000 were ascribed to "fevers." He points out that all lung affections, as pneumonia, attended with rise of temperature, are returned under that heading. However, after making ample allowance for that fallacy, there still remains a vast margin of preventible disease. It is an encouraging fact that the mortality from cholera and small-pox have fallen steadily. The mortality for 1895 throughout the province was 30 per 1,000, but the ratio has varied from 26·91 in 1885 to 49·18 in 1892. Compared with other Provinces, we find the figures for the same period as follows:—Madras, 19·6; Bombay, 28·61; the North-West Provinces, 29·13; Bengal, 31·39; Assam, 33·72; and the Central Provinces, 36·75. In India preventive medicine finds an enormous field, which is cumbered by the habits and customs of a race that has for countless centuries been steeped in the mire of ignorance, superstition, and class servitude. It is perhaps one of the most remarkable facts of modern history that English energy is beginning to make headway in this seemingly forlorn hope.

An Antidote to Snake-Bites.

It seems that the treatment of snake-bites by principles obtained from living venomous animals dates back long before the introduction of inoculation of attenuated venom. In a letter by Mr. Larden, contained in a recent number of *Nature*, it is stated that there is a current sale for "scorpion oil," which is sold broadcast in Switzerland by Italian pedlars. This oil is prepared by immersing ten living scorpions in about half a litre of olive or walnut oil, leaving them there until they die, that is to say, from twelve to twenty-four hours. In the case of poisonous snake-bites or severe stings by insects the wound is first washed with salt water, and the oil is then well rubbed in and around the swollen area, the pressure being applied from the periphery towards the wound. In general the application is external only, but in some cases the oil is also taken internally on what would appear to be purely empirical principles. The scorpion oil is used for human beings and animals alike, and its use is said to be centuries old. Unfortunately the author does not give us any idea as to the efficacy of the treatment in averting the usual symptoms, so that we are left in doubt whether or not the remedy is anything more than an ordinary quack nostrum.

A Curious History.

A correspondent of the *New York Medical Journal* for October 10th, 1896, narrates a curious story in connection with an Irish physician. His story is that until about two years ago there lived in Ennis, co. Clare, a medical man named Greene, who was especially known for his reputed ability to cure heart disease. The remedy with which he was most successful he refused to disclose during his lifetime. But after his death, his daughter, the sole beneficiary of her father's will, directed the executor to make public the nature of the remedy employed. This was done, and the preparation was found to consist of a fluid extract made from the *cratægus oxyacantha*, or hawthorn fruit. The correspondent having heard of this disclosure from a relation living near Ennis, forthwith obtained from the district a supply of the fruit in question, and prepared a fluid extract of it according to the British Pharmacopœia. Armed, then, with the remedy, he at once proceeded to test its efficacy upon some patients suffering from cardiac disease. Up to the time of writing, he had submitted forty-three persons to the treatment, and the results, he admitted, had been most gratifying Full notes are given of all the chief cases, from which it is evident that the use of the remedy was undoubtedly efficacious. Somewhat naively, however, at the end of his communication, the correspondent asserts that digitalis, in some form, should be used as an adjunct to the *cratægus*. Perhaps one of the firms of large manufacturing chemists might take the matter up and prepare an easily administrable form of the *cratægus oxyacantha*, with a view to a trial being made in this country of its alleged virtues in cardiac disease.

Eyesight Preserved.

Under the above heading, we regret to see that the *Medical Magazine* for September publishes a fulsome puff of the advertising optician—Aitchison, of the Strand. Surely, the advertisements of this tradesman are well known to the Editor of the periodical in question. Moreover, the Editor must be aware that these announcements are distributed broadcast among the journals which will accept them not for the purpose of advising the public as to the best method of having their sight attended to, but solely for the object of attracting persons to this optician's shop, with a view to their being induced to buy spectacles. The puff, contains, moreover, the following:—"Medical men will find that these prescriptions are worked out in a capable and adequate manner." We can quite believe that this is the case, but not in the sense that

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the observation would lead us to infer. Meanwhile we should like to know upon what authority the Editor makes this statement. Personally we should doubt whether any medical men send their prescriptions for glasses to this advertising optican. We must again express our regret that any medical journal should have published such a puff as that referred to of a tradesman who resorts to the class of advertisement favoured by Mr. Aitchison, "the oculist optician," whatever that may mean.

Sir John Erichsen's Will.

THE will of Sir John Erichsen, the terms of which have just been made public, contains many details of interest. In the first place considerable surprise has been expressed that the sum bequeathed to University College Hospital was no more than £2,000, which, by the way, is exclusively left to the re-building fund, and not for the purposes of maintenance. By many persons interested in the charity, it was thought that Sir John Erichsen would have conferred a handsome endowment upon the hospital, reaching many thousands of pounds. Mr. Christopher Heath and Mr. W. A. Meredith are bequeathed the moiety of the copyright, in equal shares, of the testator's well-known work, "The Art and Science of Surgery," exclusive, however, of the profits on the tenth, or present, edition. The Royal College of Surgeons receive Sir John's bust in marble by Thorneycroft. A great niece is the chief legatee; she is left £20,000, and takes the half-share of the residuary estate, with her father. The value of the personal estate was £88 619. It was reported in the newspapers that Mr. Heath and Mr. Meredith had each received a legacy of £5,000, but this statement was incorrect.

Serum Diagnosis of Typhoid Fever.

AT the last meeting of the Pathological Society of Manchester, and also at greater length in the current number of the *Medical Chronicle*, Professor Delépine has brought forward the first results of his observations, the first published in this country we believe, on the "sero-diagnostic" test for typhoid fever, according to Widat's method. The researches of Charrin and Roger, Behring and Nissen, Metchnikoff, Pfeiffer, Bordet, Gruber, and Durham, during the last few years have clearly shown the remarkable influence which the blood of immumised animals has on the appearance of living bacteria, the most striking being their tendency to become immobilised and agglomerated. This phenomenon of heaping or clumping together has been spoken of as "agglutination" or "glabrijication." Widat has gone further and has just applied these results of experimental research to clinical medicine. He finds the blood serum of typhoid patients has the same action on cultures of typhoid bacillus, as the serum of animals immumised against typhoid fever. His method briefly is as follows:—(1) Take ten drops of a pure and recent culture of typhoid bacillus. (2) Add one drop of serum of blood obtained by puncture of the skin after sterilisation. The blood can be centrifugalised or received in a sterilised glass cell and the serum allowed to separate. (3) Examine a drop of the mixture under the microscope. In the course of some few minutes to two hours, the reaction will be obtained. When an early case is examined, the test may have to be repeated on subsequent days. Widat has usually obtained the reaction at the first examination. In one case, on the sixth day of the fever, the test failed, but was obtained on the following day. The blood of healthy individuals, or those affected with other diseases than typhoid fever give negative results. The reaction may sometimes be obtained with typhoid urine. Both blood and serum after being dried and kept for forty-eight hours have answered to the test. The milk of a woman with typhoid has also been found to produce agglomeration of the typhoid bacilli, whilst healthy human milk produces no such result. A similar appearance has been obtained with tears from a typhoid case. Nothing definitely is yet known as to the nature of the substances in the blood and fluids of the typhoid subject to which this curious reaction is due. It is to be hoped that careful observations on this diagnostic test will be made in all our large fever hospitals, and the results speedily made public.

The Jubilee of the Pathological Society, London.

THERE was no "soup-plate" brigade present at the meeting of the Pathological Society on the evening of the 20th instant; for the order of the Council was not science, but pleasure, and the cause of the rejoicing was the fact that the members and friends of the Society had been called together to celebrate the fiftieth year of its existence. The proceedings were opened by the delivery of an address *à la Paget* by the President, Mr. H. T. Butlin. Ever since the day that Sir James Paget showed the usefulness of cultivating the art of Demosthenes, it has become almost a tradition at St. Bartholomew's Hospital that if any member of the staff has an address to deliver he must first write it out, then learn it thoroughly by heart, and afterwards declaim it in the form of an oration. There is, of course, no harm in all this, indeed, the self-imposed task may be said to be a praiseworthy one. It means diligence, the expenditure of trouble, much painstaking, perhaps, and, whatever the result may be, the determination to do the best that can be done. Mr. Butlin's was a thoughtful, practical, and interesting address, and was intently listened to by a crowded audience. After the usual vote of thanks, proposed by Sir Richard Quain, and seconded by Dr. Wilks, the company, numbering upwards of 400, proceeded to enjoy themselves by the various methods provided by the Council. Scientific recreation was afforded by the exhibition of a large collection of the historical specimens of the Society, that is to say, the specimens which came under the discussion of the Members in the early days of the Society's existence. In addition, there was smoking and music, and an excellent spread of light refreshments. A more successful *réunion* of the kind has seldom been organised than that under discussion, and the Council of the Pathological Society is to be highly congratulated upon this fact.

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The Elections at the Royal College of Physicians, Ireland.

The election of officers of the College took place as usual on the 19th inst., St. Luke's Day. As it was understood that the outgoing President, Dr. Grimshaw, Registrar-General, did not desire to occupy the chair for a further period, Dr. George F. Duffey, Physician to the City of Dublin Hospital, was chosen to succeed him, with Dr. Wallace Beatty as his Vice-President. Drs. Lennon, S. T. Gordon, and R. A. Flynn were elected as Censors. Drs. J. Murphy, H. C. Tweedy, Andrew Horne, and W. J. Smyly were nominated as additional Examiners in Medicine, Medical Jurisprudence and Midwifery. In the Court of Conjoint Examiners Dr. Ninian Falkiner takes the place of Dr. Duffey as Examiner in Materia Medica, and in Medicine Drs. Craig and Drury succeed Drs. J. W. Moore and O'Carroll. The College has carried into effect the decision arrived at to open the Examinerships in General Education to persons outside the College and the profession, and with that intent has chosen Mr. E. J. Gwynne in Languages, and Mr. C. Joly in Science, both Fellows of Trinity College, to form part of the Conjoint Preliminary Examination Court. No other change of importance has taken place in the *personnel* of the College save the appointment of Mr. R. G. Phelps as Assistant Registrar and Librarian, in room of Mr. N. Benson. The College elected no new Fellow on this occasion, although we believe that there were applicants.

Professor Rudolf Virchow.

Germany is presumably more kindly disposed to her men of science than is the case in other countries. As a proof, mention may be made of the fact that the Fatherland has just been celebrating the seventy-fifth anniversary of the birth of Professor Virchow. We cannot point to any demonstration of a similar kind in England. But it should be remembered that Virchow has largely taken part in the Liberal politics of his country, and it may therefore be in a political rather than in a scientific sense that his seventy-fifth birthday has been remembered.

Honorary Degrees of the Royal University.

At the University Commencements, which were held on Friday last, the Honorary Degrees of M.D., and of M.A.O., respectively, were conferred upon Sir Charles Cameron and Dr. Thomas More Madden. Sir Charles Cameron's claims to such a distinction are quite familiar to scientists and the profession in Ireland, among whom, for many years, he has taken a leading position as a chemical expert, a sanitarian, and a respected Public Officer. Dr. More Madden has been well known as a gynæcological practitioner, teacher, and writer. He has filled the positions of President of the Obstetric Section of the British Medical Association, and of the Irish Academy of Medicine, and was Hon. President of the International Congress of Obstetricians at Brussels. From the Medical College of Galveston he got the degree of M.D., *Honoris Causâ*. He is Obstetric Physician and Gynæcologist to the Mater Misericordiæ Hospital, Consulting Physician to the Children's Hospital, and Consultant and ex-Master of the National Lying-in Hospital.

The Mastership of the Rotunda Hospital, Dublin.

The period of Mastership of Dr. W. J. Smyly terminates in a few days, and it is understood that he will be succeeded by Dr. Richard Dancer Purefoy, Obstetric Surgeon to the Adelaide Hospital, and a Councillor of the Royal College of Surgeons, who served some years ago as Assistant Physician to the Rotunda. Dr. Smyly's retirement was signalised last week by the public presentation to him, on the part of the nurses to the hospital, of a piece of plate, it being offered to Dr. Smyly on their behalf by Dr. James Little, who spoke in deservedly high terms of the success of the outgoing Master, and the prosperity, professional and financial, of the hospital during his *régime*. We believe that it it is the general verdict of the profession that the encomiums uttered by Dr. Little were fully deserved, and that the reputations of both Dr. Smyly and the hospital have been greatly enhanced by the working of the institution within the past seven years.

The International Congress at Moscow.

Our readers are already aware that the twelfth assembly of the International Congress will take place at Moscow from the 19th to the 26th of August, next year. Questions having arisen as to the attendance of Jewish physicians and surgeons on the occasion, to which we have previously referred, inquiry has been made from the Russian authorities, and an official intimation has now been issued by the President of the Congress, that such members will be permitted to be present on exactly the same terms as those of any other nationality, *i.e.*, upon having their passports *visèd* by the Russian Consul of their place of origin.

Dublin Personalities.

We understand that Dr. Andrew Horne, recently Vice-president of the Irish College of Physicians and some time Assistant Physician to the Rotunda Hospital, has taken Dr. Atthill's house, in Merrion Square, and that Dr. Atthill will, in future, confine himself to consulting practice. Dr. W. J. Smyly, Master of the Rotundo, has taken the residence of the late Dr. G. H. Kidd, in Merrion Square. Mr. Theodore Stack, dentist, has also changed his residence, and has taken the house recently occupied by Dr. Chetwode Crawley, in Merrion Square.

Surgeon-Colonel M. Cuffe has been appointed President of a Committee which has been directed by the Indian Government to inquire into and report as to what alterations are needed in the existing scale of field-service rations for British troops.

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Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE HEALTH OF EDINBURGH.—Bailie Pollard, as Convener of the Public Health Committee of the City of Edinburgh, has issued an elaborate report on the vital statistics for the year ending May 15th, 1896. As it has not been the custom, hitherto, to issue such reports, he has taken the opportunity of presenting a survey of the work of his department for the twenty-four years during which it has been existent. A table of the annual mortality for these years shows that the rate has diminished from 27·40 to 15·51 per thousand, or practically 12 per thousand less. That is to say that if the death-rate now were the same as in 1864, 3,344 more deaths would have taken place in the last twelve months than actually occurred. If each of these lives be valued at £100, a low estimate as economists reckon the wage-earning value of each life at £35 a year, the sum saved each year would represent £334,400, which is equivalent to a rate of about 3s. 3d. per pound on the present productive rental. Such a result is one of which Edinburgh may well be proud. Another table shows that the mortality at the age of school-life is going down steadily. In the five years from 1872-1876 the deaths between the ages of five and fifteen were 9·83 per cent. of the total, from 1891 to 1895 they were only 6·42 per cent., a reduction of 3·41 per cent. It is noted that now the school age is the period of least mortality, infancy that of the highest. Edinburgh may be divided into three distinct portions, the old town, where there is most overcrowding and poverty, the new town, where the majority of the houses are well built and sanitary, but with a number of crowded and insanitary districts, and the south side, where the majority of the houses are villas, or recently built tenements. The death-rate varies accordingly. Most in the old town, it is least in the southern district; 19·16 per 1,000 in the old, 13·75 in the new, and 11·91 in the south side. We notice, however, that the rate is falling more quickly in the old town, and perhaps least in the new. This may be accounted for by the endeavours made in recent years to remove many of the old town slums or to lessen their sanitary defects. In addition to the increased sanitary care taken, the ratio of dwelling houses to the population explains in great part the better health of the people. In 1864 the dwelling houses numbered about 10,000, into 1895 over 50,000, and increase of 400 per cent., while the population has only increased by about 59·5 per cent. in the same period. Of the 2,540 cases of infectious disease treated in the City Hospital last year, only 128 or 4·5 per cent. died. The different rates were scarlet fever, 2·3 per cent.; measles, 1·8 per cent.; diphtheria, 21·3 per cent.; typhoid, 11·5 per cent. The total cost per occupied bed was £46.

EDINBURGH FEVER HOSPITAL.—Dr. Claud Muirhead has fulfilled his term of duty as visiting physician to the Edinburgh City Hospital, and has been succeeded by Dr. John Wyllie. Dr. Wyllie's time as Ordinary Physician to the Edinburgh Royal Infirmary is up by next April, and his appointment to the City Hospital is in continuation of the policy of giving such posts to the Infirmary Physicians as they retire from that institution.

THE USES OF A PUBLIC HEALTH RATE.—The Leith Town Council, in doubt as to how they may legally pay the expenses incurred during the opposition to the Edinburgh Extension Bill, last summer, have, it seems, decided to charge it to the Public Health account, why, is not at all clear. Their reasoning appears to be that as one of the objects sought by Edinburgh in amalgamating with Leith was to get the sanitary affairs of the two burghs under one rule, the sanitary rate should be made the scapegoat. The proposal seems to us to be most extraordinary if not illegal. The Public Health rate was surely never meant to be saddled with the cost of opposing general bills affecting the whole district, while the other rates, falling on the ratepayers in other proportions, are allowed to go free.

THE ROYAL MEDICAL SOCIETY, EDINBURGH.—Professor Crum-Brown opened the winter meetings of this flourishing society, last Friday night, with an introductory address, which was attended by a large number of students and members of the profession in Edinburgh.

THE RECTORIAL ELECTION.—The Rectorial Election is now assuming a more exciting stage, as the Liberal students have at last intimated their candidate, to wit, Mr. Aug. Birrell, M.P., in opposition to the Right Hon. R. Chamberlain, the candidate of the Conservative section of students. On the afternoon of the 22nd inst., Mr. R. B. Haldane, Q.C., M.P., gave an address in the Students' Union in support of Mr. Birrell's candidature. There were fourteen women students from Queen Margaret College among the audience, and these sported party colours.

THE NEW LUNATIC ASYLUM AT GARTLOCH.—A great deal of stir and bustle has been noticeable during the past week at Gartloch Asylum in consequence of the anticipated visit of the Scottish General Lunacy Board, which is to take place shortly for the purpose of satisfying themselves that the building is fit to be licensed as a lunatic asylum. It is expected that the meetings of the Glasgow District Lunacy Board, which are at present held in Glasgow, will, when the asylum is quite finished, be held at Gartloch, as the administrative section includes a very comfortable board-room.

CENTENARY OF ANDERSON'S UNIVERSITY.—The celebration of the centenary of Anderson's University took place in Glasgow on the evening of the 22nd inst., and took the form of a banquet. It appears, however, not to have given entire satisfaction, for the professors were all ignored with the exception of one. What was once one college is now divided into the Andersonian University, in Dumbarton Road, the Medical School and the Technical College, in Bath Street. The affair seems to have been arranged and carried out entirely by the heads of the latter. The teaching staff were never invited, with but one solitary exception, which accentuates the slight. The centenary of the college was to have been celebrated in June last, but owing to the fact of Lord Kelvin's jubilee being arranged for the same time the former was put off until now, in order not to clash with the latter. Lord Kelvin's "function" came off with great *éclat*, and all the members of Anderson's centenary committee were present, but when the Anderson function came off, his lordship was unable to be present, for at the last moment a violent attack of facial neuralgia seized him. However, to make up for his absence a most delightful letter of apology was sent, which was read with much pleasure, as Lord Kelvin, in his terse and beautiful mode, gave a *résumé* of his association with the founder of the college, having succeeded him as Professor of Moral Philosophy in the Glasgow University.

MEDICAL SOCIETY OF LONDON.

THE meeting on Monday evening last (October 26th) opened with a paper by Dr. C. E. Jennings on "Thirty Cases of Cancer of the Tongue."

More interest, however, was displayed in respect of the paper by Mr. P. J. Freyer on "The Best Methods of Removing Large Calculi from the Bladder." The paper was really a panegyric of Bigelow's operation, in favour of which the author had practically abandoned every other procedure. Nor can this excite surprise in view of the results which he has obtained in a very large number of cases. Of his last 300 cases, in patients whose ages varied from 2 years to 90, the calculi varying in weight from a few grains to 6 1-8th ounces, there were only seven occasions on which he found it necessary to have recourse to a cutting operation. In 1890, 106 cases of stone treated by litholapaxy were one and all successful. The operation, however, has its limitations, for it is not applicable to stones above a certain size. It is difficult to fix any particular size as constituting a "large" stone, for a stone which would be of moderate dimensions in an adult is for all practical purposes a very large one when it presents itself in a child. He suggested two ounces and upwards as a large stone in the litholapaxial sense of the term. The general conditions, too, are less favourable when there is a large stone in consequence of the debilitating effect on the patient's general condition entailed by so many years of pain and suffering. He showed 49 stones and *débris* of stones answering to the description of large stones. Of the 49, all were males except 1, and all adults except 2 boys. All were in more or less bad health. Of these, 31 were dealt with by litholapaxy, one of these being for a stone weighing

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6½ ounces, and all were hard stones except 2. He described the means of tackling stones so large that the instrument would not lock upon them, and pointed out that when the bladder is so thickened as to resent the introduction of even a small quantity of water, a cutting operation became necessary. The mortality of the suprapubic cases was 50 per cent., of the perineal cases 28 per cent., and of the litholapaxies under 10 per cent.

Mr Lockwood showed a stone weighing 5 ounces, which he had removed by suprapubic operation owing to the contracted state of the bladder.

Mr. Swinford Edwardes discussed the merits of Petersen's bag, which he did not think of much service in the majority of cases. He strongly advocated median perineal litholapaxy, when, for any reason the ordinary method was impractiable.

Dr. Garson pointed out that he and Professor Brauner had used a pear-shaped bag nine months before Petersen had invented it, and he dwelt upon its advantages in lifting up the peritoneum from the bladder and increasing the distance between the pubes and the peritoneum.

The President (Mr. Reginald Harrison) pointed out that his suggestion to combine Delpeau's operation with litholapaxy was arrived at from the consideration that in years gone by medical lithotomy was the safest operation, and apart from the removal of the stone drainage of the bladder was often indicated.

Obituary.

MR. JOHN KILNER. F.R.C.S., BURY ST. EDMUNDS.

A funeral, which might be said to have been almost a public function, took place on Thursday last, when the remains of this gentleman were conveyed to their resting place. Both at the church and cemetery the mayor, members of the town council, and an enormous concourse of friends and townsfolk assembled to honour the memory of one who had dwelt among them during a long life, and had won universal esteem. Deceased had not been engaged in active practice for some little time, the work being carried on by his son, Mr. C. Scott Kilner, M.B. He was born in 1820, and obtained the membership of the Royal College of Surgeons of England in 1843, the L.S.A. diploma in 1844, and the F.R.C.S. in 1864, and was in the seventy-seventh year of his age.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

WHAT IS LISTERISM?

To the Editor of The Medical Press and Circular.

Sir,—Dr. Bantock's letter is an able summary of the history of this strange infatuation and its multiplied phases, from the time in which it was regarded as a "fetish" requiring a belief in its tenets wholly religious in fervour in order to keep its disciples in line. In the earliest days of my surgical practice, from 1867 to 1870, when Lister was in Glasgow, I was attracted, as a few were at that time, by the sublime simplicity of his teaching, and I followed him with all the enthusiasm of youth, ignorance and want of experience. But my experience taught me in the seventies that the simple doctrine could not be brought into line with clinical facts, and with this above all, that operations of the greatest severity done in country cottages without any kind of the so-called antiseptic precautions got well, whilst similar operations, aided by all the up-to-date devices of Lister, died wholesale if done in the wards of an old-fashioned hospital. Within the limited range of abdominal surgery, where one could see all the facts and their bearings, patients died or got well just in proportion to their isolation. Then in the late seventies and in the early eighties came the logical outcome of the whole thing, the spray, and I went back to Listerism for three years—for there was no getting out of the completeness of the spray as a logical result if there was anything in the doctrines at all. My papers at the Royal Medical and Chirurgical Society, which have clearly escaped the superficial researches of the "Research Scholar," proved that the whole doctrine, and the constantly varying practices based upon it, were wholly wrong. I made a huge experiment, in which I went ultimately through the whole of the ceremonious observances with plain tap-water crowded with "little beasts," and then got results quite as good, nay indeed, better than any which had been, or could be obtained, by any of those operating with full Listerian precautions. I was met by two arguments: The first was that I could not have tried Listerism, because I had no faith; I could not follow the precepts without accepting the dogma—a circulation argument as absurd as it is antiquated. The second was that my facts were mis-stated, and deliberately so—an argument used behind my back and privately until of late and, therefore, impossible to meet. Fortunately, my figures were so completely established by an audit committee of the lay-executive of my hospital that such a criticism, if made so that I could handle it, could easily be set aside.

We come now to the time when the spray was given up and the logical structure of Lister was completely destroyed. Here comes in the story of Lister's marvellous discovery about the blood-clot in the heel—a discovery the import of which and its teaching he managed entirely to misunderstand.

Imbued with the belief that the laws of decomposition of dead tissue are precisely those which govern the proceedings of inflamed or diseased tissue which is not dead, he applied his views to the explanation of the blood-clot. But taking the important exception to his syllogism, that the blood-clot was not dead, but was only prevented from dying by the chemical destruction of the lethal germs, we have an explanation of the whole difficulty and a point of origin of the differences which are endless in the behaviours of living tissue under the action of germs of various kinds, from those of the harmless bacteria of ordinary decomposition, which are mere scavengers, until we come to the most pronounced actions of the low organisms which are undoubtedly the proximate cause of specific diseases.

But here is the *pons asinorum* for the Listerians. They neglect the influence of the *nidus* as a factor in the production of the phenomena, they look solely on the spores. Yet wheat-falling on varying soils gives varying results—a fact recorded in a book which is not usually regarded as a text-book of science.

Further, I go back to my favourite domestic science, the science of the farmyard, the still-room, and the kitchen. Last year I superintended an experiment in kitchen science which opens out the whole question, as it stands, between me and the Listerians. I had a superb strawberry crop and in the hands of the same cook, with the same fruit, the same apparatus, and the same sugar, I tried two quantities of jam made in precisely the same way—with one exception. One quantity of jam had a pound of sugar to each pound of fruit, the second quantity had a pound and a quarter of sugar to the pound of fruit. The two quantities were put up in jars in every way alike and subjected to the same external relations. Every pot of the first quantity of jam decomposed, whilst the second quantity, so far as it still is in existence, is good. Not a pot went wrong.

In this simple experiment the only difference was the nidus on which the spores of decomposition rested—in the first victorious, in the second, harmless.

Is it not possible that in the case of disease germs the nidus may have similar preponderating influences? Every fact in clinical medicine bearing on the germ theory of disease shows that the germ is indispensible, but that the state of the nidus is that which supremely controls the result. Does not the housekeeper know that a badly ventilated store-room is fatal to everything in it capable of decomposition? Does not a surgeon know that fresh air and plenty of it is the greatest feature for success in the surroundings of his patients. What truth there is in Listerism is minute. The truth which it tries to shelve is enormous.

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So much for generalities. Let us take one example to show how monstrously this delusion has been pushed to extremities. Let me unearth a story from the records of the year, 1888, when a young gentleman who was one of my assistants, went up for the examination for the Fellowship of the College of Surgeons. One of the four written questions asked the candidates to indicate the cause of the great mortality formerly prevailing after fracture of the base of the skull and to give the treatment to which was to be attributed the recent diminution of that mortality.

My assistant could not answer this question, and was according referred to the study of the last (9th) edition of "Erichsen's Surgery," where alone could he find the answer to this extraordinary conundrum. No facts were giver there to substantiate the statement of the question that there had been a diminution of the said mortality, but the new treatment of the fracture was "strictly antiseptic," that is, the external auditory foramen was first to be washed out with carbolic lotion, and then plugged with iodoform wool—the Eustachian tube and the "little beasts" crawling about the pharynx were considerately forgotten.

My first step was to trace the origin of the question and thus to discover that at the particular hospital to which this examiner was attached, there had been no diminution of the mortality in fracture of the base of the skull, as was asserted in the question, and then I went for the examiner. But I could not get him to do what he ought to have done at once, to apologise to the whole profession for his extraordinary delusion and its consequent blundering, to go down on his knees and beg pardon of his College for his offence, to secure for my assistant, a reversal of the sentence passed upon him, together with a substantial monetary recompense to the young man for the distress, disappointment, and financial loss thereby enforced upon him, and finally, a voluntary and immediate resignation by the sinner of his position on the Board of Examiners of the College of Surgeons. There is no convincing these disciples of Lister.

I am, Sir, yours, &c.,

LAWSON TAIT.

195 Newhall St., Birmingham.
Oct. 22nd, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The letter appropriately signed "Ignoramus," and that of "Research Scholar," in your impression of to-day, do not require a laboured reply from me. I fail to see that there is any analogy between the "process of brewing and other similar manufactures" and the organic processes which take place in the living body, and I reiterate emphatically that there is not a scientific vestige of evidence to show that either cholera, phthisis, diphtheria, or hydrophobia, *is due to a germ*. The evidence is entirely to the contrary, as I could prove did the limits of a letter in your columns permit. This, however, I purpose doing elsewhere, when time and opportunity present. Now as to the scientific question, on which this omniscient tyro—a "Research Scholar" holds me up. I repeat that the micro-organisms live on their saprogenous environment (they may not be so nice in their tastes as "Research Scholar" but they equally perform their own part in the economy of nature). I assume that your correspondent is familiar with the *amœba*, and scientists admit that the amœba exhibits respiratory functions. Its pre-eminent metabolic change consists in one of oxidation, in common with all other unicellular organisms, and multicellular organisms such as all the higher animals; and the result is, as in them, the evolution of carbon-dioxide. The two processes then consist of anabolism and katabolism and thus constitute respiration. While I dispute that micro-organisms are "formed ferments," if my critic will refer to my letter he will find that I said that micro-organisms were "intermediaries of oxidation," *i.e.*, while they consume the carbon, which he admits they do, and give off carbon-dioxide, it does not follow that they do not split up their environment into simpler compounds; my contention is rather that they do. Take an example from nature. It is familiar to people who have a knowledge of seafaring, that water kept in a cask remains perfectly pellucid for a certain time, no organisms being found in it. In a short time it becomes grumous, or muddy, from the precipitation of organic matter, and is then teeming with organisms and unwholesome to drink. When the organisms have consumed the organic matter, and converted it into the ultimate products of decomposition, they themselves disappear, the water becomes clear and is perfectly wholesome to drink. Have the researches of a "Research Scholar" made him familiar with the name of Dr. Arnold Hiller, of Berlin, and his investigations "On the Relation of Bacteria to Putrefaction?" I am not surprised if they have not; nor do I wonder that certain of my statements are novel to him. I would, therefore, refer him to the *Centralblatt*, (Nos. 53 and 54, Nov., 1874), where he will find the conclusions of this careful observer epitomised. Dr. Hiller finds "that putrefaction (Faulniss) can and does occur independently of bacteria and conversely, that bacteria can develop without consequent putrefaction."

Your space will not allow me to describe in detail Dr. Hiller's experiments, but his results are thus summarised:—"Bacteria can develop in ordinary acid urine without exciting its alkaline decomposition, and the degree of their development depends on the amount of directly assimilable material present in the urine at the time it is passed." By "directly assimilable material" is meant bodies of such simple chemical constitution as are suited to the nutrition of the low forms of vegetation, such as bacteria, probably are, namely, ammonia, carbonic acid, and certain salts. Dr. Hiller has further shown that for the bacteria to continue to increase after a certain stage something must be added to the urine which they can assimilate, or something to excite decomposition in it; and he says: "We must regard these organisms as nourished at the expense of the terminal products in decomposition (*Spaltungs producte*)." Uric acid, urea, and other nitrogenous products are too complex to afford nutrition; they must be split up into ammonia, &c., as in decayed cheese and putrid urine. We know, observes Dr. Hiller, that hens' eggs whose incubation has been naturally or artificially interrupted putrefy readily, even if the shell be intact; and fresh eggs if allowed to lie near them "turn off" much quicker than they otherwise would do. Now it so happens that in neither case was Dr. Hiller able to find bacteria in the contents of the eggs, whereas they developed most rapidly when the shells were cracked. Conversely, in three experiments in which he injected a fluid (*a*) containing only bacteria (his isolation fluid) under the shell of fresh eggs, and then sealed them up hermetically for a fortnight, there was no decomposition set up, and no considerable increase of bacteria at the end of that period. Hence bacteria *per se* cannot excite putrefaction in the albumen of the egg. We can thus say, remarks Dr. Hiller, that a whole series of undoubted putrefactive alterations in organic substances can occur *without the presence of organisms*, just as there are processes of fermentation, *e.g.*, butyric fermentation, which take place independently of yeast cells. Looking at the question from the physiological point of view [I am paraphrasing Dr. Hiller] if bacteria are low vegetable forms, they must agree with all forms of vegetation on earth in having tissue change of a synthetic kind, that is to say, their function must be to built up complex organic substances out of simple material, such as gases and salts. We can never, says Dr. Hiller, consider putrefaction as a physiological phenomenon of the nutritive processes of bacteria (*Eine Physiologische Staffwechselerscheinung Der Bacterien*). In spite, he concludes, of all that has been experimented and written about putrefaction, all that has been certainly proved is, that it is set up by some external influence, and that the ferment which excites it is a "molecular body either suspended in the air, or adhering to various substances which can either be excluded by filtering the air, or destroyed by a sufficiently prolonged temperature of 100° C." It does not follow, however, that because bacteria are constantly present in decomposing fluids, they are the essential cause of decomposition; any other unorganised body, such as the particles of animal and vegetable tissues (*Proteinsplitterschen*) which are undoubtedly always present in atmospheric dust, might just as well answer to the properties required of the "ferment" of decomposition. Until, therefore, it has been shown (as it has not) *that isolated bacteria* can excite *putrefaction* by their action on bodies capable of such change, we *should abstain ascribing to them qualities which they pos-*

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sibly do not possess. So much, then, in support of the view which I take on this question in opposition to "Research Scholar."

Your correspondent observes that the great achievement of Lister "was the discovery of the cause why such measures [as his] are followed by such good results." Your scientific correspondent is assuming what *has not* been proved—he is arguing in a circle. Wherein consists the propriety of the hyperbole indulged in by orators, when Lister himself has burst up his own theory, and when his practice is discarded all over the world, as it was found to give surgical results inferior to other and more rational modes of treatment? I pass over the brilliant results obtained by Bantock, Lawson Tait, and others still living and able to defend themselves, and instance the results obtained by a modest provincial surgeon, the late Dr. John Borland, Kilmarnock, recently dead. From his "Ten Years' Surgery in the Kilmarnock Infirmary," we find that during this period 1,448 cases were treated, with a mortality of 3·5 per cent., or excluding cases which proved fatal in less than forty-eight hours, 2·3 per cent. Among 900 cases with surface lesions the deaths were 25, or 2·7 per cent. In 27 major compound fractures *there were no deaths;* in 54 secondary major amputations, including 19 of the thigh, there were two deaths; in 145 injuries there were four deaths; in 179 abscesses there were three deaths. For rather over the last two years of the period dealt with *there had not been a single death among* 421 *cases* (italics mine), 90 operations (including 23 major amputations) 45 injuries, 52 abscesses, and seven compound fractures. Dr. Borland had no fear of atmospheric germs. He arrived, as the result of his extensive experience, at the conclusion that dry dressings were the best in surgical cases. He never used catgut ligatures, silk ligatures serving him for drainage and arresting hæmorrhage. No water or other liquid was applied to the wound. Blood was mopped off with a cotton rag, and the flaps were kept open ("to give the air germs a fair chance," as the unregenerate Borland expressed it), until bleeding had entirely ceased, and the whole surface had assumed a glazed appearance from exposure and the wound was left to heal in peace (*Lancet*, August 15th, 1896). Now I hereby challenge the "Listerites" to produce with their juggleries such brilliant results as these, based as they are on the uncommon attribute of common sense, and a rational interpretation of natural processes.

Let me say in conclusion, to "Research Scholar" that suppuration is not a "malady." It is a perfectly normal process consisting in the shedding or moulting of connective tissue corpuscles, and leucocytes, which the state of the wound prevents being utilised in the process of repair, and let me cordially join him in the hope "that some more capable defender of rational surgery" will emerge, in the course of this discussion, than he has shown himself to be.

I am, Sir, yours, &c.,
D. Campbell Black.

Glasgow, October 22nd, 1896.

THE ELECTION OF DIRECT REPRESENTATIVES—DR. WOODCOCK'S CANDIDATURE.

To the Editor of The Medical Press and Circular.

Sir,—Dr. Woodcock's language in his second letter in reply to that of Dr. Wolstenholme, both of which were published in the Medical Press and Circular of the 21st inst., p. 428, seems very elevated when he says: "Yet it appears to me that it would be somewhat undignified, not to say truculent, to write in extenuation of my position in this case for the sake of catching votes," but when it comes to be analysed it is not. Let us suppose that his declining to explain his position loses him 500 votes, and that if he *had* "written in extenuation of his position" lost him 1,500, which is the more "undignified, not to say truculent"? Why, most certainly his declining so to do! Why could he not have explained his position irrespective of either catching or losing votes? Surely his procedure in this case cannot better be described than in his own quotation, when lashing with his fervid eloquence the unfortunate diploma-dealers, at the meeting on October 10th, 1894, of the Lancashire and Cheshire Branch of the British Medical Association at the Memorial Hall, Manchester, on page 14, of the *Official Report*, when he said:—

"You can and you can't,
You shall and you shan't,
You will and you won't,
You'll be damn'd if you do,
You'll be damn'd if you don't."

By the Electors, of course.

I am, Sir, yours, &c.,
8 Ardwick Green, Manchester, G. H. Broadbent.
Oct. 24th, 1896

RELIEF OF VISCERAL TENSION BY SURGICAL MEANS.

To the Editor of The Medical Press and Circular.

Sir,—As I notice in your last issue in an article with the above title it is stated that my plan for the relief of the tension of the liver's capsule is by "plunging a trocar of large dimensions boldly into the liver," I send you a copy of an article of mine on "Visceral Phlebotomy," on page 5 of which you will find that instead of the trocar I use being of large dimensions it is an exceedingly small one, having a diameter of only between a No. 2 and No. 3 sized English catheter, so that the remarks with which the writer of the article alluded to has garnished his statement regarding the large dimensions of the trocar I recommend to be employed are entirely uncalled for and inappropriate. I should not have noticed the matter at all was I not aware that false statements of this kind often do an infinity of harm by deterring others from practising a mode of treatment as simple as it is at the same time beneficial. And my desire is that you will kindly give as much prominence to this true statement of the facts of the case as you have given to the false one, though inadvertently I have no doubt.

I am, Sir, yours, &c.,
Harley Street, London, George Harley.
Oct. 26th, 1896.

[We regret having conveyed an erroneous impression with regard to the size of the trocars used by Dr. Harley in "visceral phlebotomy," and gladly give insertion to his correction. We were under the impression that the instruments shown by Dr. Harley some years' since as used by him were considerably larger than the sizes mentioned above.]

Medical News.

Direct Representation—The Candidature of Drs. Glover, Woodcock, and Lovell Drage.

While "at press" we were favoured with a lengthy report of the meeting held at the residence of Dr. Ford Anderson, Hampstead, on the 21st in favour of the candidature of these three gentlemen. Coming as it did at the last moment we are unable to find space for the report, but the meeting would appear to have been a large and enthusiastic one in favour of the before mentioned candidates. Sir Wm. Broadbent moved a cordial vote of thanks to Dr. Glover for his past services, which was seconded by Dr. Danford Thomas, and carried unanimously. Dr. Westland moved the second resolution commending Drs. Glover, Woodcock, and Drage to the support of the profession in their candidature, which was seconded by Dr. Johnson and carried unanimously, and a vote of thanks to Dr. Ford Anderson concluded the meeting.

Direct Representation—Meeting at Manchester.

Drs. Wolstenholme and Broadbent have sent us a long report of a meeting of practitioners in East Manchester, held last week at the residence of Mr. Rowland Heathcote, Ardwick Green. All candidates were invited to the meeting, but only Dr. Alderson and Mr. George Brown, of London, were able to attend. These gentlemen delivered addresses on the various points that have arisen in connection with direct representation of general practitioners on the General Medical Council, after which cordial votes of thanks were voted to the two candidates. Owing to the present crowded state of our columns, we regret being unable to publish the report in full.

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Notices to Correspondents, Short Letters, &c.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DR. GRANVILLE BANTOCK'S letter on "Listerism" is unavoidably held over for want of space.

DR. CLARKE.—If possible, in our next.

DIRECT REPRESENTATION.

MR. R. W. WILLIAMS, of Ashton-under-Lyne, has sent us a letter under this heading, which, in fairness to the candidates, we are unable to insert. Our correspondent assumes that the election of two whom he names "is safe," and the only thing to be done is for the other candidates "to settle among themselves who should be the one to stand and the others to retire." He has no right to assume anything of the kind, nor have we, as all the candidates have pledged themselves to the electors, they are not likely to retire in favour of those he wishes to have a "walk over." For ourselves, we have throughout the contest avoided saying anything in favour of or against any candidate, and our columns have been thrown open impartially to all. The profession should, by this time, be in possession of sufficient information to guide them in their choice, and the sending out of such a letter as that of our correspondent is manifestly unfair, and likely to prejudice the chances of the candidates he seeks to aid.

ONE INTERESTED.—We understand the new entries have fallen considerably short this session, which, to the profession at least, is a cause for congratulation. The complete returns were not ready when we went to press, but we hope to supply the information you desire in our next.

EMBALMING.

WE are interested to note that a London firm is advertising that it is ready to undertake embalming. Its prospectus says that: "Success is guaranteed, without mutilation, without unclothing, or moving the body, without any effusion of blood, or the slightest alteration in figure or even in the lineaments of the face." We should anticipate that any firm which can faithfully carry out this programme will have its hands full, but we should like to have an opportunity of viewing the result of its embalming operations after, say, six months.

SALISBURY CRAIGS.—When our correspondence columns are a little less crowded than at present, we shall be glad to give space to the subject of your letter.

GOUT AND GOLF.

"SIR THOMAS GRAINGER STEWART, when mentioning the necessity for proper exercise in gouty patients, strongly recommended golf as 'that game which can be played for *ever*.' What will Professor Rutherford say to this? Sir Thomas is a Sabbatarian of established standing, he is a golfer, and an authority on gout. Professor Rutherford is the new-found champion of the anti-Sunday golfers, he is an authority on the noisiness of golf, and suffers acutely from gout. When his own colleagues take to openly advocating the Royal and Ancient game as a substitute for the harp and singing 'for ever and ever,' surely Professor Rutherford's beloved 'quiet (for his own pet avocation) Scottish Sunday' would seem to be in a bad way."—*Edinburgh Dispatch.*

DR. H. MACNAUGHTON-JONES'S letter on "The Special Dangers to Women of Cycling" is unavoidably held over on account of great pressure on our space.

DR. MACPHER.—Your letter is unavoidably crowded out.

DR. HAYES (Glamorgan).—Your cases of "Successful treatment of chronic inflammation and ulceration of the knee-joint by Corrigan's cautery" are marked for early insertion.

Meetings of the Societies

WEDNESDAY, OCT. 28TH.

HUNTERIAN SOCIETY (London Institution).—8 p.m. Clinical Evening. Dr. R. Hingston Fox: (1) Elephantiasis; (2) Lymphadenoma with Rheumatic Complications.—Dr. A. Davies: (1) Case of Renal Calculus; (2) Hypertrophy of Breast in a Boy.—Dr. Dawson, Mr. Oppenshaw, and Mr. Tubby will also show Cases.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20 Hanover Square, W.)—4.30 p.m. Council Meeting.—5 p.m. Dr. P. S. Abraham: Cases of Sarcoma Cutis, Devergie's Pityriasis Rubpilaris, Delhi Boil, and Sections of Yaws, to illustrate paper on Yaws in India by Dr. A. Powell, of Cachar.

FRIDAY, OCT. 30TH.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.—8 p.m. Cases by Mr. L. Browne, Dr. M. Hunt, Mr. W. Wingrave, Dr. Stoker, Dr. D. Grant, Mr. Lake, Dr. MacN. Jones, and Mr. F. Marsh. Dr. Milligan: Demonstration of Kirstein's Autoscope. Card specimen by Dr. Yardsley.—Paper:—Dr. Campbell: Respiration in Singers. Presidential Address by Dr. Milligan.

MONDAY, NOV. 2ND.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 p.m. Mr. Charters White: The Infiltration Process of Osseous and Dental Tissues. Casual communications by (1) W. Hern; (2) C. Robbins: A Case of Retarded Eruption. The President will deliver his Inaugural Address.

Vacancies.

City of Liverpool Infectious Diseases Hospital, Parkhill.—Resident Medical Officer. Salary £120, with board, lodging, and washing. Applications, accompanied by testimonials, to the Town Clerk, not later than 12 o'clock noon Nov. 4th.

County Asylum, Whittingham, Lancashire.—Pathologist. Salary £200, with apartments, board, washing, and attendance. Applications to the Medical Superintendent.

Gesto Hospital, Island of Skye.—Medical Officer,—Salary £200 per annum, with furnished house, fire, and light. A knowledge of Gaelic desirable. Full particulars of J. MacLennan, Solicitor, Portree.

Government Leper Hospital, Robben Island, near Cape Town.—Resident Medical Officer and Bacteriologist. Salary £500, with quarters and rations, the latter equivalent to £60 per annum. Applications, with testimonials, to the Agent-General for the Cape of Good Hope, 112 Victoria Street, London, S.W., on or before Nov. 5th.

Government Lunatic Asylum, Fort Beaufort, Cape Colony.—Medical Superintendent. Salary £300, with quarters and rations, the latter equal to about £60 a year. Applications, accompanied with testimonials, to the Agent-General for the Cape of Good Hope, 112 Victoria Street, London, S.W., not later than Nov. 5th.

Nottingham General Dispensary.—Resident Surgeon for a Branch Dispensary at a salary of £200 per annum, together with rooms and attendance. Particulars of the Secretary.

Parish of Birmingham Workhouse Infirmary.—Assistant Resident Medical Officer. Salary £100, with furnished apartments, rations (which do not include alcoholic liquors), coals, gas, laundry, and attendance. Applications must be made on a printed form to be obtained from me, not later than Oct. 31st.—Walter Bowen, Clerk to the Guardians.

Suffolk County Asylum,—Assistant Medical Officer. Salary £120, rising £10 yearly to £150, with board, residence, and washing. Applications, with testimonials, to the Medical Superintendent.

Wolverhampton Eye Infirmary.—House Surgeon. Terms £50 per annum, with rooms, board and washing. Applications to the Secretary on or before Nov. 5th.

Appointments

BADGER, W. S., M.B.Vict., a House Surgeon to the Royal Infirmary, Liverpool.

BAILEY, F. W., L.R.C.P., M.R.C.S., a House Surgeon to the Gynæcological Wards, Royal Infirmary, Liverpool.

BLATCHFORD, F. H., M.B., B.C.Cantab., House Surgeon to the Isle of Wight County Hospital, Ryde.

BOUCHER, ARTHUR HENRY, M.D., D.P.H.Camb., Medical Officer of Health pro. tem. for the Borough of Hertford.

BURROW, V., M.B., B.S.Durh., L.R.C.P.Lond., M.R.C.S., House Surgeon to St. Mary's Hospital, Paddington.

CHETWOOD-AIKEN, K. C., M.B., C.M.Aberd., Junior House Surgeon to the Royal London Ophthalmic Hospital.

CHRISTOPHERS, S. R., M.B.Vict., a House Physician to the Royal Infirmary, Liverpool.

GOSTLING, G. W., House Surgeon to the County Hospital, York.

GULLAN, A. G., M.B.Lond., a House Physician to the Royal Infirmary, Liverpool.

HEAD, HENRY, M.A., M.D.Camb., F.R.C.P., Assistant Physician to the London Hospital.

MACCORMAC, JOHN M., M.D.Durh., L.R.C.P., Physician to the Victoria Hospital for Diseases of the Nervous System, Belfast.

MARTIN, G., M.B.Vict., a House Surgeon to the Royal Infirmary, Liverpool.

NELSON, PHILIP, M.B.Vict., a House Surgeon to the Lock Wards, the Royal Infirmary, Liverpool.

STAHLKNECHT, B., M.B.Vict., a House Physician to the Royal Infirmary, Liverpool.

STOCKDALE, E. M., L.R.C.P., M.R.C.S., a House Surgeon to the Royal Infirmary, Liverpool.

Marriages.

BROADBENT—MONROE.—Oct. 16th, at the Parish Church, Dalkey, county Dublin, Walter, second son of Sir William H. Broadbent, Bart., M.D., to Edith, only daughter of the Right Honourable John Monroe, ex-Judge of the High Court of Justice in Ireland.

STIRLING—MARTIN.—Oct. 17th, at St. Mary's, Shortlands, Robert Stirling, M.A., M.D., eldest son of D. H. Stirling, M.D., of Perth, N.B., to Mary Elizabeth, eldest daughter of W. Bentham Martin, of Dunolly, Shortlands, Kent.

WALKER—BRACHER.—Oct. 20th, at St. Leonard's Church, Semley, J. Duncan Walker, M.B.Aberd., of Stalbridge, to Janie, youngest daughter of the late Thomas Bracher, Esq., of Semley, Wilts.

Deaths.

DAVEY.—Oct. 17th, at Hill House, Walmer, Richard Staines Davey, M.D., J.P., aged 65.

KANE.—Oct. 22nd, at Lanherne, Kingston Hill, N., Henry K. Kane, M.D., aged 48, eldest son of the late Matthew Kane, M.D.

KILNER.—Oct. 18th, suddenly, at his residence, Norman House, Bury St. Edmunds, John Kilner, F.R.C.S., aged 76.

MCSHANE.—Oct. 18th, at 26 St. David's Road, Southsea, Charles McShane, Inspector-General of Hospitals and Fleets, Royal Navy, aged 76.

PAWLETT.—Oct. 18th, at Essex County Asylum, Edmund Lawson Pawlett, M.R.C.S., aged 24.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

Vol. CXIII. WEDNESDAY, NOVEMBER 4, 1896. No. 19.

Original Communications.

THE PATHOLOGY OF ITCHING, AND ITS TREATMENT BY LARGE DOSES OF CALCIUM CHLORIDE—WITH ILLUSTRATIVE CASES. (a)

By T. D. SAVILL, M.D.Lond., D.P.H., Camb.,

Examiner in Clinical Medicine, University of Glasgow; Physician to the West End Hospital for Diseases of the Nervous System, London.

ETIOLOGICALLY considered, itching may be classified into primary and secondary pruritus. The latter corresponds to the pruritus which attends, and is secondary to the great majority of eruptions, and it is characterised by being more or less localised to the causative skin lesion. It is explained by the involvement of the nerve endings and the sensory nerve fibrils of the skin, in the lesion which produces the eruption; and it is usually proportionate to that lesion in severity. The reason that itching is absent in some strumous and syphilitic eruptions is explained, the author thought, either by their being suppurative and therefore destroying the sensory terminations; or by the nerve structures adapting themselves by reason of the indolent or chronic nature of the inflammation, as under other circumstances in cases which were quoted.

Illustrations of primary pruritus are found to be in the itching of jaundice, diabetes, in pruritus senilis, and in all skin conditions where itching is the primary, or sole local, feature of the case. The author also believes that the itching of lichen urticatus and prurigo comes under this heading. It is characterised by a tendency to become general or diffuse, and by the eruption, if there be any, coming out either simultaneously or subsequently to the pruritus—never before. The various hypotheses that have been suggested in explanation are then discussed, and the conclusion is arrived at that it is a *blood change* which is the real causative factor of the nerve irritation in primary pruritus, on the following grounds:—(1) The nerve endings and fibrils are always bathed in lymph. (2) Primary pruritus is always diffuse; any localisation can always be accounted for by scratching or rubbing of the clothes, as across the shoulders. (3) It has a tendency to be periodic and paroxysmal; and, in diurnal attacks, to occur after meals. (4) It is often produced and aggravated by certain dietetic articles, some of which are known to contain blood poisons, and the action of all these is difficult of explanation otherwise than by their action through the blood. (5) In the pruritus of jaundice, diabetes, gout, &c., a blood alteration is known to exist; and in all, the conditions for a blood change can by inquiry be revealed. (6) Certain drugs, notably morphia, hypodermically injected in large doses directly into the lymph, produces general pruritus, viz., that seen in prurigo, always has approximately the same characters; and moreover, the elements of this eruption resemble the elements of those produced by drugs and blood poisons. (8) The remedies, which have hitherto been found most efficacious in primary pruritus, are those which have a sedative effect on the nerves, or else a direct effect on the blood, *e.g.*, the carbolic acid suggested by Hebra. (9) Calcium chloride, which suggested itself to the author on the foregoing grounds has been proved to have a marked action on the blood by increasing the coagulability. (a)

As regards the nature of the blood change, it is difficult to arrive at a conclusion in the present state of our knowledge; but it is probably due to the presence of some imperfectly elaborated nitrogenous product.

The author gives seven illustrative cases, as follows—

CASE I.—*Pruritus with Attacks of General Urticaria.*—Amy S—, æt. 19, a servant, had suffered for three months from attacks of intolerable itching accompanied by an urticarial eruption scattered over the limbs and trunk. The itching, which was always worse at night time, and uninfluenced by any alteration in diet, was always present in some degree, but the eruption came out at intervals of a few days, and lasted for about forty-eight hours at a time. It had been worst on the thighs, in which situation a mottled erythema was visible when she was first seen on March 13th, 1896. She was ordered calcic chloride, 20 grains thrice daily after food, and a warm creolin bath each night, and immediately experienced relief from the severe tingling and eruption. (b) On April 10th, after a week's costiveness, and being short of medicine, the eruption and irritation reappeared slightly on the arms for two days, but with this exception there has been no return of the symptoms. This patient had for a long time suffered from constipation, but it was untreated until April 10th. On May 1st, after the symptoms had entirely disappeared for two or three weeks, she ceased taking the medicine. When last seen on May 29th it was noted that she had had no return, and only came up to express her gratitude.

CASE II.—*Pruritus.*—Mary A—, æt. 45, had suffered from an "irritation" of the skin more or less for three years, which was worse at night or whenever she got warm. She stated that there was no visible eruption at any time, but that she made herself sore "with scratching." On April 21st, when she first came to the Blackfriars Skin Hospital, she was ordered calcic chloride, 20 grains three times a day. On May 5th, the irritation was so much improved that she was able "to sleep in a manner that she had not done for a great many months." Complained that the medicine made her "feel giddy." However, the dose was increased to 25 grains. May 15th.—Improvement still continues; slight scurfiness of face, which disappeared in a day or two. May 23th.—The improvement is maintained, and she is now very comfortable. After this the dose was gradually reduced, and she made a good recovery.

CASE III.—*Prurigo* (c).—William C—, æt. 58, came under care at the Blackfriars Skin Hospital on January 31st, 1896, complaining of itching, which was so severe, especially at night time, that he felt as though he could "tear himself to pieces." He had gouty tophi in the ears, but there was no eruption on the skin visible at that time. He stated that the disease had existed continuously for upwards of twelve months, and that occasionally he had a

(a) Abstract of a paper read before the Medical Section of the British Medical Association, August, 1896.

(a) Prof. Wright (of Netley). "Trans. Royal Society." Vol. 55, 1894. And elsewhere.

(b) She ceased the baths after three days, but the improvement was maintained.

(c) Prurigo may be briefly defined as an eminently chronic disorder characterised by excessive itching, and the appearance of small papules, discoloured thickenings of the skin, and sometimes urticarial patches, principally on the back and extensor surfaces.

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few pimples. He was, on January 31st, ordered warm creolin baths, tar and mercury ointment, and arsenic, but derived no benefit. On February 28th, 1896, he was ordered bromide of ammonium, 15 grains thrice daily, but this gave him no relief. On March 13th, calcic chloride, 20 grains thrice daily after meals, was given, the baths being continued as before, but all the other remedies omitted, and he at once began to improve. On March 20th the dose was increased to 30 grains, and on April 17th he made the voluntary statement that "the improvement has been more rapid since the medicine has been stronger. It causes no disturbance of my stomach, but seems rather to increase my appetite." May 22nd.—The irritation had almost completely gone, but five days ago he ran short of medicine and it at once returned. On this day he had some discoloured thickenings of the skin and a few scattered papules, the apices of which were scratched off, on the back of upper arms and across the shoulders. These had appeared since leaving off the medicine. He stated that while taking the medicine he was "able to sleep, but when without it he cannot sleep for the itching." Dose increased again to 30 grs. The recovery of this patient was much hindered by his addiction to ale. It became quite clear that whenever he took the medicine regularly and avoided beer he was free from itching and pimples, but that the symptoms returned when he failed in either; though occasionally one glass of beer would not have the effect if he took the medicine regularly.

CASE IV.—*Prurigo.*—John A—, a horsekeeper, æt. 57, came to the Blackfriars Skin Hospital on April 10th, 1896, complaining of severe general itching from which he had suffered more or less for twelve months, and which at times was so severe as to entirely prevent him from sleeping. At times it was accompanied by little "pimples" scattered over his body. When the attacks, which usually lasted five or six weeks, came on; the itching began first, and then the pimples came out a day or two later. He was first ordered a weak tar and mercury ointment, and warm mild tar-baths daily; but derived no benefit. On May 8th the itching was as bad as ever and he presented the papules and erythematous mottlings (which he said came out worse when in bed) characteristic of prurigo. On this day he was ordered calcium chloride, 20 grs., thrice daily without any other internal or external remedy, and experienced immediate relief from the itching and the papules began to fade, so that he was able to do his work and to sleep with comfort. He continued the remedy for six weeks excepting for three days when he ran short of it, and then the itching and papules at once returned. The symptoms were promptly relieved on resuming the medicine, and when seen on June 12th, all symptoms had disappeared; and they have not returned up to the present time (July, 1896).

CASE V.—*Prurigo.*—Henry S—, æt. 78, came to the Blackfriars Skin Hospital on May 23rd, 1896, complaining of intolerable itching during the past four months which prevented him from sleeping, and made him feel ill and weak in consequence. Scattered over the body were a few isolated papules topped by blood-stained scales, nail marks and faint, bruise-like discolorations. He was at once put on calcium chloride, grs. 20, and no other remedy. May 29th.—"Itching and eruption very much better;" dose increased to 25 grs. June 5th.—"Itching and papules quite gone now, except a little irritation behind the ears and shoulders at night time." Dose reduced to 20 grs., and sp. æth. and sp. chlor., āā ɱ 15 added for the cardiac failure. The remedy was gradually reduced, and he made a good recovery.

CASE VI.—*Prurigo.*—Isabella F—, æt. 48, stated she had been affected with what she called "nettle-rash," and severe itching, for twelve months, in varying degrees, though they were never quite absent. The eruption, when seen on February 23th consisted of the papules and erythematous mottlings of prurigo. She had always been very "nervous and emotional," trembling, and losing her voice, and having "hysterical feelings," on the least excitement. For some months prior to the appearance of the eruption and itching, these symptoms had been much worse, owing to the anxiety caused by the illness and death of her husband from insanity. She was at first (February 28th, 1896) treated with sulphate of quinine, 5 grs., three times a day, for two and a half weeks, but without success. On March 17th, she was ordered calcic chloride, 20 grs., three times a day. The very next day there was improvement, and at the end of a week, she was quite free from the eruption and itching. Unfortunately, she ran short of medicine on March 27th, and in twenty-four hours the itching returned, and the eruption slightly reappeared. On March 31st, calcic chloride was resumed, and again she experienced immediate relief, both from the itching and the eruption. On April 20th, she left town and ceased the medicine, and on the 23rd she was again seized with violent itching, though there was nothing, she said, to be seen on the skin. The itching got worse and worse, and on the 25th, eruptions appeared on the back, arms, and legs, consisting of "soft lumps and hard spots." The lumps were like white and red "wheals," she said, and the spots were some red and some white. Both the lumps and the spots came out together. The eruption subsided a little in four days time but the itching persisted and seemed as though it would "drive her mad, causing her to give up all work and social engagements." The itching had now lasted continuously for over four months, except for two periods of ten and twenty days respectively, while taking calcic chloride. When I saw her on May 13th, there was still some eruption of the back and extensor surfaces of the arms, consisting of the elements as described by her. She had suffered very great depression during this latest exacerbation and since the advent of the disease had lost flesh. On May 13th, she again resumed calcic chloride, and again experienced great relief. May 20th, relief still continues and rash has now faded, only a few stains being left. The medicine has been combined with creolin baths for last six days. Two weeks later the dose was gradually diminished and then ceased without any return of the symptoms.

CASE VII.—*Prurigo, with Definite Intercurrent Attacks of Acute Urticaria.*—Theresa S—, æt. 46, statedthat she had been affected with "nettle rash" more or less for *eleven years*, and applied at the Blackfriars Skin Hospital on May 8th, 1894. She stated that at times the attacks were very severe, "the face and the eyes swelled up, and red blotches came out on the body and limbs," attended with intense irritation. At first the attacks only came on in the spring and fall of the year, and when she was out in the air, and lasted only for twelve or twenty-four hours; but at the present time she was hardly ever free from the rash and itching, and she had an exacerbation at some time every day, generally after her evening meal, lasting for two or three hours. When first seen, May 8th, 1894, she was treated with arsenic and hot tar baths for six weeks. Later sulphate of quinine, 5 grs., thrice daily and creolin lotion were tried from June to November, 1894, from June to October, 1895, and from January to April, 1896. But these remedies gave her only merely partial and temporary relief. On May 1st, 1896, she had a very severe attack, during which she said that her face and eyes had swelled up, and that burning lumps had appeared on the skin. When she came to the hospital in the afternoon, all these symptoms had disappeared. On that day she was ordered calcic chloride, 30 grs., thrice daily. May 15th—only slight improvement in the irritation, the eruption had appeared every day in spite of the medicine. The patient stated that she had no visible eruption now, but a thorough examination on this day revealed a number of hard papules with the usual blood-stained scabs on their apices, scattered over the back and extensor surfaces, making it evident that the case was one of prurigo. However, the calcium chloride was continued, and the dose increased to 35 grs. On May 29th she stated that she had been free from all symptoms for two weeks, excepting the last two days, when she had been without the medicine. "This was a longer interval than she had for several years." On resuming the medicine, still in 35 grain doses, relief was again obtained, and continued as long as she took the remedy. This is the most inveterate of the cases in which calcic chloride was tried, and will probably require a proportionate length of treatment.

REMARKS.

As to the efficacy of calcium chloride in relieving the itching, the patients themselves—who are in these circumstances the best judges—have no doubt whatever, and are loud in their expressions of gratitude. The above cases are selected as illustra-

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tions because they are less complicated, and because the pruritus was in all of them a most pronounced symptom. In all of these cases the itching was relieved, and the eruption, if any existed, disappeared at the same time. I have not so far met with any absolute failures, though sometimes the dose has to be considerable and continued for several weeks, especially in long-standing cases. In Cases III, IV, VI, VII, a cessation of the remedy was attended by a return of the symptoms, which disappeared again on its resumption, all the surrounding conditions remaining the same all the while. This, which corresponds to Mill's double method of agreement and difference, is the best kind of evidence obtainable as to the efficacy of any drug. This was particularly noticeable in Case VI, where it occurred on two occasions.

Four of these cases are of especial interest, because other remedies had been previously tried and had failed to give relief either to the eruption or to the itching.

Thus, in Case III—warm tar-baths, ointment, arsenic, and bromide of ammonium; in Case IV—tar-baths, and a mercury and tar ointment; in Case VI—sulphate of quinine in large doses; in Case VII—arsenic, sulphate of quinine, tar-baths and lotion, over a long period of time, had all been tried without producing any evident amelioration. In several of these cases, though I have no records showing which ones, a regulation of the dietary had also been adopted, but until the calcium chloride was administered no benefit had ensued. The opportunity of trying the remedy in children for the itching that accompanies urticaria, has not presented itself, but there is every reason to believe it would be equally efficacious in them also.

Mode of Administration.—The doses must be considerable, not less than 20 grains three times a day, and should be gradually increased; 30, and even 40 grs. have often succeeded where less have failed; the Pharmacopœia dose is 15 to 20 grs. If administered after meals and in a wineglass of water, it is surprising how little these large doses upset the stomach; and I have never known it produce vomiting. Patients sometimes complain that it makes them thirsty; and to cover the salt taste it is best administered with a drachm of tincture of orange peel and one ounce of chloroform water, in which form it is really an agreeable medicine, and would be well taken by children. It is important that the diet, at the same time, should be regulated; no beer, sugar, or sweets, being allowed, and meat only in very moderate quantity. The recovery of Cases III and VI was certainly retarded by neglecting this. It is also important to keep the bowels acting freely. This was evident in Case I. Although improvement is generally noted after the first dose, complete recovery is sometimes not obtained until the blood becomes saturated with the remedy, and the dose must be increased until this is accomplished; in long standing cases, perseverance is necessary, *e.g.*, Case VI. Success may follow doubling the dose if 20 grs. do not succeed. The remedy seems to take longer to act in old people and inveterate cases. Case VII for example, though Case II yielded more readily. When recovery is obtained, the dose should be gradually, not suddenly, reduced; and it is very important that the remedy should be continued for at least one to three weeks after all symptoms have disappeared.

It is not possible yet to indicate precisely which cases are most suitable for this treatment, but it is worth while trying it in all cases where itching is a pronounced feature; and if this small contribution shall have been the means of affording relief in this troublesome condition, my object will have been achieved. In most of the cases an actual cure has resulted, but in a few of very long duration, including Case VII among the foregoing, relief was obtained only so long as the drug was being taken. Nevertheless, cure will probably result, with perseverance, even in these.

Note.—Since reading the paper at the Meeting of the Association, the author has received ample confirmation of the efficacy of the drug, in the shape of numerous communications. Among these may be mentioned a lady who had been the victim of pruritus ani and vulvæ for thirteen years, was cured in three weeks, and has had no return. Another case, a medical man, retired from practice, who had suffered from general pruritus for many years, was cured in five weeks by taking doses of 10 grs. thrice daily. The latter is interesting as showing that sometimes smaller doses are efficacious when continued for some time.

Upper Berkeley Street, W.

HYSTERECTOMY WITH ESPECIAL REFERENCE TO THE TECHNICS OF THE VAGINAL ROUTE. (*a*)

By FREDERICK HOLME WIGGIN, M.D.,

Visiting Gynæcologist to the City Hospital, Blackwell's Island, and Surgeon to St. Elizabeth's Hospital.

So much attention is concentrated at the present time upon everything pertaining to hysterectomy, especially upon the selection of the route by which the uterus shall be attacked—whether vaginally or abdominally—as well as upon the indications for its performance, its technic, and its results, by those interested in the department of surgery known as gynæcology, that the following observations may prove of interest, and serve as an introduction to the further discussion of this important subject.

The chief indications for the performance of hysterectomy may be stated as follows:—

1. Uterine neoplasms.
2. Tubular or ovarian disease, when the organs on both sides are affected.
3. Ectopic pregnancy, when the tube opposite to the one in which gestation occurs is diseased.
4. Some cases of puerperal sepsis.
5. Some cases of pelvic suppuration.
6. Metrorrhagia due to endometritis, when the patient is very anæmic and other means have failed to afford relief.

The selection of the method, whether vaginal, abdominal, or a combination of the two, by means of which the diseased uterus shall be removed, will at the present time depend largely upon the size, benignity, or malignancy of the tumour, and upon the character of the adhesions which exist in a given case, as well as upon the personal experience and predilection of the individual operator.

The results following upon the performance of hysterectomy by the average operator may be stated at the present time to be represented by a rate of mortality of fifteen per cent., whether the vaginal or abdominal route is folowed; while in the hands of more experienced men the death-rate has fallen as low as 2 9 per cent. This latter result has been recorded by Jacob as following upon four hundred and three uterine extirpations by the vaginal route performed by him.

The patient is best prepared for the operation by the administration of a cathartic on the evening of the third day preceding the time set for its performance, rather than by administering it, as is usually the case, on the previous evening. The longer interval allows the patient to recover from the depressing effect of the medicine. During this time solid food should not be

(*a*) Paper read before the *alumni* of Bellevue Hospital, 1896 Inserted from advanced proofs sent by author.

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allowed, and each evening the patient should be given a warm bath, and a vaginal douche of boric acid and bichloride solutions after the bath and douche have been given on the evening prior to the day of operation. The abdominal wall, thighs, and external genitals should be shaved, and, after thorough washing with a bichloride solution, a compress wet with the same is applied and bound on to the abdominal wall over the site of the proposed or possible incision. It is allowed to remain in place until the patient is placed on the operating table, or until it is desired to incise the abdominal wall. It is well, in all cases, to prepare the patient, as has been described, for both a vaginal and an abdominal operation, for it frequently happens that the operator, beginning his work by one route, is obliged to finish by the other.

The operation should be performed as early in the day as possible. If, however, it must be postponed until the afternoon, the patient may, on awakening, be given a peptonised milk punch. A large enema should be administered at least six hours before the time set for the operation. The patient is anæsthetised, and is placed in the lithotomy position, the thighs being held in place by means of a Clover crutch. After catheterisation, the external genitals and vagina are once more scrubbed, and the vagina is douched with a bichloride solution. The exposed portions of the patient's body, not in the field of operation, are covered by sterilised towels. The perineum is retracted by means of a Simon retractor, and the cervix is seized by a bullet forceps and drawn downward. A double uterine catheter is passed into the uterine cavity, and it is washed out with a bichloride solution. The cervical canal is next cauterised with the Paquelin cautery, and is closed by sutures passed through the lips of the os. The parts are finally irrigated with bichloride and saline solutions.

The cervix is next drawn forward and upward, and the forceps held by an assistant while an incision is made around the cervix, through the vaginal wall, and then with a pair of blunt scissiors, curved on the flat, the tissues are divided posteriorly until Douglas's pouch is reached. This is opened, first by an incision, and then by opening the blades of the scissors widely, divulsing the tissues. A needle, armed with silk, is now passed through the peritoneum and the posterior vaginal wall, in one or two places, and this is tied so as to prevent the slipping away of the peritoneum. The cervix is next drawn downward and forward as far as possible, and the anterior vaginal wall is picked up with another pair of bullet forceps, about a third of an inch below the meatus urinarius, and an incision is made with a scalpel through the anterior vaginal wall, beginning at this point and continuing to the cervix. The flaps are dissected laterally as far as possible, in order that sufficient room for manipulation may be had. Needles armed with heavy silk are passed through either flap, the silk tied, and the ends, which are left long, are held by assistants, thus retracting the tissues. A sound is introduced at this juncture into the bladder, with the curved beak turned outward, which procedure sharply defines its lower border and the union with the cervix. Below this latter point a curved transverse incision is made with a scalpel, and the bladder is separated from the uterus by blunt dissection with the fingers. This diminishes the chance of injury to the vesical wall, and, as the ureters are pushed up out of the way, there is practically little danger of their being included in the ligature, which is passed about the uterine artery of either side. This obviates the necessity of employing Kelly's ureteral bougies. The vesico-uterine fold of peritoneum is next drawn down and incised by scissors. The pelvis is now elevated somewhat, and the bladder and intestines are seen to fall away from the vaginal wall and uterus. The pelvic cavity can now be explored by sight as well as by touch. A needle, armed with heavy silk, is passed as near the fundus of the uterus as possible, and the organ drawn forward. There is usually little difficulty in delivering the fundus and bringing into view the broad ligaments and the adnexa. The ligaments are folded over upon themselves. A curved needle, armed with heavy silk, should be passed through this folded broad ligament on either side, and the ends left long, so that in case of hæmorrhage after the tissues are divided and retracted they may again be brought into view. The ovarian artery can be felt, and is best ligated by passing a curved needle, armed with catgut, directly around it, as little tissue being included as possible. The ligature is tied and its ends are cut off short. The round ligament is also tied in a similar manner before division. The ovarian vessels and round ligaments on both sides having been ligated and divided, the fundus is released, and the uterine vessels are secured as closely as possible to the uterus. The remaining tissues are divided, and the uterus and adnexa removed.

When reliable catgut, preserved in alcohol, can be procured, it should be preferred for ligature material, as it absorbs moisture and swells rapidly after it has been applied, thus holding the parts more tightly than when it is first tied. The vaginal wound is closed, but not until the vaginal wall on either side has been attached to the stumps of the broad ligaments. After irrigation, the vagina is loosely packed with iodoform gauze. Many operators, especially the French, use clamps to secure the vessels, and while this method has the advantage of being more rapid, the ligation of the vessels is in many ways preferable, especially as it admits of the closure of the wound. The use of the clamp would seem to increase the danger of septic infection of the peritoneum, and of the formation of intestinal adhesions. If they are used, they should, after their handles have been securely tied, be left in place for sixty hours, when they should be cautiously removed. The vagina is then to be douched with boric acid solution at a low pressure, and this treatment is continued daily unless a rise of temperature occurs, in which case it should be followed by a douche of bichloride, 1 to 4,000. It is important that the elevation of the reservoir containing the fluid be not great, for there is some danger that the newly-formed adhesions may be ruptured. This danger does not exist when the vessels are ligated and the wound is closed.

Usually the operation is followed by little pain; but if the patient is restless and complains there would seem to be no good reason why morphine should not be given.

If the conditions are such that it has been decided to extirpate the diseased uterus by means of an abdominal incision, then, after the patient has been prepared as hitherto described, vaginally as well as abdominally, and placed under the influence of the anæsthetic, the compress is removed, and the integument is finally prepared by scrubbing and washing it with alcohol and ether and bichloride solution. The patient's chest, upper abdomen, and limbs are covered with sterilised towels, and the operator begins by opening the abdominal cavity by an incision a little to the left of the linea alba, separating the fibres of the muscle after the division of the fasciæ. After the opening of the peritoneal sac, a needle, armed with heavy silk, is passed through all the layers at several points on either side, and the ends of these sutures are left long after they are tied, so that they may be used to retract the parts as well as to prevent the separation and displacement of the different layers. The patient is next placed in the Trendelenburg position, and the tumour examined. If proved not to be of a malignant character, the following technic is employed:—

The right or left ovarian vessel is ligated near the pelvic brim and a clamp is placed toward the uterus, and, cutting between ligature and clamp, the round

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ligament of the same side is tied off near the uterus and divided, and the two incisions are connected in order to open up the top of the broad ligament. An incision is now made through the vesico-uterine peritoneum from the severed round ligament across to its fellow, freeing the bladder, which is now pushed down with a sponge so as to expose the supravaginal cervix. The body of the uterus is now pulled to the opposite side to expose the uterine artery low down on the side opened up. The vaginal portion of the cervix is located with the thumb and forefinger, and the uterine artery is seen or felt, and is tied just where it leaves the uterus. The cervix is now cut completely across just above the vaginal vault, severing the body of the uterus from the cervical stump, which is left to close the vault. As the last fibres of the cervix are severed or pulled apart, while the body of the uterus is being drawn up, the other uterine artery comes into view, and is caught with artery forceps about an inch above the cervical stump. Rolling the uterine body still farther out, the right round ligament is clamped and cut off, and lastly, the ovarian vessels on that side are clamped and divided at the pelvic brim. Ligatures are now applied, and the operation is finished by closing the cervical tissues over the cervical canal, and then by drawing the vesical peritoneum and anterior layers of the broad ligament over the entire wound area and attaching it to the posterior peritoneum by a continuous suture.

The chief advantages claimed for this technic are, the rapidity with which it can be performed, lessened danger of injuring ureters, and greater facility in shelling out sub-pelvic peritoneal fibroids and breaking up adhesions. The operation is finished by closing the abdominal wound without drainage.

If it is desired to use the combined method, as in cases of malignant disease of the uterus, the operation is begun by incising the vaginal mucous membrane all around the cervix, opening Douglas's pouch, separating the bladder from the anterior surface of the uterus, and ligating the uterine artery on either side of the uterus. Iodoform gauze is then placed in the vagina. The patient, after the removal of the abdominal compress and proper preparation of the abdominal integument, is placed in the Trendelenburg posture and the abdomen rapidly opened. The ovarian vessels and round ligaments are tied off and divided, and the diseased parts removed. The wound in the pelvic floor is repaired in the usual manner; the sutures are placed in the abdominal wall, passing through all the layers, and the patient is lowered into the horizontal position. The abdominal cavity is now flushed with hot saline solution, a quantity of which is allowed to remain in the cavity, and the sutures already placed in the abdominal wall are drawn up and tied loosely. The swelling of the tissues which soon follows their division is depended upon to bring the edges of the skin into close contact. Acetanilide powder is dusted over the line of the incision, and over this the usual dressing of gauze is placed, and retained in position by straps of adhesive plaster.

The author brought forward reports of eight cases on whom he had performed the operation by the foregoing method. In two instances the uterus was dealt with by the combined method, in two others by the abdominal route, and the remaining four by the vaginal. Seven of these recovered, and one succumbed. He then expressed his belief, founded both upon his own experience and his observation of the work of other surgeons, that while in many instances the vaginal route will prove entirely satisfactory, yet in those cases where the tumour is of large size, or firm adhesions exist, the abdominal operation and the technic advocated by Kelly, will prove more satisfactory; while in still another class of cases, especially those of a malignant character, the combination of the lower and upper routes, offers decided advantages over either of the other methods, and will afford the most favourable results for both the patient and operator.

THE SPECIAL DANGERS TO WOMEN OF CYCLING.

By H. MACNAUGHTON-JONES, M.D., M.A.O., &c.

So frequently are we now consulted on the subject of cycling, and on the prudence or imprudence of the exercise in individual cases, that it may be well to summarise those contra-indications to the use of the bicycle, of which it is necessary to speak emphatically to patients and their friends.

The rage for cycling which has developed among women of all classes within the last few years, must seriously affect, according as the exercise is abused or otherwise, their health. This may be looked at from two points of view: either from that of its influence on the general health, and thus indirectly on the sexual organs and generative functions of the woman, or, more directly and immediately, on these organs themselves. Already I have seen several cases in which imprudence, both in the distances ridden and in the speed of riding, has impaired the health, causing both irregularity and irritability of the heart's action, and inducing general constitutional weakness, and, in some instances, anæmia has followed arrest of the menstrual function and attendant dysmenorrhœa. The difficulty of emptying the bladder, and the risks of over-distension, are, in the female, particularly liable to lead to irritability of the organ, incontinence of urine, and retroversion of the uterus. Obviously, prolonged pressure on the external genitals must affect all the parts from the coccygeal structure to the os pubis. Sufficient time has hardly, as yet, elapsed to enable us to form any accurate opinion on the permanent effects that may follow in a certain proportion of cases from the constant use of the bicycle. There are, however, some points on which it is right to caution women and young girls who may be over-enthusiastic in the use of the wheel. Many women of advancing years are learning to ride. During the period of the menopause, more especially if they suffer from disturbances in the menstrual functions, cycling may have deleterious effects, and should not be practised without advice, certainly never when there is a natural or erratic epoch present, or if the heart be functionally affected or the patient be anæmic. Those who have backward displacements of the uterus or who suffer from prolapse, even with the correction of a support, must be careful in riding, if indeed, they ought to do so under any circumstances. Younger women who suffer from menstrual irregularities and displacements or any degree of prolapse, had better not ride while under treatment. There may be exceptions to this rule, but they must be regulated by the individual peculiarities of each case, and by medical advice. How far cycling may affect the coccygeal structures one can only surmise from the results of horse exercise. Coccygodynia and "painful sitting" we know are occasionally attendant upon the latter. The more even motion and less jolty of the bicycle is not so likely to cause it. But prolonged sitting on the saddle may. The young girl who is anæmic, with functional hæmic bruit, should not ride, or should at least be cautioned not to do so to the point of over-exertion or fatigue. All "scorching" should be discountenanced. Women afflicted with hæmorrhoids should not ride. Women now ride so well, and are taught so generally to maintain the erect position in the saddle, that it is hardly necessary to refer to the danger of the forward attitude, and there can be little doubt that the saddle with the falcon pommel may prove a serious source of sexual excitation, and does frequently produce great

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tenderness and considerable irritation. The character of the saddle is a matter of great importance to the woman cyclist. *The good pneumatic saddle should be so constructed as to support well the ischia; it should not press on the external genitals or the coccyx*, while *there should be no projection under the pubes.* I have thus emphasised some of the precautions that must be observed by those who cycle, but the benefits which are derived from this exercise by the great majority of women who indulge in it are not to be underestimated.

Cycling, practised within moderation, is a most healthful recreation and exhilarating exercise, attended with many desirable physiological effects on the woman, both mental and physical. It enables women to enjoy open-air exercise who would otherwise be deprived of it, and for many of the cases in which in the past "vicarious" exercise, wrongly so-called, in the shape of "massage," has been recommended, it offers a much more satisfactory substitute. The perfect stationary bed-chamber cycles which are now made in France can be well used by those who are not in a position to travel on the ordinary machine.

A NEW UTERINE FLUSHING CURETTE.

By ARCHIBALD DONALD, M.D., M.R.C.P.Lond.,
Honorary Surgeon to St. Mary's Hospital, Manchester.

THE employment of a Flushing Curette has certain advantages over the plan of first using a simple curette and then washing out the uterine cavity by means of a double channelled tube. It removes all tissue as it is detached, washes out the blood before it has time to clot, and by its use we make one instrument do the work of two. But the flushing curettes in common use suffer from several grave defects. The faults in the ordinary type of instrument are as follows:—

(1) The stem is much too narrow; in consequence the stream which flows through is small, and the least portion of *débris* is sufficient to block the channel altogether; further, the instrument is very easily bent or snapped at the junction of the stem with the handle.

(2) The curetting portion is much expanded in comparison with the stem. The result of this is that after scraping it is sometimes a difficult matter to withdraw the curette, as the irritation of the uterus often causes contraction of the muscular fibres of the internal os.

To obviate these defects I have modified the instrument in the following particulars:—

1. The stem of the instrument is of considerable thickness (corresponding to No. 14 of Matthew Duncan's Uterine Dilator). In this way a good flush of water is obtained.

2. The curetting portion is of the same width as the stem, so as to permit of easy withdrawal. A slight bend forwards is given to the cutting portion, so as to allow it to come in contact with a flat surface.

3. The under surface of the stem (that corresponding to the cutting edge of the curette) is grooved after the manner of Budin's uterine tube. The object of this is, of course, to allow a good return flow and prevent over-distension of the uterine cavity. The sectional area of the groove should be larger than that of the lumen of the tube.

The method I adopt in curetting is to pass Duncan's solid dilators up to No. 16, and then to pass in the curette, which, from one point of view, exactly resembles No 14 dilator. For curetting soon after incomplete abortion, when the cervix is easily dilatable, a larger instrument is employed.

I have used this form of curette in a large number of cases during the last twelve months, and am very well satisfied with it. It is made by Messrs. Arnold and Sons, London, who have taken much trouble to meet my wishes.

Transactions of Societies.

HARVEIAN SOCIETY.

MEETING HELD THURSDAY, OCTOBER 15TH, 1896.

W. H. LAMB, M.B., in the Chair.

MR. JOHN GRIFFITH, F.R.C.S., read a paper on the

CAUSES OF SUDDEN BLINDNESS AND THEIR DIFFERENTIAL DIAGNOSIS.

The author illustrated his paper by means of the lantern. He introduced the subject with a few prefatory remarks on the origin of the ophthalmoscope and its value in the diagnosis of obscure diseases. Bright's disease was stated by the author to be the most common constitutional complaint giving rise to sudden blindness, but even in this affection sudden failure was the exception, not the rule. Amaurosis from uræmia was unattended with fundus changes, and the loss of sight was complete, yet in 75 per cent. of the cases the pupil readily responded to light. Many vascular changes were referred to, embolism, thrombosis of central artery, thrombosis of central vein, hæmorrhage into the optic nerve-sheath, macular hæmorrhages, including the sub-hyaloid variety, also functional disorders, arterial spasm provoked by drugs, and certain nerve complaints. Sudden failure of sight in homonymous hemianopsia, he pointed out, was almost invariably referred to the eye, in which the temporal failure existed. In conclusion, Mr. Griffith said that acute glaucoma was the cause, above all others, of rapid failure of sight, and emphasised the importance of its early recognition lest a supposed hepatic trouble should receive the sole attention. Mention was made of sudden blindness in cases of retinal detachment, especially those of myopia and intra-ocular growths.

Mr. W. H. LAMB mentioned a case of temporary blindness following what was considered a slight diphtheritic attack.

Dr. CLEVELAND remarked that the author had not included tobacco among the drugs which might cause amaurosis. He had lately been told of an acquaintance whose rather sudden blindness had been attributed to excessive smoking. He wished to inquire if such a consequence was probable.

Dr. DAWSON mentioned a case of a man, æt. 62, a smith, who, in good health, went to work as usual on the morning of 20th September, but in the afternoon, from failing sight, had to be led home. Dr. Dawson saw him the next morning. He could barely detect light from darkness. From all accounts, he had led a fairly steady life, and gave no history of a blow or violence Mr. Juler examined him a day or two after at St. Mary's Hospital, and found sparkling bodies in the vitreous humour of each eye, synchisis scintilans—but no other pronounced ocular lesion. Mr. Juler looked upon these iridescent particles as signs of senility, and considered there was little to be done beyond improving the general health. In replying to questions his faculties seemed lethargic. When last seen his physical condition was improved, but the loss of vision remained.

Mr. SPENCER HURLBUTT remarked a case he had lately under observation, in which rapidly failing eyesight led to the discovery of Bright's disease. He wished to know if there were any special signs in the renal eye which were of prognostic value, as in the case cited the disease proved fatal in a few weeks, while from the condition of the patient and the state of the urine a fairly favourable prognosis had been given by two eminent authorities.

After further remarks by the CHAIRMAN, Dr. PEGLER, and Dr. CAGNEY, Mr. GRIFFITH replied, and the meeting adjourned.

IT is officially announced that since the return of the North Staffordshire Regiment from the Upper Nile to Cairo, thirty-four cases of enteric fever have been admitted into hospital. Seven deaths occurred.

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France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Oct. 31st, 1890.

PERITONITIS.

At the last meeting of the Académie de Médecine, M. Dieulafoy spoke on surgical intervention in the peritonitis occurring in typhoid fever. Up to the present, two kinds of peritonitis in this affection are recognised: the peritonitis due to perforation of Peyer's patches and of the closed follicles; that which is considered due to the extension of infectious process through the ulcerated intestine but unperforated. This form, which is less grave than the first named is called peritonitis by propagation. Peritonitis by perforation comes on generally during the periods of relapses of the typhoid fever, and manifests itself by the usual symptoms of perforation, abdominal pain, vomiting, hiccough, etc., and a sudden fall in the temperature. In three patients he saw the temperature fall below 95° and this brusque descent was due to perforation. The symptom consequently was very important as it was one of the surest signs of perforation, which, he need not add, was of the very gravest moment for the patient. It was only in very rare cases the peritonitis became circumscribed by reason of the formation of protective adherences, and that the patient recovered,

It was such cases that gave origin to the hypothesis of peritonitis by propagation. The denomination had been created by Trousseau and since then all authors admitted this variety of peritonitis, but which was in reality a peritonitis due to a lesion of the appendix, ulceration or simple inflammation.

Medical treatment was frequently ineffectual, but was always tried. The theory was to immobilise the intestines by small doses of opium every hour, the suppression of every kind of drink, and the application of ice to the abdomen.

Surgical intervention gives a chance to the patient and should be attempted both in appendicitis and in peritonitis from perforation. In the latter case, however, the speaker recognised t there was considerable difficulty in fixing the opportune moment of the operation.

A CASE OF LETHARGY.

A singular case of prolonged lethargy is reported from Thénelles in the neighbourhood of Saint Quentin. In an humble dwelling in that village lies a young woman, æt. 35, who has been in a cataleptic condition for the last thirteen years. She was visited by a doctor some nine years ago, who pronounced it a case of hysteria. A few days ago he returned to the house and was much surprised to see his patient still alive but in the same condition. She lies on the bed, on her back, breathing slowly but regularly, and the heart beats normally. The face is the colour of wax and emaciation is extreme. She receives a little milk from time to time through an aperture in the mouth, formed by the absence of two or three teeth, otherwise her jaws are firmly contracted. The mother told the doctor that her daughter got the first attack from a fright received in the month of May, 1883. Several convulsive seizures followed, and finally the patient relapsed into her present condition. The doctor, who had called in one of his *confrères* to examine the case, tried to persuade the mother to allow her daughter to be brought to a hospital, where she would have every attention, but was met with a decided refusal, so this interesting case will only serve the prurient curiosity of the villagers, who have already christened the girl "marmotte."

SUICIDE OF A DOCTOR.

A painful case of suicide took place yesterday in the most fashionable part of Paris. Dr. Hanol, a Professeur Aggrége (Fellow) of the Faculty of Medicine, aged 45, committed suicide by drinking a solution of cyanide of potassium. The unfortunate man was greatly esteemed in the medical world, and was on the point of being nominated to a Chair of Pathology. It is said that mental exhaustion was the cause, as he felt very much the responsibility of the position to which he was about to be called.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, October 30th.

SIXTY-EIGHTH CONGRESS OF GERMAN NATURALISTS AND PHYSICIANS.

In the Section for Medicine, Hr. Strümpell (Erlangen) read a paper on the

ÆTIOLOGY OF DIABETES MELLITUS AND SO-CALLED ALIMENTARY GLYCOSURIA.

He said the final causes of diabetes were still unknown. It was to be hoped that the study of alimentary glycosuria would bring us nearer to them. He remarked in one case of a patient who passed 0·6 to 0·8 per cent. of glucose, when 150 grammes of grape sugar were given; no excretion of sugar took place when the grape sugar was given in three portions at certain intervals. This showed that frequently no sugar was excreted in marantic individuals, even when absorption was defective. As he had frequently observed glycosuria in beer drinkers, he made experiments in people who were very fond of beer, and could even when they were in good health produce slight alimentary glycosuria. He observed in such individuals a distinct excretion of sugar after giving 50 to 100 grm. of grape sugar. As he could not produce the same glycosuria in spirit or wine drinkers, it was probable that the glycosuria in beer-drinkers must be referred to the large quantity of carbo-hydrates present in the beer. If the drinking was prolonged a true diabetes might be set up. He also examined patients suffering from traumatic neuroses. Here one must distinguish between injuries to the head and other injuries; in the latter class he observed diminished tendency to decomposition. Possibly one might from this draw diagnostic conclusions. As decomposition of glycogen took place principally in the muscles, he instituted an inquiry into progressive muscular atrophy; in three cases, however, he could discover no trace of alimentary glycosuria, even after 200 grammes of glucose had been given. He next went on to the general clinical etiology of diabetes, and turned to the question whether the disease was of exogenous or endogenous origin. In the case of a group, that of the severe rapidly running diabetes of young people, he believed the origin was endogenous. The combination of progressive muscular atrophy with the disease, and also that of acromegaly, were in favour of the endogenous origin. Of the latter combination, he had observed a very severe instance; he saw 0·8 per cent. of sugar after giving 100 grms. of glycogen.

Hr. Fleiner, Heidelberg, had seen glycosuria and albuminuria, both in men and women from 40 to 50 years

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age, who lived well, both as regarded eating and drinking, and who were stout, and had arterio-sclerosis. If such people were placed on a simple diet, and had their flesh food diminished, the albuminuria rapidly disappeared, and after it the glycosuria. He had observed a case of arterio-sclerosis where sclerosis of the pancreas led to fatal diabetes. With luxuriously living people, the liver, pancreas, and kidneys also became diseased, because they too took much food. As alimentary glycosuria could lead on to diabetes, such people should be advised a simple diet, and the giving up of spices, too much flesh meat and alcohol.

Hr. Noorden could produce slight alimentary glycosuria in acute fevers. The power of storing glycogen in the liver was lost in fevers and in diseases of that organ. If animals were fed with large quantities of sugar, no glycosuria was produced, even if they had fever, or the bile duct was ligatured. We did not know where the sugar introduced went to. He mentioned an interesting point of distinction between glycosuria and diabetes. In the case of the first-named disease the quantity of sugar could only be slightly increased by large quantities of glycogen. For instance, after giving 150 grms. of glycogen daily, only 3 grms. passed away in the urine, and after giving 200 grms. only 3·5 grms. would thus pass away. In true diabetes, however, the case was different; one half the carbohydrate introduced would pass away in the urine. In the case of the patients who lived luxuriantly, the regeneration of the mode of life was of more importance than the exclusion of carbohydrates.

Hr. Ewald had tried to set up alimentary glycosuria in cases of cerebral disease, but he had rarely succeeded. In cases of examination for life insurance it must not be forgotten that alimentary glycosuria might be caused through ignorantly consuming too large a quantity of carbohydrates. In cases of traumatic neurosis he had never been able to set up alimentary glycosuria.

Hr. Baümber, Freiburg, said it would be of the greatest importance to determine how frequently glycosuria passed on into diabetes. This was a point that could best be solved by the family doctor.

Hr. Steinmeyer, Brunswick, related a case of

INVAGINATION OF INTESTINE IN A SIX MONTHS CHILD.

This was cured spontaneously by the casting off of the diseased piece of intestine. The child was taken suddenly ill with vomiting, bloody exudations from the rectum, but no stool, collapse. On the fourth day a bloody-looking tumour appeared at the anus, which was at first taken for a prolapse. In the course of an hour, a loop of intestine appeared in the cæcum, whilst the portion that first presented itself proved to be the vermiform appendix. After the cæcum, a copious watery stool followed. On the fifth day a piece of intestine eight ctm. in length hung out of the anus. Resection of intestine was now contemplated, but in an hour's time, the portion of intestine was spontaneously cut off. On the seventh day the child was quite well. The whole length of intestine expelled was twenty-one ctm, (8½ inches).

Hr. Alex. Pöhe, St. Petersburg, read a paper on

THE DETERMINATION OF IMMUNITY FROM THE URINE.

He said that as regards natural as well as acquired immunity there were notwithstanding the varying qualities of the excitors of disease certain uniform biologico-chemical factors. Such a one was intra-organic oxydation that formed a part of the tissue respiration, and stood in relation to the alkalescence of the blood. Diminished intra-organic oxydation that caused the accumulation of the products of regressive metamorphosis (auto-intoxication), therefore diminished immunity, and this could be determined by the employment of the urinary co-efficients. The auto-intoxication that predisposed to infections were caused by: (1) diminished alkalescence of the blood in consequence of acidification of the tissues by irritation of them or other causes; (2) an insufficient supply of oxygen; (3) abnormal fermentative processes in the intestines; (4) exogenous intoxication of bacterial or other origin; (5) retention of the products of tissue change.

The urinary co-efficients gave conclusions not only on the presence, but also on the causes of auto-intoxication. The alkalescence of the blood had long been known as essential to immunity, as phagocytosis could only go on with a normal alkalescence. The physician by urine analysis (in disease, diminution of the acid phosphates, &c.) could determine whether the individual was disposed to infection. If there was no auto-intoxication protective inoculation was unnecessary. Infection could also be avoided where the auto-intoxication could be removed by therapeutical measures.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Oct. 30th, 1896.

LEPROSY.

KAPOSI showed a young man, æt. 26, from Philippopel, who began to complain about his present illness five years ago. The characteristic pain, raised temperature sensation, and increased sense of touch were signs present. The three typical forms, tuberculous, maculose, and anæsthetic, were all marked. It was specially noted in the history that the parents, brothers and sisters were perfectly healthy.

Kaposi told the members of the Gesellschaft that he brought this case under their notice in order to draw attention to the great increase this disease was making in the Balkan and Danube countries during the last few years. He knew that some of the profession were still inclined to believe in the non-infectious nature of the disease, but he could not help thinking that such facts as these must go far to substantiate the hypothesis of leprosy being an infectious disease, easily transported from one individual to another; but how it was, or what it was, could not be so clearly proved at the present time. The endemic centre seems to be the only clue to the origin in this case. Strong efforts should be made to discover all these cases in the Eastern provinces and have them properly isolated. This principle had already been adopted in Roumania, where many leper hospitals had been erected on the pavilion plan under the belief that free ventilation and distribution was the most effectual method of treating this disease. In this country the number of leprous people were on the decrease.

Prof. Neumann said the disease was rapidly increasing in Servia, Montenegro, Dalmatia and Ragusa and agreed with Kaposi in having an order to isolate in order to check the disease from extending. Judging from the success in Norway where the numbers had fallen from 2,500 to 800 lepers, endemic centres were justified in having stringent isolation laws enforced thereat.

CHOLECYSTECTOMY.

Török showed a female on whom he had operated for

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gall-stones. She had suffered for the last few years from great pain over the right side with all the symptoms of cholelithiasis till death appeared inevitable when it was resolved to operate. The liver was enlarged during the whole period of the illness, with occasionally icterus.

In the operation the gall-bladder was found greatly distended with calculi, while the cystic duct was narrowed in lumen by a hard fibrous band running from the mouth of the gall-bladder and causing the stenosis. The cyst and part of the duct were carefully extirpated to prevent peritonitis; the wound was then closed, and it rapidly healed, leaving the patient well with a good appetite and rapidly increasing weight.

Thyro-Iodine and Cachexia Strumipriva.

Notkin brought the subject of thyroid removal before the Gesellschaft in an exhaustive paper on home and foreign experiments on animals, as well as the observed effects on man after extirpation. The usual symptoms of strumipriva were the cachexia, tetanus, and myxœdema; tetanus may be considered peculiar to man, while myxœdema was common to man and the lower animals. It is probable that the myxœdema is the symptom of a partially removed thyroid, producing different products, as it is now demonstrated that the poisons present are different in nature, that of the myxœdema being a toxine having an albuminoid property—probably thyreoprotein—while that in tetanus was non-albuminoid.

The internal use of Baumann's thyroid gland does undoubtedly affect the enlargement as well as the myxœdema, presumably from the thyroidin body forming this albuminoid toxine, but no explanation is given why the non-albuminous or tetanic toxine is not formed.

Notkin concluded that the thyroidin had no effect on the tetanic or fibrillary contractions when they once appeared, notwithstanding Baumann's results to the contrary.

The Operating Theatres.

WESTMINSTER HOSPITAL.

Exploration of the Brain.—Mr. Philip de Santi operated on a patient, æt. 4 years and 3 months, suffering from cerebral symptoms of a doubtful nature. Briefly, the history of the case was as follows:—The boy was admitted under Dr. Donkin suffering from fits. There was a family history of tubercle, none of insanity; the patient was a first child; the labour had been difficult with instruments. For the last three years the boy has had pains in the head, squinting, and occasional fits; the first fit lasted five hours, the patient screaming and being quite unconscious; for two months, and especially during the last two weeks they have been frequent and of about one hour's duration; retraction of the head one week; the squint worse last two weeks. He always seemed stupid and exhibited destructive and dirty habits; he could speak a few words; he walked on his toes; there was a slight scar at the back of the head. On admission the patient was semi-conscious, the head was retracted; there was an internal squint, the pupils were equal and dilated; no optic neuritis; the boy was slightly deaf and quite apathetic. The abdomen was retracted, but there was no tumour; knee-jerks were absent. Pulse 108, regular; temperature sub-normal; no *tache cérébrale*; no stiffness or paralysis of limbs. There was a fœtid discharge from both ears. The patient vomited four times twelve days after admission. The temperature rose to 101·6. Next day he was convulsed, lying on his back; the head retracted and drawn to the right side; both eyes deviated from the convulsed side, the convulsions being limited to the left side. The muscles about the left shoulder were twitching strongly, notably the pectorals, the trapezius and latissimus dorsi; the left elbow was flexed and the wrist extended. There were twitchings of the muscles of the forearm. The muscles of the eyelids were also twitching, The child cried out occasionally and had rapid breathing. Next day the temperature rose to 102·4°. There was vomiting. The twitchings still continued, chiefly in the left arm, and leg, the left side of face; the spasms were clonic and irregular. The child was apparently unconscious. The day after, the left arm and leg appeared paralysed. Next day, the twitchings ceased, there was loss of power in the left arm and leg. Aural examination by Mr. de Santi showed extensive double perforation with much fœtid pus, no swelling, tenderness or œdema of either mastoid. The day following, the patient had regained some power of using the left arm, but the paralysis of left leg seemed rather increased, and the day after he was getting steadily worse. Mr. de Santi decided to explore the brain. The head having been shaved and the scalp rendered aseptic chloroform was administered. Mr. de Santi decided to first, explore the brain with a view to possible cerebral trouble in connection with the ear mischief. A large semi-lunar flap was turned down from just behind the ear on the right side, and a large conical trephine applied to a point one inch behind the centre of the external auditory meatus and a little above its level. The skull cap was abnormally thick. On exposing the dura, it bulged into the trephine hole, and there was very evident intracranial tension. The dura was also much thickened; no tubercle was visible. The trephine hole exposed the lateral sinus, which was normal, and the temporo-sphenoidal lobes of the cerebrum above and the cerebellum below. These two regions were explored with a hollow needle in various directions but no pus was discovered. The pia was also found to be thickened. The brain bulged out considerably when the dura was incised. This exploration being negative, Mr. de Santi proceeded to trephine over the region of the fissure of Rolando, on the right side, it being deemed possible that a tumour might be found there. The dura and pia were found particularly thickened in this region, and a greyish, œdematous condition of the pia was well marked. On examining the brain, it felt very firm to the finger, and consequently it was incised carefully with a Horsley's knife. No tumour, however, was discoverable. The wounds were therefore closed, a metal drainage-tube being inserted through the first trephine aperture into the lateral ventricle. Much cerebro-spinal fluid escaped through the tube. The latter was left in passing through the base of the scalp flap. The patient stood the operation well. Mr. de Santi in his remarks stated that the symptoms pointed to a diagnosis between cerebral tumour, cerebral abscess or tubercular meningitis. It was evident, he said, that the trouble was chronic, and from the symptoms more likely to be due to meningitis than tumour or abscess. At the same time the conditions of the ears could not be overlooked, and he thought himself justified in first exploring in those neighbourhoods where intracranial mischief due to suppurative otorrhœa commonly occurred; this examination being negative he trephined over the fissure of

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Rolando in the region of the arm and leg centres in search of a tumour, the symptoms pointing to irritation in that area on the right side. There being evidently considerable ntracranial tension he inserted a tube into the lateral ventricle to relieve the pressure. He mentioned that in these cases where death was evidently imminent from compression of the brain whether from cerebral tumour, localised or general inflammation, an exploratory operation was perfectly justifiable even if no tumour or abscess be found, as great relief might be afforded by incision of the dura, and in cases of meningitis from drainage of the lateral ventricles.

We hear that subsequent to the operation the patient for a time became brighter; much cerebro-spinal fluid came away through the tube; but the pulse rose to 164 on the day after, the temperature at 11 a.m. was 104°, and the patient died the next day.

The post-mortem examination was made by Dr. Hebb; on removal of the petrous bones it was found that both membranes were perforated and the tympana filled with pus and grumous *débris*. The dura mater was thickened throughout. The pia was also thickened over the cerebrum, especially over the parietal regions. The cerebrum weighed 19 oz., and the cerebellum, with the medulla, both of which were normal, 4½ oz. The cortex of both parietal and occipital regions was much sclerosed and shrunken. The pia above was thickened and adherent. The rest of cortex was fairly normal, though all the fissures were deep. The lateral ventricles were large, and the ependyma thickened. Both middle fossæ were small, and the bones rough and dark.

University of London.

A COURSE of five lectures (free) as required by the will of Mr. Brown, will be delivered by the Professor-Superintendent (J. Rose Bradford, M.D., D.Sc., F.R.S.) at the Brown Animal Sanatory Institution, as follows:—1 and 2. The Work of the Brown Institution, with special reference to Rabies; at 5 o'clock on November 3rd and 10th, at the University of London. 3 and 4. Observations on the Pathology of the Kidneys, at 5 o'clock on November 17th and 24th, at the University. 5. A Demonstration, at 5 o'clock on Wednesday, November 25th, in the Laboratory of the Brown Institution, Wandsworth Road, Vauxhall.

St. George's Hospital Medical School.

THE annual distribution of prizes and certificates was held in the Board Room of St. George's Hospital on Thursday last, Oct. 29th. Dr. Wadham, formerly Dean of the School, presided, and made the distribution. The following prizes and certificates were awarded:—To Mr. Adrian Caddy, an Entrance Scholarship in Arts of £145; to Mr. Hubert St. George Goldsmith, an Entrance Scholarship in Arts of £50: to Mr. John Henry Tallent, B.A., and Mr. Beaumont Percival, B.A., both of St. John's College Cambridge, Entrance Scholarships in Science of £85 each; to Mr. Horace Middleton Vernon, B.A., the William Brown £40 Exhibition, the Brackenbury Prize in Medicine, and the Brodie Prize in Surgery; to Mr. Charles Ralph Keyser, the Brackenbury Prize in Surgery; to Mr. Henry Goodridge Deller, B.A., the Webb Prize in Bacteriology; to Mr. Harold Merriman Cooper, the Treasurer's Prize; to Mr. John Howell Evans, B.A., the Acland Prize; to Mr. Henry George Drake-Brockman, the Henry Charles Johnson Prize in Anatomy, the 2nd year's General Proficiency Prize, and a Certificate of Honour in Physiology; to Mr. Lawrence Pick, the Pollock Prize in Physiology; to Mr. Henry Neville Coltart, the Sir Charles Clarke's Prize; to Mr. Wentworth Francis Tyndale, the 3rd year's General Proficiency Prize; to Mr. Harold Robert Dacre Spitta, the 1st year's General Proficiency Prize; Certificates of Honour in Anatomy to Mr. Frederick Paul and Mr. Arthur S. Morley; a Certificate of Proficiency (2nd year) to Mr. Miller Neatby, M.A., and a Certificate of Proficiency (1st year) to Mr. Lidbrook Frank Cope.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 4, 1896.

INJURIA NON EXCUSAT INJURIAM.

TOWARDS the end of last week, in the Queen's Bench Division, before Mr. Justice Cave and a special jury, an action was brought by a widow against the East Ham Urban District Council to recover from them damages under the Employers' Liability Act for the loss of her husband, whose death was alleged to be due to the negligence of the defendants or of their foreman, but this they, as the Sanitary Authority, denied. Mr. Ruegg, Q.C., and Dr. Bernard O'Connor, D.P.H., appeared for the plaintiff, and Mr. Dickens, Q.C., and Mr. Ellis Hill represented the defendants. It appeared that on July 1st, of last year, plaintiff's husband, who was in the employ of the defendants, was in the act of descending a manhole in connection with the defendants' sewerage works, when he was rendered unconscious through the pressure of sulphuretted hydrogen gas, and that he and four other workmen, including the foreman, who were similarly affected, lost their lives. The case for the plaintiff was that her husband met his death through the negligence of the defendants or their foreman in not having the sewer properly ventilated and in not applying some test to ascertain the presence of sulphuretted hydrogen gas in the manhole before permitting the workmen to descend. It was

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proved in evidence that the manhole, which was 27 feet deep, was situated immediately over a screen used for the purpose of intercepting objects which might be injurious to the adjoining pumping engine; also that it was common knowledge among scientific men and those acquainted with sewerage works that it is highly dangerous for anyone to descend a manhole under such circumstances unless certain well-known precautions have been previously taken with a view to ascertain the condition of the sewer atmosphere, and that, in any event, the use of a life-line should have been insisted upon by the sewerage authorities, and more especially in a case in which the manhole was directly above the screen, which would necessarily cause an accumulation of semi-solid sewage matter, in and from which a more than ordinary quantity of sewer-gas would be generated and evolved, It was also proved that the weather was hot, that there had been no rainfall for many weeks, and that the lid of the manhole had been almost completely closed during the forty hours or so immediately preceding the occurrence. At the conclusion of the plaintiff's case, Mr. Justice Cave held that no case of negligence had been made out against the defendants. The duty of the defendants was to take all ordinary and reasonable precautions for the safety of the men they employed, and the first thing for the plaintiff to do was to show that among the many hundreds of sewer authorities throughout the kingdom there were some, at all events, who took precautions of the kind suggested. She had done nothing of the kind. It had not been shown that it was known that people going down a manhole were exposed to any such danger. There was no evidence that prior to the accident a single sewage authority had any reason to apprehend danger from such a source or adopted any methods to stop the danger. If it had been proved that the danger had previously been recognised and that the defendants had omitted to take precautions which experience had shown to be necessary, there would have been a case of negligence, but, unfortunately for the plaintiff, no such evidence had been adduced. As to the notion that the foreman ought to have known all these things, that seemed to be quite out of the question. Although the accident was to be regretted, he could not see his way to hold that there was any liability on the part of the defendants, and he therefore gave judgment in their favour. While not wishing to obtrude our opinion upon matters which may be purely legal, we, as laymen, are forced by such a pronouncement as the above to the conclusion that if all the responsible public bodies in the country were to disregard their responsibilities, no one of them could be legally held responsible. At the present day, it is somewhat startling to learn that a judge, especially after the evidence that was actually adduced in this case, should have gone out of his way to say that there was no evidence that prior to the accident any danger was to be apprehended from such a source. Taking, as we do, a professional interest in all matters relating to the carrying out of the Public Health Acts, we shall await the result of any future legal proceedings which may arise in this unhappy case. In the meantime, there may be for some of the parties concerned some slight ground for congratulation in the fact that Mr. Justice Cave is one of nine or ten judges of the High Court who can retire from the Bench upon pensions at any moment they please.

TOWN SEWAGE AND ITS DISPOSAL.

THE problem of the treatment and disposal of London sewage bids fair, apparently, to be soon satisfactorily solved, if we may judge from the last half-yearly report of the Medical Officer of Health for the Port of London It goes without saying that a great deal has been done in the past by those responsible for the work, in the endeavour to ascertain some process by which the Thames could be made a safe medium for the disposal of the London sewage. In these efforts many systems of disposal have been tried, and discarded, and much expenditure incurred. For a long time, too, no satisfactory solution of the problem appeared to be possible. But now it may be rightly assumed that an efficient and serviceable process has been introduced and adopted, the good results of which are becoming more and more apparent with the lapse of time. The quantity of sewage dealt with during 1894 —the latest figures available—amounted to a total of 74,000,000 gallons. The following is a brief outline of the process in question. At each of the sewer outfalls, namely, at Barking and Crossness, the raw sewage is treated for precipitation purposes with a definite quantity of lime and proto-sulphate of iron to the gallon. The resulting sludge, which in 1894 amounted to 2,052,000 tons, is put on board sludge steamers, and carried away and discharged into the sea. The effluent, on the other hand, left after the precipitation process is complete, which contains about an average of 6·65 grains of solid matter per gallon, is discharged into the Thames. As a consequence of this method, the report observes: "The river water continues to improve. The dark coloured evil-smelling patches which formerly appeared on the surface after disturbance by steamers, &c., are now scarcely seen, except in very hot weather, and then only to a limited extent. The water is of a better colour, and the suspended matter considerably less. More noticeable, however, than the state of the water is the condition of the foreshore when uncovered—many of the large deposits of mud which were to be met with have disappeared, and clean bright shingle is now seen in many parts. In short, the sewage treatment has greatly improved the condition of the river, and this improvement bids fair to be continuous and progressive." From the Londoners' point of view this report is one with which much satisfaction can be felt. The serious befouling of the Thames, which a few years ago was so noticeable, in consequence of the millions of gallons of untreated sewage which were poured into it, was beginning seriously to threaten the public health. Even to take a voyage on one of the pleasure steamers down the river was not an undertaking which could be recommended on account of the iniquitous stenches which the

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water gave forth. All this, however, has been changed, and the Thames is no longer an open sewer, despite the fact that it receives the effluent from the London sewage. A few words may now be said about the cost of the works in connection with the sewage disposal. In 1894 the total cost of dealing with the 74 million gallons of sewage amounted to £150,231. Of this sum the Barking station absorbed £72,828; the Crossness station, £38,091, while the work of the sludge steamers required £39,312. Upon the whole, then, seeing how efficiently and satisfactorily the work is being carried out, the cost of disposing of the enormous mass of London sewage does not appear to be excessive.

THE HOSPITAL SATURDAY FUND AND THE GENERAL PRACTITIONER.

THE Hospital Saturday Fund is, on the whole, an excellent organisation, designed and administered on principles that are theoretically sound. For instance, it secures from the working classes, the folk who derive most benefit from the medical charities, a solid annual sum towards the maintenance of those most necessary institutions. At the same time, it is not without its faults, some of them of a serious character, so far as the medical profession is concerned generally. We say nothing of the patronage which the Saturday Fund extends to charities that are under a cloud. It is a curious fact, upon which it has been our duty to comment from time to time, that a hospital or home labouring under grave and unanswered public charges has, apparently, little difficulty in gaining the prompt and substantial support of the Fund. However, the point to which we wish to call special attention is one that affects the interests of the general practitioner in a much more direct manner than that of the bolstering up of shady balance sheets or of whitewashing flimsy financial transactions. The facts of the present case are simple. In return for grants to various charities a certain number of hospital letters are sent to the Fund, and their distribution entrusted to a special sub-committee. Many applications are made by patients desirous of attending "chest" hospitals, and the Distribution Committee accordingly wish to have some means of testing the fitness of these applicants for such special treatment. The Management, therefore, brought forward a new rule that any applicant for a "chest" hospital should present a certificate from the Metropolitan Provident Medical Association, to the effect that he or she was suffering from a chest complaint. For each examination the Association in question was to be paid a shilling. This proposal was vigorously opposed by a medical man, a delegate at the meeting where it was brought forward. He pointed out that a great injustice would be thus caused to general medical practitioners, who were perfectly competent to say whether patients were suffering from chest complaints, and who should receive any money payments made for purposes of furnishing a diagnosis. The only practical effect of his protests was to allow the certificates of medical men generally to rank with those of the Metropolitan Provident Medical Association. From the *Hospital Saturday Fund Journal* issue of September, we find that if a certificate from any duly qualified man be sent with the application for admission to a chest hospital a letter will be forthwith forwarded. No mention is made of any payment to the certifying practitioner, so that it is to be assumed he will be paid by the applicant. On the other hand, the Fund pays the Association, and urges applicants to go to its various branches. At the same meeting, an official of the Association admitted that the shillings would go to their certifying Medical Officers. Now, we submit that this state of affairs demands thorough and searching investigation. Who are the Medical Officers of the Metropolitan Provident Medical Association who thus arrange to take shillings from the Hospital Saturday Fund in return for professional services? In the first place the sum in question is a degrading and insulting fee, and secondly whatever the amount in our opinion it should go to the general practitioner and not be swallowed up by the officers of what professes to be a semi-charitable institution. Logically considered, the conduct of members of the medical staff of this Provident Association, who agree to such a transaction, is not a whit worse than that of men who play into the hands of associations which trade on the labour of medical men. This attempt to appropriate public money to the uses of a private charity, for such it is by reason of its payments to medical staffs, appears to be another encroachment upon medical men by medical men. It would be interesting to inquire what influences have been at work to induce the Saturday Fund to patronise the Metropolitan Provident Medical Association above all others. If there be one class of men in the whole wide world to whom the labouring classes owe a debt of gratitude it is to the rank-and-file of the medical profession. Yet, here we have a body professing to represent the opinion of the working classes in such matters deliberately voting money away into other channels. The proposal, however, to do them justice, appears to have come from the small knot of governing philanthropists, who as a rule are notoriously swayed by sentiment rather than by reason. This matter, we believe, has for some time engaged the attention of the Medical Defence Union. We trust the action of that ubiquitous body will be no less emphatic than decisive. It is to be hoped that if medical men can be found ready to injure the dignity of their profession and to disregard the rights of their brethren by taking the money of the Saturday Fund in the manner indicated, that a knowledge of their names may not be denied to the medical world. Moreover, the presence of a delegate of the Defence Union at the meetings of the Fund seems to be a highly desirable step in order to protect the general interests of the medical profession. As regards the Metropolitan Provident Association, it is a most damaging fact that many of the "branches" have no special premises, in which case applicants for chest letters are seen at the private surgeries of the Medical Officers. If the

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medical profession will allow these gentlemen to take shillings from the Saturday Fund under these circumstances, then future reform will indeed seem hopeless.

Notes on Current Topics.

Owners' Compensation after Compulsory Disinfection.

The cost to which the owner of a house is put by painting, renewing wall-papers, and taking other steps demanded by the local authorities, is often a serious item. The question as to how far he is entitled to damages by way of compensation is of great importance, but has not so far, we believe, been made the subject of legal decision. Hence, a test case has long been wanted, and such an action has now been taken by a Leeds ratepayer. It appears that he and two other householders dwelling in the same street were lately compelled to undertake certain renovations, on account of fever. The plaintiff says he had to take the paper off the walls in the parlour, where the children were isolated, and he voluntarily papered the whole of the house. He claimed £2 9s. for the room named, but nothing for the rest of the papering. The Sanitary Department offered him 10s., which he declined, and brought an action, which is to be heard on November 18th. It is to be hoped that some decisive ruling will be given on that occasion. As things are, the sanitary inspector can go into any infected house, and order extensive, sometimes unnecessary, and always costly, proceedings to be taken at the cost of the unlucky householder. To most men, it will seem that the offer of half-a-sovereign to the plaintiff is an admission of liability, and that if he can prove the repapering ordered by the authority cost him more, he will have little difficulty in getting full damages. It is difficult to estimate the far-reaching importance of this subject, which might well be taken up by ratepayers' protection societies in various parts of the Kingdom. Disinfection is an absolute necessary for a proper public health administration, but it must, in a measure, be mainly conducted at the expense of the community for whose protection it is instituted.

Quack Testimonials.

Probably many of our readers have wondered by what means the advertisers of quack medicines manage to get together the volumes of testimonial letters which they print and circulate. Dr. Ransom, of Nottingham, has shed some light on the subject, having sued the proprietors of Sanmetto for publishing a testimonial over his name which he never dreamt of giving. To put into the mouth of so dignified a practitioner as Dr. Ransom the words "Hurrah for Sanmetto" was a singular indiscretion, and might have been expected to draw forth a rejoinder if it was seen by the gentleman from whom it was supposed to emanate. The result of the proceedings by Dr. Ransom was that the Sanmetto proprietors fully admitted that he had never written such testimonial, but they alleged that they had been hoaxed by a postcard signed in his name "containing statements *something to the effect* of those contained in the spurious testimonial." It seems reasonable to expect that a firm should have taken steps to verify the authenticity of the signature in so suspicious a case, but, furthermore, we are interested to know whether the postcard was phrased in exactly the same words as the testimonial. If not, we submit that to construct "Hurrah for Sanmetto" out of a postcard which contained other words was a totally indefensible transaction. In any case the gravest suspicion ought to attach to these testimonials. Many of them may be the opinions *bona fide* of existent practitioners, but many others may be eulogia written in the advertising clerk's closet and signed with the name of imaginary persons.

An illustration of this was afforded some years ago in the case of a Licentiate of the Royal College of Surgeons, Ireland, who allowed his name to be used by Warner's "Safe Cure." He was forthwith brought to book by his College, and as he was recalcitrant and impertinent, he was incontinently deprived of his diploma. After a couple of years he petitioned the College for re-instatement, and pleaded that, though he had foolishly allowed his name to be appended to these testimonials, he had, in fact, never written a line of them, and that the experiences narrated in them were the product of an expansive imagination, to prove which he instituted an action against Warner fo damages for the loss of his diploma, which suit, however, he could not maintain because, if his name had been misused, he was a consenting party. We fully believe that the great majority of such testimonials are bogus.

Smoking in Mortuaries.

The question of the necessity or otherwise of "viewing the body" by the jury at an inquest has been repeatedly discussed, both in our columns as well as in other journals, and attention has just again been drawn to the matter by the action of some jurymen, who while discharging this duty proceeded to light their pipes for a smoke. Probably, they would have had their smoke in peace, and nothing would have been heard of it, had not the mortuary attendant, who was present, informed them that they must put their pipes out, inasmuch as the coroner objected to smoking in the presence of the dead. A protest was raised to this ukase by a juror, who asserted that, "I am not going to be poisoned to please the Coroner or anyone else. I have my wife and children to think of." A sensible answer enough under the circumstances. But the question really arises, whether the Coroner, in such cases, is right in the view which he takes. Strictly speaking, we cannot see that there is any harm in urymen lighting their pipes, when viewing a body, if they think that it affords them any protection against possible infection. It is not, of course, possible to show too much respect for the dead, in an ordinary way, but it is open to question whether smoking while "viewing the body" can be rightly construed into any display of disrespect when the duty has to be discharged by men who believe that they are running

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some risk in so doing. If coroners, however, cannot see their way to allowing their juries to smoke under the circumstances, they should be very careful to see that the mortuary attendants, by a free use of disinfectants, when necessary, deprive the duty of "viewing the body," of its most objectionable features.

The Dearth of Army Medical Officers.

WHATEVER solution may be found to the present unsatisfactory condition of the Army Medical Service, it is somewhat gratifying to see that our Service contemporaries are at last beginning to discuss the situation in a manner which shows that they are becoming alive to its difficulties. As a proof, we may quote the following from the *Broad Arrow:* "The cure for the medical difficulty can only be found in getting more doctors, so as to lighten the burden of foreign service. If we want more doctors and better ones, we must pay them accordingly. A bonus of £2,000 on retirement, after ten years' service, would present many superior attractions over the £1,250 now offered, especially if in the case of a surgeon prolonging his service the £2,000 became payable to his nearest relative—or other person named by his will in the event of his decease. Service beyond ten years to be for pension, and the £2,000 earned already to be payable on retirement, in addition to the pension, or commutable into an increased pension at the will of the officer." Quite possibly some such arrangement as this would do something to mitigate the unpopularity of the Army Medical Service. But it should be borne in mind that the money question is not the only one which has been answerable for the discontent that has been accumulating for so long.

A "Dummy" Nurse.

ST. GEORGE'S, Southwark, is a metropolitan vestry of curiously mixed complexion. Professedly a progressive and radical body it nevertheless now and then adopts a most illiberal public policy regarding various administrative matters. This inconsistency has recently received a remarkable illlustration in the case of a female sanitary inspector. The ignoring of sex disqualification in a somewhat unsavoury appointment was in itself a bold step in the forward social movement. It is now proposed, however, to dress the new inspector in a nurse's uniform, in order that she might be safer in the discharge of her duties among the slums. To say that this diplomacy would be to sail under false colours is to use a sugarplum phrase. On the other hand, it seems rather a hard saying that the inspector thus attired would be a "wolf in sheep's clothing." The fact of the matter appears to be that if a woman is to act as sanitary inspector, she must discharge the duties of the post on precisely the same terms as those of the present male inspectors. She must be prepared to inquire into all practical sanitary details dealing with drains or anything else in connection with sanitation. It would certainly be desirable that she should have an official uniform, but there is no justification for her pirating that of an alien calling. Would not the male sanitary inspectors be more respected if they wore the garb of a curate? St. George's, Southwark, evidently has many lessons to learn in its essays to grasp at coming events. A liberal and enlightened confidence in its tried officers would be worth fifty such unworthy proposals as this of the "dummy" nurse's uniform.

The British Medical Association and the Adelaide Hospital (Australia) Dispute.

THE Council of the British Medical Association have taken up firm ground in regard to the dispute at the Adelaide Hospital, to which on several occasions reference has been made in our columns. At the meeting of the Council on the 21st ult., two resolutions were unanimously passed, the first of which was as follows: "That the Council express their warm sympathy with the late staff of the Adelaide Hospital in the trouble through which they have passed, and their entire approval of their conduct during the crisis." The second resolution was: "That this Council express their regret that under the circumstances any members of the profession were found willing to act in opposition to their professional brethren." We do not happen to know whether the two members of the profession who proceeded from this country to take up the appointments vacated by their *confrères* in Adelaide are members of the Association. But it is quite certain that if they are, the rebuke administered to them is one which they can scarcely ignore. In our opinion the Council have acted perfectly rightly in the view which they have taken upon this question. Loyalty for one's profession is the same as loyalty for one's country. To be loyal in upholding a professional principle is exactly equivalent to being loyal in supporting matters relating to the interests of our country. On the other hand, a display of disloyalty, in either case, is certain to meet with the condemnation which it deserves. In reverting again to the Adelaide Hospital dispute, we cannot refrain from saying that had no candidates for the vacant posts come forward from this country, the victory would have remained in the hands of the former staff, a settlement of the dispute, which in every sense would have proved to be the best for the interests of the Adelaide Hospital.

The Beatty v. Cullingworth Case.

THE case of Beatty *versus* Cullingworth, in which a hospital nurse is suing Dr. Cullingworth for damages in consequence of his having removed, as it is alleged, one of her ovaries against her wish, after having been partly heard before the commencement of the Long Vacation, again came before Mr. Justice Hawkins last week, with a view to a day being fixed for the continuance of the trial. Counsel for the defence stated that as one of the chief witnesses, who had been subpœnaed by both sides, had just got married and was about to start for his honeymoon, it would be desirable to postpone the trial for a short time. This suggestion having been agreed to, it was arranged that the further hearing should be continued on November 16th next, subject to there being any part-heard case appointed for that day

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Foundation Day of St. George's Hospital.

The history of the foundation of hospital charities always contains a measure, more or less, of interest. In this connection some interesting facts have been made known concerning the foundation, in 1719, of St. George's Hospital. In the year in question a home was opened in Westminster for the benefit of the sick and lame in that locality. As funds increased it was moved to Chapel Street, and became the Infirmary for Westminster. Fourteen years later the Governors of the Institution found themselves in a position to embark upon a larger scheme. The majority of the body accordingly decided to transfer the infirmary to Castle Lane, Westminster. An influential minority, however, determined to seize the opportunity of renting Lanesborough House, Hyde Park Corner, at £60 per annum, chiefly on account of its more salubrious position. This course was carried out on Oct 19th, 1733, and thus there were two institutions instead of one. At first Lanesborough House was able to provide accommodation for 60 in-patients. Curiously enough, for a long time it displayed on the façade the following distich: "It is my delight to be both in town and country." Presumably, this was intended to express the feelings of the patients who were received under its roof. The hospital was entirely rebuilt in 1831, when accommodation was made for 351 in-patients. A year or two ago certain structural improvements were carried out in accordance with the demands of more modern times.

The Manchester Medical School.

The growth of the Manchester Medical School since its affiliation with the Owens College, which is the largest and most important College of the Victoria University, has, we understand, been simply phenomenal. Of the 992 students attending classes last year, 397 were in the Medical Department. Of these 209 have been working in preparation for the Degree Examinations of the Victoria University, 53 in preparation for those of the University of London, and 14 for Degree Examinations of other Universities. The entries this winter have been numerous. In the returns just published Owens College heads the list, and the number of men who have entered for special courses is also large. For the first curriculum 74 have entered, the same number as have joined the London Hospital. St. Bartholomew's Hospital returns 84, and their total is the same as Manchester's, 143. Most of the new men are preparing for Victoria University degrees. Many qualified men are taking special courses in bacteriology, and some are doing original work in preparation for their M.D. theses.

Hospital Deadlock in Manchester.

While Manchester is so admirably equipped in its college arrangements it is to be greatly regretted that its hospitals are so sadly inadequate alike for the needs of patients and students. During the last ten years numerous projects for extension have been suggested. Unfortunate jealousies and unreasonable rivalries have hitherto blocked its advance. The question of the alteration or removal of the Royal Infirmary is still only in committee stage. It would now seem as though the difficulty in adjusting rival claims and interests may result in the loss of £70,000 which has been offered by the trustees of the late David Lewis, for the establishment of a modern hospital for women in which the present St. Mary's Hospital and Southern Hospital might be merged. One of the leading daily papers very rightly says:—"The public of Manchester has a right to a voice in a matter so nearly touching its interests, and the subscribers to the two hospitals have most assuredly a right to be consulted before it is decided over their heads."

American Dentists in Germany.

A dentist was arrested and fined in Berlin for displaying upon the door of his consulting room a plate describing him as a Doctor of Dentistry, with a diploma granted by an American Dental College. The court held that it was against the law for him to use a foreign title in practice in Germany. What a free and happy country is that known as the British Isles. Everywhere these American dentists abound, with their dental diplomas, by which they are able to prevail upon the British public to patronise them. America is undoubtedly a great country for manufactured articles of a kind, but so far, at all events as dentists are concerned, the latter must be "made in Germany," if they desire to practice their profession in the Fatherland. As, however, Englishmen have only a "John Bull" to look to and not a "Fatherland," and a great deal is required to rouse the old gentleman to the responsibility of his position, an alien in this country has usually a good time of it all round.

The Jenner Centenary in Russia.

The Russian celebration of Jenner's Centenary has still to take place. It was originally fixed for May last, but owing to the Czar's coronation ceremonies the date was postponed until October. It is now the case that the celebration cannot be held in consequence of his Imperial Majesty's absence from the country. Under these adverse circumstances, therefore, the date has been further postponed to December 3rd, when it is hoped that the Czar will be able to play his part in connection with the rejoicings. After all, it speaks well for the Russian nation, and their appreciation of Jenner's work, that his centenary celebration should have been delayed from time to time in order to secure the honour of the presence of their Sovereign upon the occasion.

The claim of Dr. Sinclair, of Manchester, for fees for attendance on a patient at a private home, has been disallowed by the court on the ground that the specified attendance was not given by himself but by his assistant.

Leprosy is becoming so prevalent in the Transvaal that the Government is called upon to make special provision to meet the disease. It has, therefore, set to work to build a large leper hospital in Pretoria.

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Hospital Sunday for Dublin.

THE annual collection for Hospital Sunday will take place on the 8th inst. The Fund was established in 1874, chiefly through the benevolent exertions of Dr. Henry Eames of Dublin. Since then it has yielded to the subsidised Dublin hospitals a sum of nearly £85,000, the last year's subscription having been £3,900. We say "to the subsidised hospitals" because, unfortunately, both the contribution to the fund and the appropriation of it are one-sided. The Roman Catholic Hierarchy absolutely refuse to co-operate in this good work in any way, although they know that the great bulk of the money collected by other denominations goes to the relief of patients of their own religious community. In fact they take all they can get from Protestants, but give nothing which, we submit humbly, is scarcely a dignified position to assume.

A Universal Medicine Company.

THE force of *experientia stultos docet* would appear to be quite lost on the general public where quacks and their potions are concerned. Not content with the failure of so many quackeries from that paradise of quacks, the United States, our own colony Canada is now making a bid in Great Britain by registering last week "The Universal Medicine Company," with an assumed capital of £60,000. Beecham, Owbridge, and Mother Seigel will have to look after their laurels for they will now have as competitor under the new universal system of cure everything "Hawker's Catarrh Cure, Hawker's Cough Cure, Hawker's Dyspepsia Cure, Hawker's Pile Cure, Hawker's Liver Pills, Hawker's Nerve and Stomach Tonic, and Dr. Manning's Rheumatic Cure." Here we have the sevenfold scriptual number made up by the addition of Dr. Manning, Hawker being evidently unable to compass the seventh cure, his sixth having possibly proved one too many for him. And now a confiding public and a much abused profession have before them the seven medical wonders, the eighth will probably be when the "expected enormous dividend" is paid.

The Netley Medical School.

A PROMOTION has been announced which is alike creditable to the military authorities and to the officer who has been promoted. Surgeon-Capt. F. Smith has been appointed to be extra assistant to Professor Wright in this school. The notable point of this is that Surgeon-Capt. Smith has, so to speak, risen from the ranks. He secured his position as Staff-Sergeant in the Medical Staff Corps and was thence, admitted to the commissioned service. He is now advanced to an honourable position upon which we congratulate him.

Pettenkofer.

THIS world-famed sanitarian and biologist has been honoured by a grant of permission to assume the title of Excellency. This reward may not be appreciated by practical persons as a fitting distinction for a great scientist, but it is, at least, a more reasonable recognition of merit than the baronetcy offered, in such cases, by our own Government, a distinction which few great scientists are in a position to accept, and which, if they do so, may be made ridiculous after their deaths by the antics of descendants whom the nation has never desired to honour.

THE Asylums Committee of the London County Council have recommended the Council to sanction the expenditure of £30,000 on temporary iron buildings at Hanwell Asylum for the accommodation of 400 additional pauper lunatics.

Special Articles.

THE DOCTORS OF OUR FATHERS.

IT stands on record that Julius Cæsar brought away with him from Gaul and Britain the impression that the Druids' medical practice consisted of killing one man in order to cure another, that is to say, that they regarded human sacrifices as the most efficacious means of healing human ailments. Nevertheless it seems probable that these general practitioners of a dead age were not altogether fools, although their qualifications were dubious, and their methods by no means impeachable. They were at any rate keen students of human nature, and of their own advantage, and took care to secure their medical monopoly by hedging about the simplest healing process with a crowd of weird rites, without which they vowed it would be useless. Wherefore the simple-hearted invalid of the waning era was led to believe that the curative virtues of the potion which his priestly physician poured down his throat, lay less in the good herbs of which it was composed, than in the fact that they were gathered on a certain day, under auspicious circumstances, by a man in a white robe. For from the beginning superstition has walked as persistently hand-in-hand with medicine as with religion.

The medical treatment of our Anglo-Saxon forebears consisted of equal parts of herbs and superstition, with a dash of ale and honey thrown in to smooth things down. It is but just to infer that these our ancestors had constitutions worthy of the name, inasmuch as they thought but poorly of any prescription containing less than a dozen ingredients, while their favourite cure for fever was to put the patient in an oven, or on the house-top until such time as he felt better. They undoubtedly needed a fair amount of stamina in those days, for evil spirits abounded, and were in the habit of afflicting people with internal derangements, much to their disquieting, and to the annoyance of their physicians. For though an Anglo-Saxon doctor might possibly cope with something external or obvious, such as a broken leg or a hatchet-cleft, yet when folks' insides went wrong, he had no alternative but to ascribe the malady to the misplaced activity of some evil spirit, who must, therefore, either be wheedled into quiescence by promises and offerings, or must be forced to relinquish his field of operations by a battery of sacred rites and incantations. The usual thing was to charm him into a stick, which was then thrown across the highway in the hope that the next passer-by would pick it up when the naughty spirit would at once start work on him, leaving the former victim free. From which it would appear that the altruism of the Anglo-Saxons stood at

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about as high a level as their medical science. With the Christian monks came some slight increase in medical lore, for these good gentlemen imported books from Rome, and translated them, and of their charity took upon themselves the cure of every description of disease of which they knew little or nothing. Lunacy and epilepsy were the despair of all primitive doctors, and were by no means infrequent, though in those days they could hardly have originated in railway travelling and high pressure living. These two disorders the monks especially took in hand, and cleaving to the idea that the patients were serving as play-grounds to evil spirits, they appointed among themselves a special order of exorcists, whose duty it was to rout the unseemly revellers. If success omitted to crown their holy labours to this end, it was obvious that the patient lacked faith. The superstition of these early monks was as rampant as that of the un-Christianised Saxon, and their methods of healing differed little from his, save in the objects of invocation. The famous church-bell prescription is an excellent example of their devout amalgamation of herbs and theology. Said they: "Take some eight or nine specified plants, make them into a potion with clear ale, sing seven masses over them daily, add holy water, and drop the draught into every drink that he shall drink afterwards, and sing the Psalms 'Beati immaculati,' and 'Salvum me fac Deus.'" Anyone might have thought that the mixture as before would by this time have been indued with good qualities enough to rout any ailment, but the long-suffering patient is further directed to drink it out of the church bell, while the priest sings over him "Domini sancti pater omnipotens." In monasteries the arts of spiritual ministration and bodily healing were carried on simultaneously until 1160, in which year the Ecclesiastical Council of Tours put an end to the extra-mural medical diversions which too often led to forgetfulness of the vow of poverty. The secular clergy, however, still practised medicine, and it was no infrequent thing to find a Court physician holding some high office in the Church. Thus William the Conqueror's chief physician was the Bishop of Lisieux, who, together with one Goutard, Abbot of Jumièges, attended him in his last days at Rouen; while Henry the First retained a monk of Chartres as his medicine-man. However, some of these holy men made but a poor show in the healing art, to wit, the Augustine friars, who tried their hand at curing Charles the Seventh of France, with the result that their royal patient "daily feebled in such wise that he was nigh dead," for which reason the "uncunning" practitioners had their tonsured heads taken from them.

It was in the twelfth century that Frenchmen laid a definite foundation to their medical teaching by the establishment of the Montpelier School. Thither flocked aspiring English doctors, eager to learn more than Oxford could teach, thirsting to blazon the title-pages of their treatises with the fact that they had studied at Montpelier. Of these gentlemen, that man of the world, old John of Salisbury, made believe to stand in mighty awe, and in one and another of his works his pen wagged right merrily concerning them. "The professors of the theory of medicine are very communicative," said he. "They will tell you all they know, and, perhaps, of their great kindness, a little more. From them you may learn the nature of all things, the causes of sickness and of health, and how to banish the one and preserve the other, for they can do both at pleasure. They will describe to you minutely the origin, the beginning, the progress, and the cure of all diseases. In a word, when I hear them harangue, I am charmed; I think them not inferior to Mercury and Æsculapius, and almost persuade myself that they can raise the dead. There is only one thing that makes me hesitate. Their theories are as directly opposite to one another as light and darkness. When I reflect on this I am a little staggered. Two contradictory propositions cannot both be true. But what shall I say of the practical physicians? I must say nothing amiss of them. It pleaseth God, for the punishment of my sins, to suffer me to fall too frequently into their hands. They must be soothed, and not exasperated. That I may not be treated roughly in my next illness, I dare hardly allow myself to think in secret what others speak aloud." "They soon return from College full of flimsy theories, to practise what they have learned. Galen and Hippocrates are continually in their mouths. They speak aphorisms on every subject, and make their hearers stare at their long, unknown, and high-sounding words. The good people believe they can do anything because they pretend to do all things. They have only two maxims which they never violate. Never mind the poor, and never refuse money from the rich." Thus Mr. Henry's delightful translation, but O! John, John of Salisbury, speakest thou truly? If so, then we, albeit sorely microbe-ridden, have yet some cause to rejoice that we live in the nineteenth century, and not in the thirteenth.

(To be continued.)

THE ROYAL ACADEMY OF MEDICINE OF IRELAND.

THE annual general meeting of the Academy came off on Friday last, the 30th ult., at the Irish College of Surgeons, and it created unwonted interest because of an acute competition for the position of Hon. Sec. vacated by Mr. Thomson, President of the College of Surgeons. The emoluments of this office are no more than £100 a year, but it is obvious that the ulterior advantages of the position are attractive, inasmuch as four candidates went to the poll, and others would have done so had there been any chance of success. The four candidates were Dr. J. B. Story, Surgeon to St. Mark's Ophthalmic Hospital; Mr. Arthur Chance, Surgeon to the Mater-Misericordiæ Hospital; Dr. Montgomery, Head of the Vaccine Department of the Local Government Board; and Dr. Richard Hayes, Physician to Dr. Steeven's Hospital. Out of a constituency of 244 Fellows, 161 valid votes were recorded as follows:—Story, 66; Chance, 63; Montgomery, 23; Hayes, 9.

Before the voting was proceeded with a question was raised as to whether the members should vote, at once, for one candidate or should vote first for two, and afterwards for one. A motion by Dr. J. Kenny, City Coroner, that, in accordance with custom, a single vote should be taken, was carried upon a division. The competition for seats on the Sectional Councils centred in the Surgical Section, for which 18 candidates offered themselves for 10 vacancies. The following was the result, in numerical order:—Sir Thornley Stoker, 104; Mr. Bennett, 101; Mr. Lentaigne, 98; Sir William Stokes, 87; Mr. Ball, 87; Mr. Heuston, 83; Mr, Wheeler, 77; Mr. Myles, 73; Mr. Woods, 71; Mr. Hamilton, 70.

The voting in the case of the unsuccessful candidates was as follows: Sir Philip Smyly, 68; Mr. Fitzgibbon, 67; Mr. Ormsby, 58; Mr. Croly, 58: Mr. Patteson, 59; Mr. Meldon, 56; Mr. O'Grady, 33; and Mr. Pratt, 26.

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Three motions were submitted to the Academy. The first was moved by Dr. E. MacDowel Cosgrave: "That it be a recommendation to the Council to consider the advisability of publishing the transactions in monthly parts."

Although it is the general feeling of the Fellows that the present method of publishing the proceedings of the Academy is about as bad as possible, resulting, as it does in the production, nine months after the event, of a volume which no one ever reads, yet no one appears to have understood how Dr. Cosgrave's proposal would mend matters and it was therefore negatived.

A motion by Dr. Bermingham: "That, as the Council of the Section of Anatomy and Physiology consists of only six members, in future only one shall be required to retire annually," was agreed to.

An animated debate ensued upon a motion of Mr. Wheeler: "That Fellows of the Royal Academy of Medicine not residing within fifteen miles of Dublin, shall, at the annual election of officers, be entitled to record their votes by ballot papers sent to the presiding officer in sealed envelopes provided for that purpose."

The purpose of this resolution was, obviously, to extend to Fellows who could not or would not take the trouble to come to town the privilege of recording their votes by *absentiâ* ballot, as they do at College of Surgeons elections and in other societies. The proposal was resisted by certain Fellows on the ground that its effect would be to induce Fellows to absent themselves, and thus reduce the Annual Meeting to a matter of form. Undoubtedly, it would have this effect, as it has had in the College of Surgeons, but there are some who think that the privilege of a free vote *in absentiâ* more than counterbalances the disadvantage of the non-attendance of the voter. Mr. F. A. Nixon could not see, nor can we, why the privilege of the paper vote should be limited to those Fellows resident more than fifteen miles from Dublin, but his view was not accepted, and, in the end, Mr. Wheeler's motion was adopted, and all future elections will be conducted by *absentiâ* ballot papers.

A very cordial and flattering vote of thanks to Mr. Thomson, the outgoing Secretary, was moved by Sir John Banks, seconded by the President of the College of Physicians, and passed *nem. dis.*

Finally, a notice of motion for the meeting of this time next year was handed in by the President of the College of Physicians, the purport of which is that after that date the Secretariate shall be an honorary office, and that an Assistant Secretary shall be appointed and paid to take the clerical work off the hands of that Officer.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

GLASGOW UNIVERSITY.—LORD RECTOR ELECTION.—The election of Lord Rector has come and gone, and the Right Hon. Joseph Chamberlain, M.P., has been returned by what is considered an overwhelming majority. In fact, the result, almost, if not entirely, is unprecedented in the history of the University. It is not so much in numbers that the victory of the Conservative Party is considered crushing, but from the fact that their candidate was victorious all along the line. As is well known, these elections are decided by nations, viz., Glottiana, Transforthana, Rothesiana, Londoniana, the candidate obtaining a majority of nations is usually elected. Transforthana was, and is always, considered the stronghold of the Liberal students, but Saturday's result has shown clearly that the Conservative candidate is so popular that he scored a majority in the four nations, the result of the voting being, Mr. Chamberlain 751, Mr. Birrell 517. During the course of voting a good deal of party spirit was displayed. The female students of Queen Margaret College also voted, polling facilities being provided for them in their own college and was of a much quieter nature than that of the male students, at the same time election colours were freely displayed and some vigorous speeches delivered. In the evening some disgraceful scenes took place among the male students, and in one of the principal streets a music-hall was invaded, the officials foolishly turned the water hose on the noisy students, with the result that a great deal of damage was done to the property, every piece of glass being smashed; the police were brought on the scene, when a terrible scrimmage took place, and after an all round fight, there were many bruised heads and burnt faces, hands cut. Eight of the students were marched off to the police office. So ended the election of 1896 for Lord Rector.

A SHERIFF'S IDEAS OF SANITARY BUILDINGS.—An interlocutor issued by Sheriff Campbell Smith in an appeal by the owner of some buildings in Murraygate, Dundee, which the Town Council had declared to be insanitary, against the Council's finding, gives a good illustration of the difficulties which hinder the progress of sanitary reform and the clearing away of slum property. The Sheriff finds that as the house is 300 years old, and that as its period of life has been so long without anyone calling its sanitary condition into question, it must, therefore, be in a fit state to live in. Diogenes lived in a tub, he says, and attained the age of 90 years, and there is no reason why the owner of such a property as this should mind how dirty his house may be, as the inhabitants are no worse off and probably live as long as that ancient, though insanitary, philosopher. The Sheriff admits that he saw, in a personal examination, that one of the walls of the house was bulging, and would some day become dangerous, but, in his happy optimism, opines that watching it is sufficient at present; when it falls and injures someone it will be time enough, we suppose, to condemn the proprietor. He thinks it would be an outrage on truth and right to judicially declare a house to be unfit for human habitation for reasons most of which have existed since it was built 300 years ago. Comment on such a statement is needless!

THE STUDY OF INFECTIOUS DISEASES IN EDINBURGH.—The authorities of the Edinburgh Fever Hospital have announced that a fee of £1 1s. will in future be charged to students for the ordinary fever course of thirteen meetings. Hitherto, no fee has been imposed by the town authorities for such attendance, but as attendance on a course of instruction on infectious diseases is now compulsory the institution of the fee has been determined upon. Some of the students object to it, but we really think that they have no real ground of complaint. They surely do not expect to get instruction and opportunities of seeing cases of zymotic diseases for nothing. That they could do so before, when the course was not obligatory was simply due to the kindness of the authorities. Now that all have to go through the course it would be folly not to

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charge some small fee. A guinea for such a course does not seem to us to be out of the way.

New Laboratory at St. Andrews University.—The Marine Laboratory at St. Andrews University, the gift of Dr. H. Gatty, was opened on the 30th ult., by Lord Reay, who gave an address on the "Triumph of Science in the Victorian Era." Part of the ceremony consisted in conferring the degree of LL.D. on Sir W. H. Fowler, late President of the British Association; the Rev. H. B. Tristram, Canon of Durham Cathedral; and on Dr. E. Gibeon, Professor of Natural History in the University of Louvain.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

LISTERISM.

To the Editor of the Medical Press and Circular.

Sir,—I cannot conceive anything more appropriate than the signature appended to the flippant letter in the number of your journal of October 21st, for it betrays a lamentable ignorance of elementary principles. This is apparent from the fact that "Ignoramus" mixes up such diverse subjects as Listerism, the antirabic treatment of Pasteur, vaccination, and the process of brewing.

I fear it will be futile to enter upon a discussion with one who holds that because certain people, even those "intellectually gifted above the common," have believed certain things, therefore those things must be true.

"Ignoramus" has made no attempt to controvert any one of my statements. He has, however, opened up a new, though cognate subject, and I hope you will allow me space for a reply.

The great source, in my opinion, of the fallacy underlying the modern doctrine of bacteriology is to be found in the fact that all the observations on which it is founded have been made upon dead animal or vegetable matter, and that conclusions have been drawn from them and applied to living tissue. "Ignoramus" has evidently not got beyond the stage of belief in the evil effects of atmospheric germs—as indicated by his reference to the brewing process—and does not seem to be aware that Lister has given up this belief. It is very sad that error is so easily propagated and so readily accepted, but this is inseparable from the limited amount of our exact knowledge of vital processes—if, indeed, there be any that can be at all called *exact*.

I am not aware that anyone has said that "it is a gigantic error to suppose that the specific virus of fowl cholera and rabies . . . . . has ever been isolated." Allowing, for the sake of argument, that the specific virus of rabies has been isolated what is the result? Has the number of deaths from rabies been diminished? Certainly not. It is claimed that 12,000 lives have been saved by the antirabic inoculations in France alone. How is it, then, that the number of deaths remains about the same as formerly? to say nothing of the deaths actually due to the treatment—an uncontested fact.

It is claimed that every case inoculated with this artificial virus—in which death did not ensue—was *cured*. Can any error be more "gigantic"? I say it is a monstrous claim and a dishonest one.

This is what a recent writer says of the productions of the Pasteur Institute. "Le vaccin du choléra des poules n'a été que le point de départ d'erreurs gros sières . . . . . Le choléra des lapins a fait un *four* complet en Australie, entre les mains de M. Loir, un élève et un parent du Maitre. Le vaccin charbonneux m'a donné, l'an dernier, des déboires assez sérieux, et la mortalité a continué après comme avant la vaccination du troupeau." He goes on to speak of these productions as being "vendues au poids de l'or et ne valant pas un clou," and he is not afraid to sign his name. And yet "Ignoramus" accepts everything that is said in favour of these inoculations without the slightest scruple.

When he goes on to speak of vaccination against small-pox he unwittingly plays into my hands; for I claim this as an illustration of the truth of the doctrine I hold. Does he contend that the lymph contained in the vesicles of small-pox or vaccinia is the product of a bacillus? If we could imitate the processes carried on in Nature's laboratory, as has been done in the case of vaccination, I should hope for better results than have hitherto been obtained in this direction.

"A Research Scholar" is unable to comprehend the meaning of the phrase, *bacilli are the result and not the cause of disease*, and appears to me wilfully to pervert its sense. I have used it over and over again, and my meaning has always been clear to my auditors. Perhaps I had better try to explain it for his behoof. Will it remove his confusion if I say the *presence* of bacilli is the result and not the cause of disease? He asks, "Are the bacilli *directly formed by* the disease?" I answer, no, certainly not. As well might he ask Is a flock of pigeons directly formed by scattering grain within their sight? The answer is, no; but they are attracted by the food thus supplied to them. Again, "Does each disease *originate* different bacilli?" Equally, the answer is, no. But I admit that the various forms of bacillus may be, and probably are, characteristic of certain morbid processes. Grouse will live where pigeons will die.

It is a generally accepted statement that the mucous passages swarm with bacteria, and that the mouth of a person with one or more hollow teeth, especially an hour or two after a meal, swarms with bacteria, hitherto regarded as possessing most virulent properties. Yet, the man, in the latter case, seems none the worse. Does "A Research Scholar" not know that in the *post-mortem* examination of a tuberculous patient, dying after the injection of Koch's fluid, Virchow found tubercle bacilli all over the body? He has now the answer to his third question, "What is the reason that only one species of organism, as a general rule, is 'formed by' (I say *is found in*) such a disease as a boil"? He then goes on to say that the instance which I quote—Dr. Stoker's use of oxygen gas—"is much more applicable against" my theory than for it, and that "by increasing the oxidation of the diseased products and by stimulating the leucocytes engaged in the process of repair, *the bacilli are unable to proliferate*." Now, I presume he will admit that the staphylococcus *pyogenes* (in its various forms of albus, aureus and citreus) as its name implies, is the generally accepted cause of suppuration, and therefore of the *destructive* process. Will it surprise him to learn that in a wound—say, for example, a chronic ulcer—the activity of the healing process is in proportion to the number and size (healthiness, if I may be allowed the expression) of this very staphylococcus? This is a *fact*, not an opinion, capable of demonstration, and, for the modern bacteriologist, a very uncomfortable one. Do I hear "A Research Scholar" say so much the more uncomfortable for the fact? I believe I am right in saying that Dr. Stoker will be happy to welcome "A Research Scholar" to see his cases, and will allow him to make his own observations. What is the common sense view of the fact I have just mentioned? This, viz., that these bacilli play a very important *rôle* in the economy of Nature, not as destructive, but as *beneficent* agents—in other words, as scavengers.

I have no desire to follow him in his peregrination back into the Middle Ages, even in my dreams, nor to take part in the very interesting discussion to which he has alluded, and I will leave him to the enjoyment of his contentment with the "pious opinions" expressed in "Erichsen's Surgery" and Prof. Chiene's lecture. But I will not, without protest, allow him the use of the epithet reactionary (I have some doubt as to whether he knows the proper signification of the term) as being applicable to Dr. Campbell Black and those who think as we do. I claim that we are the men of progress who are striving to put a right interpretation on *observed facts*. We are not going back, and, therefore, are not reactionaries, and it is a fitting and legitimate retort upon 'A Research Scholar," to adopt his own words, and say that it seems to be "a favourite occupation" with him "to decry the advances made by others, and to obtain a cheap notoriety by a display of conservatism," &c.

One word more. As an outcome of the doctrine of bacteriology favoured by him, I am a frequent witness of one of the most futile practices ever conceived by the brain of man, viz., that of sprinkling a teaspoonful of "Macdougall's Disinfecting Powder" on the gratings at the sides

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of the streets communicating with the sewers. Can anything be more idiotic?

I am, Sir, yours, &c.,
GEO. GRANVILLE BANTOCK.

12 Granville Place, Portman Sq.,
Oct. 26th, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As Dr. Campbell Black has mentioned the name of Déclat in connection with the invention of the antiseptic method, your readers may be interested to have a few particulars of his claim.

In 1882 Déclat addressed a letter to the President of the New York Academy of Medicine in consequence of a speech by Dr. Marion Sims attributing to Lister the discovery of the antiseptic method. Déclat urged that his book on carbolic acid, a copy of which had been sent to Sir James Y. Simpson in 1865, was the source whence Lister derived his idea of making use of the acid, as he first did in 1867, six years after Déclat's trial publicly made with it at the Hospice of St. Jean de Dieu, Paris. Simpson, he says, always credited Déclat with the priority of the antiseptic method, and even Pasteur at one time favoured his own countryman. In his "Etudes sur la Bière," 1876, p. 44, Pasteur says, "Dr. Déclat has founded a complete treatment of infectious diseases on the employment of one of the best of antiseptics—carbolic acid." In the official report of the Academy of Sciences of Paris, of March 11th, 1878, Professor Sédillot ascribed to Dr. Déclat the priority of the invention of the antiseptic method.

I am, Sir, yours, &c.,
JOHN H. CLARKE.

Clarges St., London, W., Oct. 25th.

GENERAL MEDICAL COUNCIL—DIRECT REPRESENTATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the correspondence on this subject — the increase in which is noted with pleasure—I observe that all the candidates make much of the point that they are in favour of increased direct representation. It has frequently occurred to me, when perusing the manifestoes of intending candidates, that if this much needed change in the composition of the General Medical Council ever takes place, it will not be effected by the efforts of the direct representatives in the Council as at present constituted, no matter how distinguished, how able, how earnest these may be. This opinion is confirmed by a consideration of the reference to Sir Walter Foster's resolution on increased direct representation, contained in a letter in your issue of 21st October, regarding Dr. Glover's candidature. With the composition of the General Medical Council as it is, viz., five independent direct representatives against twenty representatives of interested corporations, a motion for increased direct representation will never be carried in the Council unless the members of the profession show by an enthusiastic and well-organised agitation that they mean to insist on this much needed reform. Perhaps you, Mr. Editor, or some one of your correspondents on this subject, could inform me if there is any other authority than the Council, which could be moved to act in this matter. If such other authority exists, strong representations on this subject should be made to it by medical organisations all over the country. If no such authority is in existence, then the members of the profession should combine to bring the matter before Parliament with a view to ending the scandalous arrangement as to representation at present existing in the Council. It needs no prophet to predict that, with a properly constituted Council, where five direct representatives would not be at the mercy of twenty interested Corporation representatives, many grievances and abuses which at present weigh heavily on the general practitioner, would soon vanish.

I am, Sir, yours, &c.,
ANGUS MACPHEE.

Glasgow, Oct. 24th, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I mean to make no reply to Mr. Broadbent. When an opponent has no other weapon than to hint your insincerity and your power of demoralising the reporters of all the medical press, he has passed beyond the care of candidates, who can only congratulate themselves that he is not among the "majority of your readers whom he expects to be perfectly satisfied with my reply to Mr. Wolstenholme."

I am, Sir, yours, &c.,
JAMES GREY GLOVER.

Oct, 27th, 1896.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I believe Mr. Colin Campbell is right in his opinion, that this election will be influenced mainly by the attitude of the various candidates towards the vexed question of the Legal Registration of "Midwives," and as he has undertaken the responsibility of dividing the candidates into two parties, I will show, in a few sentences that he is entirely wrong in his attempt to justify the claims of one set, and equally so in his condemnation of those to whom he is opposed. He tells us that Messrs Rivington, Rentoul, Dolan, and Brown "have expressed themselves with a lucidity which leaves nothing to be desired," and further that, "they will have no truckling to the party which aims at the destruction of the unity of medicine, established by the Act of 1886, and promise to firmly resist all attempts to hand over the lives of even the poorest parturient women and their offspring to the legalised control of so-called "educated midwives." Doubtless, Mr. Campbell accepts the assurance contained in the addresses of these gentlemen, as expressed in a phrase common to all. It reads, "I shall oppose to the utmost the recognition by Parliament of Midwives as independent Practitioners," or, in the words of Dr. Rentoul, "the formation of an inferior order of midwifery practitioners."

I admit this promise of what they will do is perfectly definite, but it is entirely contrary to what at least one of the candidates has already done in this direction, and if the proposals made were adopted, we should have a large class of inferior and independent practitioners, infinitely more dangerous to the public and injurious to the profession than anything yet proposed by lay associations. In the *Medical Times*, of which Mr. George Brown is co-Editor with Dr. Bedford-Fenwick, in an article under date May 18th, 1895, a scheme is sketched for an elaborate training of obstetric nurses. It proposes three years in a general hospital, at least three months in a lying-in hospital, and nine months' additional training in a hospital for women or lying-in hospital, or attendance upon midwifery cases under a medical man and *evidence* of *having attended* not less than thirty cases of *labour*. She is then to appear before a board of examiners for examination in elementary anatomy, hygiene, general nursing, and ordinary *midwifery*. In order that there may be no doubt as to the use which shall be made of these high class nurses, these gentlemen proceed to say, "It appears to us that the consequence would be that many medical men would gladly employ nurses so efficiently trained for attendance upon their *poor* and *parish* patients, knowing that parturient women would, therefore, receive every care and attention, and that, *in the event* of any *abnormality* showing itself, medical assistance would be immediately summoned."

With this remarkable manifestation of zeal in their endeavours to create such a superior class of nurses these gentlemen have not overlooked the necessity of establishing them on a legal basis. I quote from a Memorandum by Dr. Bedford-Fenwick, on the proposed better education of medical, surgical, and obstetric nurses, and for which it is proposed an Act of Parliament should be passed. In Par. 6 of this Memorandum we read: "(a) A trained nurse is a person who attends upon the *sick*, or upon *women in labour* only under medical control and direction." What a farce to speak of medical control, after proposing that these women shall be used by medical men as their assistants, and trusted by them to determine when it is necessary to call in a doctor.

Now a word as to the candidates Mr. Colin Campbell would *not* advise us to support. Dr. Glover condemned the above proposals when they were first brought forward, and told the authors that they were creating "rivals,"

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During the present campaign, both he and Dr Woodcock have denounced these proposals in unmeasured terms.

I would remind your readers that the new regulation of the General Medical Council with regard to practical midwifery, that students must attend a minimum of 20 cases instead of 3, is largely due to the persistent efforts of Dr. Glover. Dr. Lovell Drage is perfectly sound on this question as far as definite medical control is concerned, although I believe he is wrong in advocating this should be carried on through the Medical Officer of Health. I make no doubt he will see his way to supporting the proposal that the district Medical Officer is the proper person under whose control women attending labour should be placed. The position is simply this, Drs. Glover, Drage and Woodcock are determined to deal with and place under efficient medical control and supervision a class of mischievous practitioners already existing. The gentlemen whose claims Mr. Colin Campbell advocates, have told us and clearly demonstrate by their actions that they mean to create an entirely new order of inferior and half trained medical practitioners. I hardly think Mr. Walter Rivington will care to have his name associated with the programme of this combination, and I desire to point out that my remarks must not be taken as having any reference to his candidature. I am not aware that this gentleman has ever done anything towards reforming medical institutions or removing the disabilities our profession is so overburdened with, and, therefore, do not presume to criticise his claims: at least, his address reads well.—Yours, &c.,

Old Trafford, Oct. 26th, 1896. J. BRASSEY BRIERLEY.

DIRECT REPRESENTATION—A NEW CANDIDATE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg leave to place my name before the medical practitioners of England as a candidate for the honour of representing them in one of the present vacancies in the General Medical Council. In justification of my candidature, I respectfully refer them to the following facts:

I have been in general practice for thirty-three years; I have been a Poor-law medical officer and public vaccinator during about thirty-two years of that time, and a medical officer of health for many years. It will not, therefore, be considered egotistical if I say that I have had the most varied experience of general practice, and that I know something of the wants of those who engage in that division of professional work. I am well aware that I am later in my candidature than others, but not too late for the suffrages of those gentlemen who are free from pledges to one or other of the candidates already in the field. I therefore now beg to state my opinions on the four chief matters which occupy prominently the professional mind.

I am of opinion that the General Medical Council should be enlarged to admit altogether a maximum of about ten direct representatives—say four or five for England, two or three for Scotland, and the like number for Ireland. This would make the entire number about thirty-five instead of thirty as at present.

As to whether the Council shall invoke the law by prosecuting unqualified persons who practise medicine or surgery for gain, this, I think, is a question for consideration, thus: First, whether it is better, having regard to the dignity of the profession it represents, for the Council to do this work itself; or whether it shall give its assent to some external machinery which shall take the necessary measures in its stead. And if the answer be given in the negative in both cases, then the Council should seek the assistance of the legislature to arrange, amongst other things, for bringing the law into action by the public prosecutor or some other legal functionary acting under its direction or with its cognisance.

As to the defence of individual members of the profession who may be prosecuted upon serious charges implying professional dishonour, I think it is advisable for a committee of, say, three of the Council to consider the leading features of the individual case. Then, if a unanimous opinion be entertained favourable to the aggrieved practitioner, the stamp of the Council's authority should be given to the defence, and, if necessary, such a sum of money voted as the case itself may appear to warrant, and the Council's exchequer to justify, for the purposes of that defence. But generally, though certainly not in every case, I am of opinion that the independent societies now becoming popular amongst us will probably be found the best organisations for actually dealing with these cases, even though a grant from the General Medical Council be bestowed in certain special instances.

As to the "medical aid" societies, which, upon commercial principles, make a profit out of the skill of the doctor, I am strongly of opinion, now that the full influence of these societies is known, that every discouragement should be given to them consistent with the canons of professional etiquette and of justice.

The "midwife" should have her case decided by the General Medical Council alone. A suitable woman for confinements is often most useful; but the Council alone should determine her training, and should alone arrange the machinery for testing her fitness. Besides this, it should draw the boundary within which she may act without medical oversight or assistance.

Finally, I think the Council at the commencement of each quinquennial period should make a statement of the incidents of import in the recent record of professional life, in its official and in its non-official existence respectively; and the general bearing of those incidents upon the common weal. In the former category I would of course include those gentlemen who hold Her Majesty's commission, and those others who occupy local public offices; and in the latter, that great and invaluable body of men who are travelling along the well-trodden and often difficult road of private practice.

One sentence more, and that one for myself: I have just relinquished the laborious work of general practice in the country, and so have more time to help my professional brethren, on whose behalf, if I be elected, it will be my pleasure to exert all the influence I may possess.—Yours, &c.,

E. DIVER, M.D., M.R.C.S.

Kenley, Surrey, Oct. 27th.

"THE COMPULSORY NOTIFICATION FAD."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read in your journal of the 14th inst., a letter from Dr. Jacob under the above heading, in which he quotes some remarks of mine at a recent meeting of the British Medical Association, in favour of his contention against the notification of infectious diseases. Dr. Jacob seems to have honoured me specially by only reading my speech and leaving the rest of the proceedings of the Sections of State Medicine and Medicine regarding the prevention of Tuberculosis unread. I spoke in both sections regarding the prevention of Tuberculosis. The quotation by Dr. Jacob refers solely to Tuberculosis, and I can scarcely understand how he overlooked the fact. I did not even state that I disapproved of the compulsory notification of Tuberculosis, I merely said it is "impracticable," and therefore argued against its adoption. I have not in the smallest degree modified my view regarding the notification of infectious diseases. I hold that all such should be compulsorily notified when practicable, and I hold there is nothing impracticable in notifying diseases of an infectious character usually included under the head "zymotic."

I am, Sir, yours, &c.,

Priorsland, October 31st. THOS. W. GRIMSHAW.

Dr. Jacob, having been afforded the opportunity of perusing the foregoing letter, requests us to append the following reply:—

To the Editor "MEDICAL PRESS AND CIRCULAR."

DEAR SIR,—I regret to find that Dr. Grimshaw, in his observations reported in the *British Medical Journal*, desired to convey that he limits his objection to compulsory notification to that of Tuberculosis only. His words, which I quoted *verbatim*, certainly express an unqualified and unlimited condemnation of compulsion, and the fact that they were uttered in the course of a debate on tuberculosis did not convey—to me at least—that they applied only to that disease. In any case I find a difficulty in understanding a line of argument which approves of compulsory notification in all communicable diseases save one, and condemns it in that one. Surely if the procedure is essential for the protection of the public health, and if it is found efficacious in some infective diseases (which I say it is not), it ought to be utilised for the same purpose in all.

Yours, &c.,

ARCHIBALD HAMILTON JACOB, M.D., F.R.C.S.

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Obituary.

DR. GEORGE HARLEY, M.D., F.R.C.P., F.R.S.

THE death of this gentleman was almost tragic in its suddenness. On Monday in last week he wrote us a letter for publication, which appeared in our last issue; almost before the letter could be put into type he was dead from rupture of the coronary artery and hæmorrhage into the pericardium. Deceased was born at Haddington, in East Lothian, on Feb. 10th, 1829. At the age of seventeen he matriculated as a medical student at the University of Edinburgh. Before graduating he brought himself into professional notoriety by performing Cæsarean section single-handed after the death of the mother from heart disease, resulting in the extraction of a living child seven and a half months, now grown up to be a man and the father of a family. This case was published by Sir James Simpson in the *Edinburgh Journal of Medical Science*, July, 1850. After graduation, in 1850, Dr. Harley acted as Resident Surgeon, and subsequently Physician, to the Royal Infirmary. He then went to Paris, where he began his physiological and chemical researches in the laboratories of Robin, Verdeil, and Würtz. While working there he discovered that iron was a constituent of healthy urine. After working twelve months in the chemical laboratory of Verdeil and Würtz, he removed to the College of France, and worked first under Majendie, and afterwards Claude Bernard. In 1853 he contributed a paper to the Société de Biologie de Paris on the Production of Diabetes by the Injection of Stimulating Liquids into the Portal Circulation (alcohol, ammonia, sulphuric ether, and chloroform). In 1853 he was elected Annual President of the Paris Medical Society. Afterwards he proceeded to Germany and worked at physiological chemistry under Liebig, histology under Kolliker, and pathology under Virchow. He spent other two years at the Universities of Wurtzburg, Geissen, Berlin, Vienna, and Heidelberg. While working in Professor Scherer's laboratory at Wurtzburg, he not only converted Scherer over to his views on ureohæmatin, but at his instigation was made corresponding member of the Academy. In Heidelberg he worked with Professor Bunsen, studying the then intricate subject of gas analysis. This knowledge was well employed after, at University College, in an elaborate series of researches on the Chemistry of Respiration, which was published in the "Philosophical Transactions" in 1864.

In 1855 he took up his residence in London, and was made Curator of the Anatomical Museum at University College. In 1859 he was appointed Professor of Medical Jurisprudence, and soon after Physician at University College Hospital. In 1858, after having been elected Fellow of the Chemical Society, his career was nearly brought to an end by his taking, by way of experiment, between three and four drops of pure nitro-glycerine: he only coming to himself again after administration of ammonia and brandy for an hour and a half. At this period he contributed several papers on "Digestion, Experimental and Chemical," and in 1862 he communicated to the Medico-Chirurgical Society an elaborate paper on the "Pathology and Treatment of Jaundice," which showed that jaundice was not as it had hitherto been supposed to be, a disease, but only a mere symptom-like pain, of many widely different pathological conditions. In this year he obtained also the triennial prize of 50 guineas from the Royal College of Surgeons of England for his dissertation on the "Anatomy and Physiology of the Supra-Renal Bodies. He was also an active member of the Committee appointed by the Royal Medico-Chirurgical Society to study the subject of suspended animation by drowning, hanging, &c., the experiments in which were made in his laboratory at University College. In 1864 Dr. George Harley took an active share in the foundation of the Edinburgh Club, and in that year was elected to the Fellowship of the Royal College of Physicians of London, having already been a Fellow of the Edinburgh College since 1858.

In 1864, he was a diligent worker on the Committee of the Royal Medico-Chirurgical Society, to report on the physiological and toxic effects of chloroform, these experiments being carried out at University college. In 1865, he contributed two cases of intermittent hæmaturia. In 1868, he brought out his book "Histology," edited by his old friend, George T. Brown, afterwards Inspector of the Board of Health. After fifteen years continuous working with the microscope, suddenly, while working with a great illumination, a blood vessel ruptured in the left retina. This was follwed by an acute retinitis and glaucoma, which was so severe that the oculists he consulted recommended extirpation of the eyeball, in order to save the sound one which had become sympathetically affected. He, however, preferred to try the effect of complete physiological rest. After living in complete darkness for nine months, he subsequently was able to wear black glasses, and in the end, completely recovered his sight. The effect of the darkness on the loss of colour and perception of distances he detailed in the *Lancet*, of February 1st, 1868.

During part of the time that he was in darkness, he wrote a book, "The Urine and its Derangements." Later he brought out his important work on "The Diseases of the Liver," which has been translated into almost every language (1884), and since that date he has published various papers in the medical journals, as well as in other scientific transactions, and only in August of this year he communicated a paper at the British Science Association in Liverpool on "Primitive Writing on Sticks."

Dr. Harley married, in 1861, Emma Jessie, the youngest daughter of James Muspratt, of Seaforth Hall, and sister of Dr. Sheridan Muspratt, the editor of the "Dictionary of Chemistry." His eldest son, Vaughan, has followed the footsteps of his father, being now Professor of Pathological Chemistry at University College, while his eldest daughter, Ethel, who is a well-known writer, has married Alec Tweedie, eldest grandson of the late Dr. Alexander Tweedie, F.R.S., Physician to the Fever Hospital, and the editor of the "Library of Medicine."

The remains of Dr. Harley were cremated on Friday last, and the ashes subsequently buried at Kingsbury Old Church.

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SURGEON-GENERAL WILLIAM MUNRO, C.B.

Few members of the Army Medical Department have served their Queen and country with greater distinction than the late Surgeon-General William Munro, C.B., who died last week, at his residence in South Kensington. Deceased was a son of the late William Munro, Inspector-General of hospitals, and entered the medical branch of the army in 1844. After completing thirty-seven years' service he retired with the rank of surgeon-general in July, 1881. During that period he participated in no fewer than fifteen engagements. While acting as assistant-surgeon of the 91st Regiment he was present throughout the Kaffir War of 1846 47, and on becoming surgeon he served with the 91st Highlanders during the Crimean War, taking part in the battles of the Alma, Balaklava, and the siege and fall of Sebastopol. He was next engaged in the suppression of the Sepoy Rebellion in 1857, and was present at every important battle, including the relief of Lucknow by Lord Clyde. In 1863 Surgeon-General Munro was removed from his regiment to act as Chief Medical Officer of the combined European and native Euzufzai Field Force during the final operations in the Umbeylah Pass under Major-General Garvock. For these services he obtained mention in despatches, received the thanks of the Governor-General in Council, and, in 1865, was created a C.B. The deceased was in the 73rd year of his age.

SHOP-WRAPPERS AND DISEASE.

One of the hardest nuts for preventive medicine to crack is to find out the beginning of the mischief of infection. Nothing is more humanly certain than the origin of many, if not most, human ills in microscopic germs which are here, there, and everywhere around us. One of the objects of everyday life specially fraught with danger is paper, a material that by reason of its texture may shield and foster hurtful micro-organisms for an indefinite period. It is worth while inquiring whether disease may not sometimes be distributed along with the wrappers used by butchers, grocers, buttermen, and many small shopkeepers. As often as not the paper used for the purpose consists of old newspapers or books that have had abundant opportunities of becoming infected in their short, but oftentimes extremely chequered, career between printing-press and their final Gehenna. Distinct traces of the printed envelope may not infrequently be seen on cheese or bacon in the shape of transfer letters from the journalistic wrapping. Certainly, if gross printers' ink in legible quantities can be thus conveyed to the plates of consumers, it is clear that the chances are enormously greater of minute and invisible bacteria being distributed in a similar manner. Moral: All food that has been wrapped in newspapers or book-leaves should be sterilised.

SIR WILLIAM MACCORMAC.

On inquiry, just before going to press, we are glad to be able to report a satisfactory improvement in Sir William MacCormac. He passed an excellent night on Monday; his appetitite is well maintained, and his general condition is decidedly better. The pulmonary signs are gradually abating. We trust that the President of the Royal College of Surgeons, England, is now on a fair way to complete recovery.

Literature.

EDINBURGH HOSPITAL REPORTS. (a)

The fourth volume of this handsome series of reports fully sustains the promise of the earlier numbers, and reflects great credit on the editorial staff and the publisher. As before the printing is all that can be wished for, and the illustrations excellent. The volume contains far too many papers to permit of us noticing them all, but most of them are worth careful reading and the standard all over seems to be of a higher grade than last year. The fourth volume opens with a description of the new Edinburgh Royal Hospital for Sick Children by the senior visiting physician, Dr. J. Carmichael. "A Plea for a more Natural and more Uniform Clinical Method," by C. C. Easterbrook, M. B., does not contain anything very novel, and it is hard to understand why it has been accorded such a place of honour. Dr. Ker concludes that Naphthol β has no effect on the duration of typhoid fever, but modifies the severity of the symptoms and the offensiveness of the stools. Dr. Leith contributes a valuable and exhaustive paper on Phlegmonous Gastritis, even if it be somewhat too prolix. Drs. Russell and Muir describe cases of Pancreatitis. Professor Chiene continues his Practical Observations in Surgery, and various authors contribute papers on special surgical operations and cases, among which we note three devoted to operations on the stomach. Of more purely scientific interest are papers on the Action of Carbonic Acid Gas in the Processes of the Alimentary Mract, by Dr. Lockhart Gillespie, and on Mmicro-organisms in Hæmatoma Auris, by Dr. Welsh. The statistical tables for the Royal Infirmary show that more cases than ever before were treated during the year, and that the death-rate in the medical wards was 9 2 per cent., in the surgical 5·05 per cent. The mortality after operation on the surgical side was only 5 0 per cent., while that after major operations in the medical wards, chiefly in the gynæcological department, still remains high, 17 per cent. gynæcological cases, 35 per cent. in the others. It is to be noted, however, that these operations were generally performed on patients too ill to be removed to the surgical wards.

The fourth volume of the series is an excellent witness to the continued activity of the Edinburgh School of Medicine.

ANGIO-NEUROSIS. (b)

This is a very interesting subject, and as some of the cases which have come under observation are few and far between, it is satisfactory to find Dr. Smith recording his clinical studies and conclusions in this permanent form. His chapters deal with general angio-neurotic œdema, erythema, urticaria, a study in family history, heredity toxis, climatic conditions, pathology and treatment. This wide range of view is sufficient indication how much Dr. Smith has made this subject peculiarly his own. Reflex irritation he regards as very commonly a cause of angio-neurotic manifestations, and in all cases it is therefore most important that such a possible cause should be looked for. Heredity and constitutional tendency he considers to be factors in causation, and there seems no reason to doubt these conclusions, but the great point of importance is a neurotic constitution, and in this connection his grouping of all the erythemata as due to a common cause—vaso-motor disturbance, is probably correct. The book is both interesting and suggestive, and very practical.

We are informed by the publisher that a series of the eight editions of the "Extra Pharmacopœia," by Martindale and Westcott has been awarded a gold medal at the "Second International Pharmaceutical Exhibition" recently held at Prague. The first edition also received a medal at the corresponding First Exhibition held in Vienna in 1883.

(a) "Edinburgh Hospital Reports." Edited by G. A. Gibson, M.D., B.Sc., C. W. Cathcart, M.A., M.B. John Thomson, M.D., D. Berry Hart, M.D. Volume IV. Edinburgh and London: Young J. Pentland. 1896.

(b) "Angio-Neurosis." By W. Ramsay Smith, M.B. Bristol: John Wright & Co.

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Literary Notes and Gossip.

THE collection of papers and monographs on Graves's disease made by Mr. Arthur Maude has been placed by him in the library of the Royal College of Surgeons of England. It comprises nearly 100 reprints and papers in English, French, and German.

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THE series of papers on "The Progress of Chemistry, its Application to Physiology, Pathology, and the Practice of Medicine," by Dr. J. L. W. Thudichum, F.R.C.P.Lond., have been reprinted by the author from our columns and now appear collated in a neat volume of 212 pages.

***

WE have received the Calendar for 1896 of the Royal College of Surgeons of England. It contains the full account of all the proceedings at the College for the year ending July 31st, 1896. The list of members now includes the names of 17,102 practitioners, and that of the Fellows 1,175.

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"DISEASE and Defective House Sanitation," by Dr. W. H. Corfield (H. K. Lewis), is a small publication of 55 pages, consisting of the substance of two of the Harveian Lectures delivered by the author in 1893. The subject, of course, is a well-worn one, but the time has not yet arrived when the teaching of the sound precepts of sanitation can be too much overdone.

***

DR. MURRELL'S recently issued work on "Pharmacology and Therapeutics" has been reprinted in America, and edited by an American physician with the consent of the author and publishers in this country, with a view to meet the altered requirements of the pharmacopœia of that country. The title, too, has been changed to a text-book of "Materia Medica and Therapeutics."

***

MESSRS. BAILLIÈRE, TINDALL, & COX inform us that so great has been the success of Professor Stewart's "New Manual of Physiology," that the second edition is almost exhausted, and that the author has been called upon to prepare a third edition within the space of twelve months. We are not surprised at this almost phenomenal result, having forecast its probable success in our review of the book on its first appearance.

***

MESSRS. LONGMANS will shortly issue a new book on "Diphtheria and Antitoxin," by Nestor Tirard. Messrs. Baillière, Tindall, and Cox announce a new edition of Mr. Lennox Browne's work on "Diphtheria and its Associates," the latter book quickly ran out of print when it was issued about twelve months' since. Mr. Lewis will shortly publish the Thirteenth Edition of Dr. Ringer's popular "Handbook of Therapeutics."

***

THE "English Illustrated Magazine" for November is an excellent sixpenny-worth. Its contents are varied and interesting. The place of honour is given, appropriately enough, to an article on "Our Great Naval Hero," or pictures from the Life of Nelson, by Clark Russell. Other articles worthy of note are "Dr. Nansen at Home," by Herbert Ward; "Gunpowder Treason," by Oswald Abbott, and "Hunting the Buck in Warwickshire."

***

IT is announced that Dr. Love, of St. Louis, has resigned his post as Member of the Faculty of the Marion-Sims College of Medicine. Dr. Love was one of the original Charter Members, and has throughout been one of the most popular and esteemed Professors. He proposes in future to devote his energies to the development of the *Medical Mirror*, the well-known journal which he founded only six years ago, but which at once forced its way to the front, and now rejoices, we are informed, in a wide circle of readers in America.

***

A NEW edition of Dr. Geo. M. Gould's "Students' Medical Dictionary" has just made its appearance, and the profession has now before it from the same indefatigable source the large illustrated "Dictionary of Medicine," which is now the accepted authority, and of which a third edition has recently been issued; and the "Students, Medical Dictionary," which is an excellent *resumé* of the larger one. We hear also there is shortly to be another "medical dictionary" for the vest-pocket published, so that the requirements of all will be catered for in this direction.

***

THE literary efforts of Mr. Hyslop (proprietor of Stretton House Private Lunatic Asylum, Shropshire), to relieve the monotony of asylum life both of patients and officials have been exhibited in various ways. Some years since he started an asylum magazine called "Loose Leaves," the contributors, in most instances, being patients, and in more ways than one the production might be said to verge on the marvellous. He next issued some volumes of "Sermons for the Insane," which became deservedly popular among those whose duty it is to read to the inmates of asylums. And now we have before us from the same establishment, an artistic account of the asylum and the lovely country around Church Stretton, which should be read by all who take an interest in the humane care of the insane and the recreations here pursued with such success in the cure of the malady.

***

AMERICA is well to the fore in some departments of medical literature. The monumental nature of some of its productions are worthy of the national reputation for a love of the gargantuan. The "Index Medicus" is *facile princeps* of all works of the kind. Sajous' "Medical Annual" is not approached by any other publication of the kind. The Twentieth Century Practice of Medicine is an enormous compilation by cosmopolitan workers. The English translation of the latest edition of Kaposi's classical work on "Diseases of the Skin" hails from over the Atlantic. Another capital American book of reference is "Gould's Dictionary of Medicine," which is ever on our library table, and has helped us over many a "difficulty," literal and etymological, such as are bound to occur from time to time in this most word-producing of all the ages.

***

AMONG new journals courting the good opinion of the medical profession is *Janus*, a monthly, treating of the history and geography of medicine. The magazine is published and edited in Amsterdam, by Professor Stokvis, and includes among its contributors well-known Continental and British writers. If we may judge from the number to hand, the venture should be a success. The subscribers, however, should possess the gift of tongues to reap the full benefit of the magazine, whose pages contain contributions in Teutonic and Roman languages. Quite sufficient are these languages for any ordinary medical periodical, and we hope the editor will avoid Sclavonic, Semitic and agglutinative tongues. Among the contributions to the first number is "Outlines of the History of Diphtheria in Denmark," by Dr. Carlsen, of Copenhagen, which contains a very full account of the earlier epidemics of this disease in Denmark, and is the outcome of wonderful research, and, therefore, of great value.

***

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last monthly list:—Hand-Atlas of the Nervous System, by Prof. Ch Jakob and Prof. Strumpel, translated by Dr. J. Collins. Practical and Operative Gynæcology, by J. C. Webster, M.D., F.R.C.P.Ed. Kirke's Handbook of Physiology, new edition, edited by W. D. Halliburton, M.D., F.R.S. The Clinical Society's Transactions, Vol. XXIX. The Surgery of the Chest, by Stephen Paget, F.R.C.S. Gout and Goutiness and their Treatment, by Wm. Ewart, M.D., F.R.C.P.Lond., Royal Infirmary Cliniques, by Alex James, M.D., F.R.C.P. Human Anatomy, General and Descriptive, by John Cleland, M.D., F.R.S., and J. Yule Mackay, M.D., C.M. The Progress of Medical Chemistry, by J. L. W. Thudichum, M.D., F.R.C.P.Lond. An Introduction to Human Physiology (third edition), by Augustus D. Waller, M.D., F.R.S. Claude Garton, a Story of Edinburgh University, by Thos. H. Henry, F.R.C.S.E. The Energy of Living Protoplasm, by Oscar Loew, Ph.D. Skiascopy in its application to Refraction, by Ed. Jackson, M.A., M.D. A History of Aryan Medical Science, by H. H. Sir Bhagvat Sinh Jee, M.D., D.C.L. A Text-Book for Training Schools, for Nurses, Vols I and II., by Drs. P. M. Wise and Edward Cowles. The Students' Medical Dictionary, by Geo. M. Gould, A.M., M.D., (10th edition).

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Proceedings of the West London Medico-Chirurgical Society, Vol. VII. The Medical School Calendar for Scotland, 1896 97.

Novelties.

ROBINSON'S SURGICAL DRESSING.

One of the most elegant and serviceable surgical dressings we have yet seen is that prepared by Messrs. Robinson and Sons, of Chesterfied. It consists of alternate layers of absorbent cotton and cellulose wadding in virtue whereof it possesses the elasticity and softness of the former plus the unusual absorbent properties of the cellulose wadding. The layer of cotton retains its softness and elasticity when wet, and serves to maintain the wadding which, when similarly treated, turns to a pulp. These two substances head the list of absorbent materials by a considerable interval, and the cellulose wadding has the further advantage of diffusing the absorbed matter throughout its texture. This power of diffusion renders the dressing very economical in use. The dressing is sterilised during the course of manufacture by treating with a 1-4,000 of corrosive sublimate, but it can also be obtained plain when surgeons prefer to superintend the sterilisation. This dressing is prepared with gauze on one or both sides, and this form is known as "Robinson's Tissue." For comfort, evenness of application, and absorptivity, this dressing is certainly one of the best things of the kind we have been called upon to examine.

A NEW GLASS LIGATURE REEL.

The want of an aseptic ligature reel for silk which would be both simple, efficient, and at the same time cheap, has often been felt. Solid reels have the disadvantage when in use of requiring prolonged boiling to sterilise the deeper layers of the silk. Messrs. Reynolds and Branson, of Leeds, have now made, at the suggestion of Mr. J. B Hall, Resident Surgeon at the Leeds General Infirmary, a reel out of rod glass bent into the shape of a Maltese Cross, so that the inner most layers of silk can be easily penetrated by the boiling water in the process of sterilising. They have produced a very simple and cheap reel, according to this plan, made in glass of various colours, so that the different sizes of silk may be easily distinguished. The glass is toughened by the boiling, and does not easily break.

Medical News.

Glasgow Medico-Chirurgical Society.

At a recent meeting of the Society the following were appointed office-bearers for Session 1896-97:—President: Dr. Wm. L. Reid. Section of Medicine—Vice-President: Dr. Alexander Napier; Councillors: Dr. R. B. Ness and Dr. Maitland Ramsay; Secretary: Dr. Hinshelwood. Section of Surgery—Vice-President: Dr. Newman; Councillors: Dr. Walker Downie and Dr. J. H. Nicoll; Secretary: Dr. John Barlow. Section of Pathology—Vice-President: Dr. T. R. Monro; Councillors: Dr. Lindsay Steven and Dr. Rutherford; Secretary: Dr. R. M. Buchanan. Section of Obstetrics—Vice-President: Dr. Samuel Sloan; Councillors: Dr. J. Nigel Stark and Dr. Edgar; Secretary: Dr. Lawrence Oliphant; Treasurer: Mr. Henry E. Clark; General Secretary: Dr. C. O. Hawthorne.

The British Gynæcological Society's Dinner.

The annual dinner of the British Gynæcological Society was held at the Café Monico on Thursday last, Dr. Clement Godson, president, in the chair. There was a goodly assemblage of Fellows and their friends and in the Egyptian Saloon and the guests comprised Drs. Cullingworth and Duncan of the Obstetrical Society, Mr. Reginald Harrison, president of the Medical Society, and Mr. Canton, president of the Dental Association, and president of the Metropolitan Branch of the Association. The relations of this Society and the parent society, the Obstetrical, have obviously been drawn much closer under the presidency of Dr. Clement Godson and great cordiality characterised the references made by various speakers to the labour of the respective bodies. As the dinner was excellent, the music charming, and the company numerous, a very pleasant evening was prolonged until a comparatively late hour.

Glasgow Obstetrical and Gynæcological Society.

The following have been appointed office-bearers for session. 1896-97:—Hon. president, Professor A. R. Simpson, Edinburgh; president, Malcolm Black, M.D.; vice-presidents, J. Nigel Stark, M.B., and Alexander Miller, L.R.C.P.E.; Treasurer, John Lindsay, M.B.; secretary, Robert Jardine, M.D.; reporting secretary, A. W. Russell, M.B.; pathologist, J. Munro Kerr, M.B.; Councillors, T. W. Jenkins, M.D., A. R. Gunn, M.B., H. C. Reid, M.B., A. Richmond, M.D., G. Balfour Marshall, M.D., and Alice McLaren, M.D.

Glasgow Eastern Medical Society.

At the annual meeting of this society, held on Oct. 28th, the following were elected office-bearers for the ensuing year:—Retired president, Dr. William Patrick; president, Dr. Alexander Patterson; vice-president, Dr. William Findlay; secretary, Dr. R. M'C. Service; treasurer, Dr. William Buchanan; reporting secretary, Dr. J. Wilson Mathie; members of council, Dr. Munro, Dr Dunlop, Dr. W. L. Muir, Dr. William Muir, Dr. J. B. Stewart, and Dr. Black.

The Royal Medical and Chirurgical Society Dinner.

The Fellows of this Society and their friends dined together at the Hôtel Cecil on Wednesday evening last, the company comprising the "creami" of the medical and surgical circles both metropolitan and provincial. In proposing the toast of the evening, Mr. Jonathan Hutchinson mentioned that the Society was in its 91st year, and in an interesting speech he proudly pointed to the various epoch-marking papers dealing with discoveries first made public before the Society, beginning with Jenner's contribution on vaccinal immunity of the fœtus *in utero*, and including important papers by Hodgkin, Bright, Stanley, Gull, Prescott, Sir George Johnson, &c. The toast of the "Visitors" was responded to by Sir Richard Quain and Dr. Wilks. The latter gentleman, who was present as President of the Royal College of Physicians, made some humorous remarks on the protean character he had to assume according to the particular body he happened to represent, and the laughter with which his reflections were greeted brought a very pleasant evening to a close.

Royal College of Physicians of London.

At the ordinary quarterly *comitia*, held on Oct 29th, the following candidates having passed the required examinations, were admitted to the membership:—

John Le Mare Bunch, M.D.Lond.; James Stansfield Collier, M.B. Lond.; William Marshall Davidson, M.B Lond.; Theodore Fisher, M.D.Lond.; Walter Jobson Horne, M.A, M.B.Cantab.; Ewen John Maclean, M.D.Edin.; Hugh James Moore Playfair, M.D. Lond.; Philip Dymock Turner, M.D.Lond.; and John King Warry, M.D.Lond.

At the same meeting, Dr. Norman Moore was elected a councillor in the room of Dr. J. Frank Payne, appointed censor.

Edinburgh University Graduation Ceremonial.

A special graduation ceremonial in medicine took place on Oct. 24th for the convenience of those who were unable to remain for the ceremonial in April, 1897. The following are the names of those who received degrees:—

The Degrees of Bachelor of Medicine and Master in Surgery.

Hugh de Maine Alexander, John Anderson, William Anderson, John George Bailey, Andrew Buchanan Blair, Albert William Bowie, Andrew Gray Carment, Henry Oliphant Dougall, Charles Carmichael Forrester, Robert M'Lean Gibson, William Torry Grant, Samuel Jack O'Loughlin Grinsell, Wallace Tynemouth Hedley, Archer Hosking, Robert Irvine, Thomas Johnstone, Arthur Lloyd Jones, George Henry List, Marcus M'Kenzie, B.A., Robert Lyle M'Kirdy, M.A., John M'Master, John Duncan Graham Macpherson, Noel Mandaley, Bomansha Nusserwanji Mullan, Bahadhur Kaikhushro Nariman, Herbert Peck, William James Penfold, Charles Porter, Charles William Reid, Andrew Rutherfurd, Gerald Alick Southwell Sander, Arthur Ernest Scott, George Broadfoot Serle, Harry Wilmot Smith, John Fletcher Strickland, Geoffrey Clive Taylor, Arthur Edward White, Alfred Ernest Williams, Frederick Wilson, James Francis Wolfe, Robert Steele Young, and Arthur David Yule (with second-class honours).

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Notices to Correspondents, Short Letters, &c.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

ADELAIDE HOSPITAL, AUSTRALIA.

In reference to the question previously referred to in these columns, and again in our present issue, the Agent-General for South Australia has received the following telegram from the Government: "Adelaide Hospital crowded—everything satisfactory—you can contradict rumours to the contrary.

DR. J. COWEN.—Your paper on "The Treatment of Consumption by Ozone," has been received.

AT THE GUILD OF ST. LUKE'S FESTIVAL.

At the special service on St. Luke's Eve, at St. Paul's Cathedral, some curiosity was felt as to the identity of a certain venerable gentleman accompanied by a *laquais*, and an opportunity was taken to ask the latter the name of his master. Drawing himself up stiffly he volunteered the information that the gentleman referred to was no other than "Sir Henry Hackland, of Hoxford."

DR. E. T. DAVIES (Liverpool).—Your letter is unavoidably crowded out of our present number.

A LECTURE ON MADNESS BY A MADMAN.

A VIENNA correspondent writes that a patient of Professor Krafft Ebing (who occupies the Chair of Mental Diseases at the Vienna University,) delivered an hour's lecture, on Saturday last, before the professor's students. The patient suffers from periodical seizures. During these attacks he is much cleverer and wittier than in his sane condition. When the patient was introduced in the lecture room he mounted the platform with a grave air. The professor asked him what subject he would lecture upon, and he replied, "upon 'The Mental Condition of the Maniac in Periodical Attacks of Madness.'" The audience often interrupted the speaker with sincere applause, and when there was laughter at his witty remarks he looked flattered. He left the platform with grace and dignity, and returned to his ward. The professor told the audience that at college he had had a fine record.

MR. EDWARD C (Brixton).—The gentlemen referred to have relinquished their hospital appointments and are now engaged in private practice only.

DR. F. H. WIGGIN (New York).—Your "Notes on the Treatment of Fæcal Fistulæ" are marked for early insertion.

DR. F. A. J.—Your "Causerie" is hardly of sufficient interest to the profession for us to insert in the present crowded state of our columns.

LEGITIMATE ADVERTISING.

A CORRESPONDENT forwards us the following notice from the *Times*, asking our opinion thereupon:—

"Dr. T. Crawford Hayes, F.R.C.P., physician for diseases of women to King's College Hospital, has been appointed by the council Professor of Practical Obstetrics at King's College."

While it seems a trifle unnecessary to announce, at considerable cost, to the world at large a matter of purely professional interest, such a course, we imagine, however unusual, is within the limits of "legitimate advertising." Were such a practice to become general, the Court news of the *Times* would have to be indefinitely extended, but the proprietors of the publication would be the chief gainers.

Meetings of Societies, Lectures, &c.

WEDNESDAY, NOV. 4TH.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m. Specimens will be shown by Dr. W. Duncan and others. Papers:—Dr. T. G. Stevens: A Case of Completely Cleft Spine associated with an unusual Visceral Malformation in an Anencephalic Fœtus.—Dr. T. W. Eden: On the Structure of the Ripe Placenta and the Changes which occur in Placentæ Retained in Utero after the Death of the Fœtus (with Demonstration).

THURSDAY, NOV. 5TH.

HARVEIAN SOCIETY OF LONDON, (Stafford Rooms, Titchborne Street, Edgware Road, W.)—8.30 p.m. Clinical Evening.

ROYAL COLLEGE OF PHYSICIANS, LONDON.—5 p.m. Dr. W. R. Gowers: on Subjective Sensations of Sound (Bradshaw Lecture).

Vacancies.

Birkenhead Borough Hospital.—Junior House Surgeon. Salary £60 per annum, with board, lodging, and washing. A further sum of from £20 to £25 a year is usually obtained from notification of infectious diseases and other sources. Applications with not more than five copies of testimonials to the Chairman of the Weekly Board not later than Monday, Nov. 9th.

City Hospital for Infectious Diseases, Newcastle-upon-Tyne.—Resident Medical Officer. Salary £50 for the first year, and £70 for the second, with board, lodging, and washing. Applications, with testimonials, to the Medical Officer of Health, Town Hall, not later than Monday, Nov. 9th.

County Asylum, Whittingham, Lancashire.—Pathologist. Salary £200, with apartments, board, washing, and attendance. Applications to the Medical Superintendent.

Church of Scotland Women's Association for Foreign Missions.—Fully qualified Woman Doctor as Medical Missionary for Poona. Apply, Secretary, 22 Queen Street, Edinburgh. (See advert.)

Durness, Sutherlandshire.—Medical Officer. Salary £160 per annum, with private practice and free house. Applications by Nov. 10th, to Robert Sutherland, Inspector of Poor.

Macclesfield General Infirmary.—Senior House Surgeon. Salary £100 with board and residence. Applications with testimonials to the Chairman, House Committee, Macclesfield Infirmary, not later than Nov. 12th.

Nottingham General Dispensary.—Resident Surgeon for a Branch Dispensary at a salary of £200 per annum, together with rooms and attendance. Particulars of the Secretary.

Appointments

ADAMS, PERCY, E., M.R.C.S., L.R.C.P., House Surgeon to the Dorset County Hospital.

CUTHBERT, J., L.R.C.P., L.R.C.S.Edin., L.K.Q.C.P.Irel., Health Officer at Subiaco, West Australia.

DALZIEL, T. K., M.B.Edin., Assistant Surgeon to the Western Infirmary, Glasgow.

DOBBS, KILDARE DIXON BORROWES, L.R.C.P., L.R.C.S., Medical Officer for the Tutbury District of the Burton-on-Trent Union.

FISHER, W. FELLOWES, M.B., B.S.Durh., Medical Officer to the Ramsey District of the Huntingdon Union.

HAYES, T.C., M.D.Dubl., F.R.C.P.Lond., Professor of Practical Obstetrics, King's College, London.

JOHNSTONE, G. W., L.R.C.P.Ed., L.F.P.S Glasg., Medical Officer for the Upholland Sanitary District of the Wigton Union.

JONES, FREDK. PRYCE, M.R.C.S., L.R.C.P.Lond., House Physician to the Swansea General and Eye Hospital.

KEMPE, ARTHUR, M.D.Brux, M.R.C.P.Edin., Medical Officer of Health to the Exmouth Urban District Council.

MOLONEY, P. J., L.K.Q.C.P., L.R.C.S.Irel., Acting Medical Officer to the Leper Lazaret, Stradbroke Island, Queensland.

NICOLL, J. H., M.B.Glasg., Assistant Surgeon to the Western Infirmary, Glasgow.

PIM, F. E. DE B., L.R.C.P., L.R.C.S.Irel., Medical Officer for the Pendle Sanitary District of the Burnley Union.

POTTER, CHARLES E., M.B. Ch.M.Ed., Medical Officer for the Hartington Sanitary District of the Ashbourne Union.

STANWELL, FREDERIC SKEY, M.B., C.M.Edin., Assistant Medical Officer to the East Riding Asylum, Beverley.

TURNER, F. M., M.D., M.Ch.Camb., Medical Superintendent of the South-Eastern Hospital of the Metropolitan Asylums Board.

WILLIAMSON, JAS. G., M.B., M.Ch.Ed., Medical Officer for the First Sanitary District of the East Ashford Union.

WINSHIP, W. A., M.R.C.S., Medical Officer for the Second Division of the Penrith Sanitary District of the Penrith Union.

Births.

PARSONS.—Oct. 28th, at the Rowans, Lingfield Road, Wimbledon, the wife of F. W. Parsons, L.R.C.P.London., M.R.C.S., of a son.

Marriages.

BIDWELL—ROPER PARKINGTON.—Oct. 28th, at St. James's Church, Spanish Place, London, W., Leonard Arthur Bidwell, M.R.C.S., of 59 Wimpole Street, W., to Dorothea Marie Louise, eldest daughter of Major Roper Parkington, J.P., 6 Devonshire Place, London, W.

CULLINAN.—MACCABE.—Oct. 21st, at the R. C. Church, Donnybrook, Dublin, Henry Michael Cullinan, L.R.C.P., L.R.C.S.Irel., only son of the late Cormac M. Cullinan, Surgeon H.M. Indian Army, to Catherine Francis, (Katie), youngest daughter of Sir Francis MacCabe.

DOUGLAS—LOCKHART.—Oct. 22nd, at St. John's Presbyterian Church, Kensington, Carstairs Cumming Douglas, M.D., B.Sc., Skelmorlie, Ayrshire, N.B., to Anita Helena, eldest daughter of W. E. Lockhart, Esq., R.S.A., of Phillimore Gardens, Kensington.

FIELDER—BASS.—Oct. 29th, at St. Michael's, Fair Teignmouth, Frederick John Fielder, M.B., B.S.Lond., to Lily, third daughter of Thos. Bass, Esq., of Teignmouth.

JONES—MOORE.—Oct. 29th, at St. Stephen's Church, Westbourne Park, London, W., Lewis Jones, M.A., M.D., T.C.Dub., of Balham, Surrey, to Constance Emma, fourth daughter of the late William Withers Moore, M.D., F.R.C.P. of 18 Brunswick Square, Brighton.

SENIOR—REDFORD.—Oct. 29th, at Union Church, Putney, by the father of the bride, Ernest Westall Senior, M.R.C.S., L.R.C.P., Hamilton Villa, Herne Bay, to Mary, daughter of the Rev. R. A. Redford, M.A., LL.B., Crost House, Putney.

SLEMAN—REAVELY.—Oct. 21st, at the Parish Church, Kinnersley, Herefordshire, Richard Reginald Sleman, only surviving son of the late Richard Sleman, F.R.C.S., formerly of Tavistock, Devon, to Mary Isabella Charlotte Reavely, second daughter of T. Reavely, Esq., J.P., of Kinnersley Castle, Herefordshire.

Deaths.

HARLEY.—Oct. 27th, suddenly, at Harley Street, Dr. George Harley, F.R.S., aged 67.

KANE.—Oct. 2nd, at Lenherne, Kingston Hill, N., Henry K. Kane, M.D., aged 48, eldest son of the late Matthew Kane, M.D.

MUNRO.—Oct. 30th, at 64 West Cromwell Road, Kensington, Surgeon-General William Munro, M.D., C.B., LL.D., late 93rd Sutherland Highlanders.

RING.—Oct. 21st, at Cambridge Gardens, Kilburn, N.W., John Ring, M.D., aged 53.

SKINNER.—On Oct. 24th, at his residence, Quisisana, West Hill, St. Leonards, William Annable Skinner, M.R.C.S., aged 69.

WATSON.—Oct. 29th, at Ash Tree House, Wargrave, Berks, Charles Edward Watson, L.R.C.P., L.R.C.S.Edin., in his 48th year.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, NOVEMBER 11, 1896. No. 20.

Original Communications.

ON THE

STRUCTURE OF THE RIPE PLACENTA AND THE CHANGES WHICH OCCUR IN PLACENTÆ RETAINED *IN UTERO* AFTER THE DEATH OF THE FŒTUS. (a)

By THOS. W. EDEN, M.B., M.D., M.R.C.P.Lond.

Physician to Out-patients Chelsea Hospital for Women.

THE author commenced by pointing out that the placenta, though an organ of complex arrangement, was composed of the simplest elements, and when its purpose was fulfilled was shed; in other words, the placenta is a caducous organ. All caducous structures commence to degenerate for an appreciable time before they are cast off, indeed, the immediate cause of their shedding is that they are degenerated. He then discussed this failure of vitality as evidenced by certain changes in the placental tissues, all the constituent elements of which are affected. In respect of the changes in fœtal structures he pointed out that the first and most important change was a slowly-progressing obliteration of a certain number of branches of the allantoic (umbilical) arteries, the affected branches being most numerous in the marginal cotyledons, and the process being of the nature of endarteritis. The corresponding capillaries and veins remained unaltered until the circulation through them was suspended by the ultimate complete obliteration of the arterial branches supplying them, when they became thrombosed. This process might be detected as early as the seventh month, and at term the total number of arteries affected was numerous, though few of them became altogether obliterated except in the marginal cotyledons. The first effect of the diminished blood supply was to cause atrophy and degeneration of the epithelial covering of the villi, which underwent hyalin or fibrous degeneration (coagulation necrosis).

Layers of true fibrin were then deposited over the degenerated areas from the maternal blood. In this way the villi become enclosed in thick layers of fibrinous material and neighbouring villi become welded together. Scattered areas of consolidation are thus formed in the spongy placental tissue, to which the name of "white infarcts" has been applied. Some of these may attain the size of a pea or a filbert and even an entire cotyledon may be consolidatad. The structures involved in the areas of degeneration atrophy, and in the larger infarcts there are seen evidences of fatty and calcareous degeneration. He also described another form of consolidation, known as the non-fibrinous infarct, which occurs in the ripe placenta. This form, he suggested, was probably due to blocking of the maternal arteries and not to fœtal endarteritis.

Infarction represented, he observed, the extension during the later months of gestation to the placental chorion of changes which occur with regularity in the extra-placental chorion during the earlier months. It is not a pathological change but is the natural outcome of the processes of evolution and decline. Passing on to the changes in the maternal structures, he referred to the fact that thrombosis of the subplacental sinuses had been described as occurring as early as the seventh month by Friedlander and Minot, but pointed out that as the number of sinuses affected was not great and as there is free anastomosis the intervillous circulation was probably not materially hindered. The superficial (compact) layer of the serotina became the seat of a degenerative process akin to that affecting the chorionic epithelium, the change beginning in the intercellular substance, which is converted into a deeply-staining fibrillated material allied to fibrin. The protoplasm of the decidual cells then becomes involved, and finally their nuclei break up and disappear. Fibrin from the maternal blood is deposited on the degenerated surface. Coiling serotinal arteries may sometimes be found at term, thrombosed for a considerable distance, and veins are often more or less completely blocked by deposits of fibrin.

Changes in the Retained Placenta.—He defined a retained placenta to be one which has been retained *in utero* after the death of the fœtus, irrespective of the period of gestation to which it belonged or of the length of time that had elapsed between the death of the fœtus and the evacuation of the uterus. The two factors to be borne in mind were, (1) the morbid condition which led to the death of the fœtus, which may have directly affected the placenta, and (2) the arrest of the fœtal circulation, *i.e.*, the death of the villi. Changes due to the first factor he called primary and those due to the second factor secondary. When the changes were far advanced the difficulty in distinguishing primary from secondary changes was very great. He divided these cases into two groups, (a) cases where the placenta had been retained only for a short time after the death of the fœtus, born in a non-macerated or but slightly macerated condition, and (b) cases in which the placenta had been retained a considerable time and the fœtus was more or less markedly macerated. In the second group the primary changes are obscured by the superimposed secondary changes, so that the best chance of studying them occurred in the first group. The secondary changes, on the other hand, were most pronounced in the second group, though their beginnings might be found in the first. When the fœtus perished the placenta might remain attached to the uterine wall and the maternal circulation through the intervenous spaces continue, although the fœtal circulation through the villi had ceased. Although technically dead, therefore, the villi remained in contact with the maternal blood and were thus preserved from decay, so much so that after retention of several weeks, areas of villi might be found which could scarcely be distinguished from those of living placenta. At the same time the villi never showed the least sign of growth or multiplication, and in retained placentæ signs of recent activity were altogether wanting. The condition of the extra-placental tissue formed a marked contrast to that of the placenta. The membranes, the cord and the tissues of the fœtus itself necrosed with rapidity because there was nothing to preserve them from the fate of dead organic matter. Where the maternal cir-

(a) Abstract of paper read before the Obstetrical Society of London, Nov. 4th, 1896.

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culation through the intervillous spaces was maintained, no marked change occurred in the placental villi, but as that circulation was arrested and the villi became cut off from the maternal blood they perished. He then proceeded to trace (1) the arrest of the maternal circulation (2), the changes which result in the villi, and (3) the changes in the extra-placental tissues. He demonstrated by photographs of sections that the arrest of the maternal circulation occurred by a process similar to that already described in connection with the formation of white infarcts in the living placenta. He insisted, therefore, that it was necessary to examine with great care evidence adduced in support of the doctrine that a vital process such as cell proliferation could occur in fœtal tissues after the fœtus itself had perished. The obliteration of the intervillous spaces in the retained placenta appeared to be due rather to progressive failure of the maternal circulation from shrinking of the uterus and loss of the stimulus of the growing ovum than to fœtal arterial changes. The maternal blood clotted more readily and deposited fibrin more freely, than in the living placenta.

The intervillous spaces were first obliterated around infarcts and upon the fœtal and maternal surfaces of the placenta. In this manner the retained placenta becomes extensively consolidated and its tissues display microscopical characters closely allied to those of infarcts and differing widely from those of spongy placental tissue.

He had never succeeded in finding any true connective tissue formation in any of his specimens. Without vascularisation there could, he observed, be no true formation of connective tissue and he did not believe that any occurred. On the contrary, he believed that the blood clot underwent the usual necrotic changes and ultimately broke up and disappeared. Although the obliteration of the arteries was irregularly distributed the placenta which had been longest retained was usually the most extensively consolidated. The changes in the villi, he explained, were practically the same as in the middle and inner zones of large infarcts in the living placenta. They underwent atrophy and necrosis, lost their epithelial covering, then their connective tissue, stroma and blood vessels, and finally their nuclei. In addition, large areas of placenta might become consolidated by the process of non-fibrinous infarction. Extensive fatty degeneration usually occurred in all the consolidated areas and calcareous deposits were also abundant.

The most frequent cause of the death of the fœtus in the earlier months of gestation appeared to be some pathological condition of the decidua, and one must be careful to distinguish between primary and secondary changes. In retained placenta of the fifth month or later the compact layer is generally fused with a superjacent stratum, consisting of several rows of villi embedded in fibrin and blood-clot, its structure being barely recognisable. The spongy layer, as a rule, was much less altered, but was generally thinned and atrophied, though the characteristic decidual cells were distinct and the vessels often full of blood. The process of fibrinous degeneration never affected this layer except to a very slight degree, a point of importance, seeing that any process tending to consolidate this stratum would inevitably render separation of the placenta difficult. The amnion, he added, always necrosed after the death of the fœtus, though the changes proceeded less rapidly over the placenta than over the extra-placental chorion. The extra-placental chorion and decidua vera also in all cases, but not so rapidly as the amnion, being longest preserved in the neighbourhood of the placental margin, and perishing soonest in parts most distant from it.

The changes in a retained ovum which followed death may be summed up as follows :—(1) Necrosis of the following structures commencing at once ; (*a*) the body of the fœtus ; (*b*) the umbilical cord ; (*c*) the amnion ; (*d*) the extra-placental chorion, and decidua vera. (2) Gradual arrest of the maternal circulation through the placenta by thrombosis of the intervillous spaces. (3) Necrosis of the various divisions of the placental chorion as they become shut off from the maternal blood ; and (4) fatty and calcareous degeneration of the necrosing tissues.

THE DISCOVERY OF ANÆSTHETICS.

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra ; Hon. Fellow to the Southern Surgical and Gynæcological Association, U.S.A.

So much has been written this year on the discovery of anæsthesia in medical and lay papers that a further article on the same subject may appear unnecessary. My excuse for the present contribution to the literature of the subject is the belief that justice has not been done to Dr. Crawford W. Long, of Athens, Georgia, by British writers.

Dr. Long put forward his claim to the discovery of ether as an anæsthetic in a paper which he contributed to the *Southern Med. and Surg. Journal* in December, 1849, which article was reprinted in the *Virginia Medical Monthly*, in May, 1877, by Marion Sims in his paper in support of Long's claim to be considered the discoverer of anæsthetics. And that paper of Long's has its substance repeated in a communication which its author made to the Medical Society of Georgia in April, 1853.

From the above statement it will be seen that Dr. Long was not indifferent to his right to the honour of having introduced surgical anæsthetics. He gathered documents, correspondence, and certificates bearing on the question, and had Senator Dawson, of Georgia, to place his claims solely on their merits before Congress. To quote Dr Luther P. Graudy, of Atlanta, Georgia (*Virginia Medical Monthly*), who advocates Dr. Long's claims :—"The generation which inaugurated the era of painless surgery has passed away ; the participants in the long and bitter controversy over the question of priority have disappeared ; and those of us who have since come upon the scene may now undertake to gather up the data relating to that great discovery, unaffected by favour and unbiassed by prejudice."

To enable the reader to do this, I propose to give a plain statement of facts bearing on the question.

Describing his first case, Dr. Long wrote :—"The first patient to whom I administered ether in a surgical operation was Mr. James M. Venable, who then resided within two miles of Jefferson. Mr. Venable consulted me on several occasions with regard to the propriety of removing two small tumours situated on the back part of his neck, but would postpone from time to time having the operations performed, from dread of pain. At length I mentioned to him the fact of my receiving bruises while under the influence of the vapour of ether, without suffering, and, as I knew him to be fond of and accustomed to inhale ether, I suggested to him the probability that the operations might be performed without pain, and proposed operating on him while under its influence. He consented to have one tumour removed, and the operation was performed the same day. The ether was given to Mr. Venable on a towel, and when fully under its influence I extirpated the tumour. It was encysted, and about half-an-inch in diameter. The patient continued to inhale ether during the time of the operation, and when informed it was over, seemed incredulous, till the tumour was shown him. He gave no evidence of suffering during the operation, and assured me, after it was over, that he did not experience the slightest degree of pain from its performance."

"This operation was performed on March 30th, 1842. The second operation performed upon a patient

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etherised was on June 6th, 1842, and was on the same person (Mr. Venable), for the removal of another small tumour. This operation required more time than the first, from the cyst of the tumour having formed adhesions to the surrounding parts. The patient was insensible to pain during the operation, until the last attachment of the cyst was separated, when he exhibited signs of slight suffering, but asserted after the operation was over that the sensation of pain was so slight as scarcely to be perceived. In this operation the inhalation of ether ceased before the first incision was made."

In a certificate sworn to by James M. Venable on July 23rd, 1849, he says: "In the early part of the year 1842, the young men of Jefferson and the country adjoining were in the habit of inhaling ether for its exhilarating powers, and I inhaled it myself frequently for the purpose and was very fond of its use." "While attending the Academy, I was frequently in the office of Dr. C. W. Long, and having two tumours on the side and fatter back of my neck, I several times spoke to him about the propriety of cutting them out, but postponed the operation from time to time. I inhaled the the ether in both instances from a towel, which was the common method of taking it."

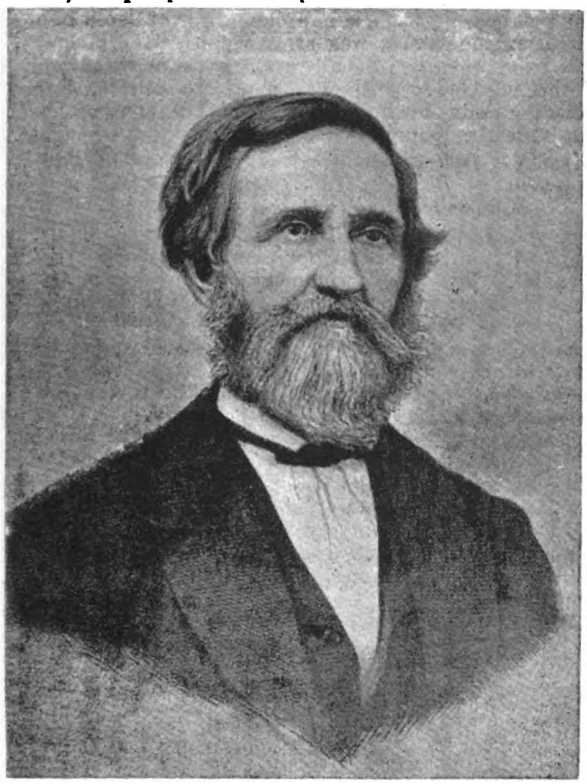
Dr. R. H. Goodman, writing on the 27th of June, 1893, to Dr. Luther B. Grandy, says :—

"I was intimately acquainted with Dr. C. W. Long, and was frequently with him in the Summer of 1840. He often administered the vapour of ether to us young men of the village for the exhilarating effect produced, and he told me that he became acquainted with this property of ether while a medical student in Philadelphia. . . . . Upon one occasion, in the Fall of 1841, I think, he remarked to me that he thought ether could be used to prevent pain in surgical operations, and that he intended to make the trial at his earliest opportunity."

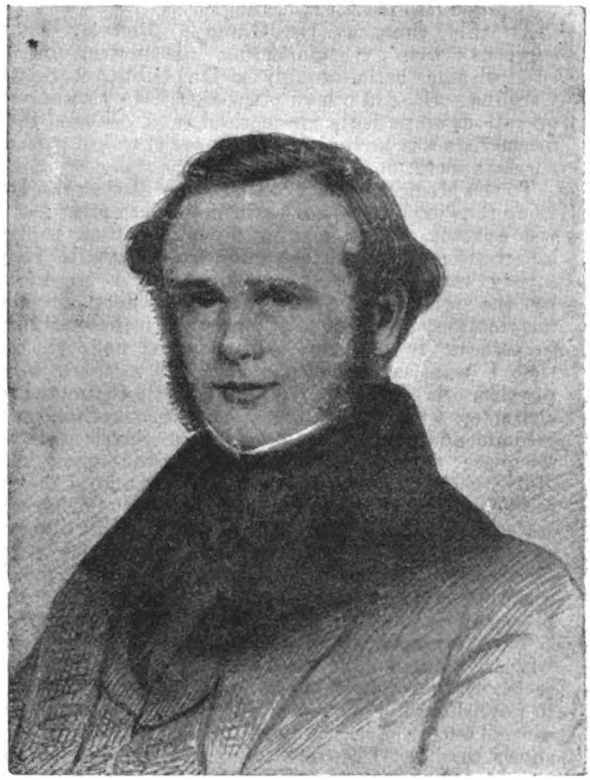
Soon after 1842, Dr. Long told Dr. Goodman, in Athens, that he had operated successfully under ether.

The entries in Dr. Long's ledger are : James Venable, 1842 :—

January 28—Sulphuric ether	0·25
March 30—Ether and excising tumour ...	2·00
May 13—Sulphuric ether	0·25
June 6—Excisin gtumour	2·00



W. CRAWFORD LONG.
(From Dr. Landon B. Edward's Steel Engraving.)



HORACE WELLS.
(From Dr. Landon B. Edward's Steel Engraving.)

On one occasion, we had some conversation about the probability that the tumour might be cut out while I was under the influence of sulphuric ether, without my experiencing pain, and he proposed operating on me while under its influence. I agreed to have one tumour cut out, and had the operation performed that evening (afternoon) after school was dismissed. This was in the early part of the Spring of 1842. I commenced inhaling the ether before the operation was commenced, and continued it until the operation was over. I did not feel the slightest pain from the operation, and could not believe the tumour was removed until it was shown to me. A month or two after this time, Dr. C. W. Long cut out the other tumour situated on the same side of the neck. In this operation, I did not feel the least pain until the last cut was made, when I felt a little pain. In this operation, I stopped inhaling the ether before the operation was finished.

On July 3rd, 1842, Dr. Long amputated the toe of a negro boy for disease.

On Sept. 9th, 1843, he extirpated a tumour from the head of Mary Vincent, of Jackson, Georgia.

On January 8th, 1845, he amputated two fingers of a negro boy. "The certificates (writes Dr. Graudy, *Virginia Medical Monthly*) of two witnesses to this operation state that the first finger was removed under the anæsthetic, and that the boy experienced no pain; that the second was removed without ether and was very painful."

These operations were done in the presence of Jas. E. Hayes, A. T. Thurmond, W. H. Thurmond, and E. S. Rawls. These gentlemen, pupils of Dr. Long, certified to the facts on oath.

The circumstances which led to Dr. Long's first operation are thus described by himself in a letter to the Hon. D. L. Swain (*Virginia Medical Monthly*) :—

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"In December, 1841, a company of young men were in my office, and requested me to prepare some nitrous oxide gas for inhalation. I informed them that I did not have the necessary apparatus for making it, but that I had an article which would produce like exhilarating effects, and which I considered equally safe. They expressed a desire to inhale it, and it was administered that night to most of the company. They were so well pleased with the effects that it soon became fashionable to inhale the ether, and I noticed persons while under its influence receive injuries which were sufficient to produce pain, but on inquiring of them if they suffered any pain, they uniformly told me that they had not. I noticed one young man receive an injury of the ankle-joint, which disabled him for several days, and he informed me that he did not feel the slightest pain until the effects of the ether had passed off. Observing these facts I was led to believe that surgical operations might be performed without pain and proposed to the gentleman on whom my first operation was done that if he would submit to the operation while etherised I would charge nothing or only a nominal fee for operating."

At this time, as Dr. Graudy observes, some surgeons were recommending mesmerism as a surgical anæsthetic, notably a Dr. Gibbs, of South Carolina. He and others claimed to have "witnessed operations on patients mesmerised, and declared that mesmerism was the *ne plus ultra* needed to kill pain in surgical operations."

To the Medical Society of the State of Georgia, Dr. Long thus explains his delay in going into print:—"I was anxious, before making my publication, to try etherisation in a sufficient number of cases to fully satisfy my mind that anæsthesia was produced by the ether, and was not the effect of the imagination, or owing to any peculiar insusceptibility to pain in the persons experimented on. At the time I was experimenting with ether, there were physicians high in authority, and of justly distinguished character, who were advocates of mesmerism, and recommended the induction of the mesmeric state as adequate to prevent pain in surgical operations, Notwithstanding thus sanctioned, I was an unbeliever in the science, and of the opinion that if the mesmeric state could be produced at all, it was only in those of strong imaginations and weak minds, and was to be ascribed solely to the workings of the patient's imagination. Entertaining this opinion, I was the more particular in my experiments in etherisation."

There are some writers on the history of anæsthesia who are bold enough to contend that Long did not recognise the value of his discovery, and that by delay in publishing his cases operated on under ether he put himself out of court. The above necessarily brief account shows that Dr. Crawford W. Long understood the great value of his discovery, and carefully eliminated errors from his experiments before he published his cases; for this he is entitled to praise—we commend W. Withering for his ten years' study of the value of digitalis before he published his book: "An Account of Foxglove, and some of its Medicinal Uses"; are we to blame Long for deferring his paper on etherisation for six years?

To quote Dr. Marion Sims (*V. M. M.*): "Dr. Long's operations under the influence of ether were known by all his neighbours, professional and non-professional. Many of these are still living (1877) ..... All these men testify to the fact that Long's operations under ether were witnessed and known by all medical men in his neighbourhood and by the whole community.

"Long's operations were not secret. He made no mystery about the substance given to prevent pain. He took out no patent for his discovery, as did Morton and Jackson. He did not attempt to convert it into a money speculation. He published it before all men. It was not hidden from the world."

To conclude, I give the dates on which surgical anæsthesia was produced by the three claimants to the honour of discovering surgical anæsthetics:—

Long's anæsthesia, with ether, on March 20th, 1842.

Well's anæsthesia, with nitrous-oxide gas, on December 11th, 1844,

Morton's anæsthesia, with ether, on September 30th, 1846.

ABDOMINAL SURGERY—NOTES OF CASES.

By RUTHERFORD MORISON, M.B., F.R.C.S.,
Senior Assistant Surgeon, Royal Infirmary, Newcastle-on-Tyne; Consulting Surgeon, Newcastle Dental Hospital.

(*Continued from page* 547.)

THE next case is interesting clinically as showing one of the many difficulties in diagnosing gall-stones, and pathologically as illustrating a condition I have never seen described. The symptoms were exactly those met with when a stone is impacted in the common bile duct, but the patient was at least ten years younger than gall-stone cases usually are, and large distension of the gall-bladder with absence of adhesions to surrounding parts are both conditions very infrequently met with in gall-stone cases.

CASE IV.—*Inflammation followed by Abscess of Pancreas (?)—Blocking of the Common Bile Duct, with Symptoms pointing to Gall-stones.*

A young woman, æt. 25, single, a patient of Dr. Smith Ryton, complained of pain in her side and jaundice. The illness commenced eight weeks ago after breakfast with a sudden severe pain in the pit of the stomach, which obliged her to go to bed. The pain lasted for two and a half hours, and was accompanied by shivering, vomiting, and sweating. It was relieved by an opiate and hot poultices, and next day the patient got up as usual. Five days later a similar attack followed. No jaundice was noticed after either of the first seizures. Six weeks ago the third attack came on, and was followed by jaundice. Since then she has been confined to bed, and has had seven or eight further attacks of severe pain, accompanied by vomiting, shivering, and sweating. The jaundice has increased after each, and she has lost flesh and strength considerably.

When she came under my care her skin was deeply jaundiced. On palpating the abdomen, a rounded elastic swelling was felt under the right rectus muscle, extending from immediately below the right costal margin downwards as far as the umbilical level. Between a band in front and another in the right loin the rounded elastic swelling was found to be of considerable size (almost that of a cocoanut). It moved freely downwards on inspiration, and was unconnected with the kidney, which could be felt behind it. The liver dulness in the nipple line commenced at the level of the fifth rib, and below was continuous with the dull note over the swelling. There was nothing in her previous health or family history bearing upon her illness.

Operation, August 24th, 1895.—Abdomen opened by an incision, extending from right rectus into loin. The tumour was found to be distended gall-bladder. There were no adhesions. No stones could be felt in her bladder or the ducts. The pancreas was enlarged and very hard and nodular, and a definite diagnosis of malignant tumour of the pancreas was arrived at. This opinion was not formed without due consideration, for I have previously drawn attention to the fact ("Annals of Surgery") that a stone impacted in the common duct may be so covered up by the head of the pancreas that palpation of it without opening the duct was impossible, and that a stone impacted there would cause

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induration of the head of the pancreas, so clearly resembling malignant growth that I had made a mistake in such circumstances more than once. The absence of adhesions in this case, in addition to making impacted stone unlikely, allowed of very thorough examination of the whole course of the duct, so that neither gall-bladder nor duct was opened.

After Progress.—A fortnight after the operation the patient went home, with the wound healed. The jaundice had disappeared and she was free from pain. After her return home she continued to improve for two weeks, and seemed to be well, for the jaundice disappeared and her strength increased. Then she had another attack of pain which lasted for three days. A month later another attack of pain came on and an abscess formed, which pointed about the middle of the scar and then burst. A pint of water in all escaped from it, and the opening healed in a few days. A month later another painful attack was followed by another abscess but smaller than the first. Until February, the attacks of pain increased every month, but there was no jaundice. From February 4th to February 7th, she was very ill. The pain, vomiting, and shivering were followed by jaundice which disappeared in a few days. A fortnight after this, the last attack, I had the opportunity of examining her. She was then fairly well. In the upper part of the abdomen it was easy to feel a large hard nodular tumour of the shape and size and in the position of the pancreas. On June 10th, 1896, I examined her again. She was in excellent health, had been well since February, and except for the scar and an ill-defined resistance in the pancreatic region showed no trace of her serious illness. There was no weakness of the scar.

Case V.—*Single Large Liver Abscess simulating Pleural Effusion on the Right Side.—No History of Dysentery.*

A man, æt. 38, a patient of Dr. Denton Holmes, of Newburn, gave the following history:—On the 21st of July, 1895, he complained of feeling cold, went to bed and shivered for a time. Feeling better next day, he got up, and went out. A severe pain was felt in his chest, which soon passed off, but the following day he had to stay in bed, and was found to have a very high temperature, which continued up to the time of operation. Except for the high temperature his illness was at this time of an indefinite character. On the thirteenth day of his illness he had a rigor accompanied by difficulty of breathing, and he was unable to lie on his right side. Four days later he had another rigor, and perspired profusely for fourteen hours. Two days afterwards he had a third rigor. In the seventh week of his illness slight jaundice was observed. Nine weeks after the illness commenced all the signs of a large pleural effusion were found, and a hypodermic syringe (containing, microscopically, liver cells full of chocolate-coloured pus) was withdrawn in the posterior axillary line between the eighth and ninth ribs. Since his illness commenced the morning temperature averaged 100°, evening 103°. The only points worthy of note in the antecedents of the illness were that a family history of consumption was elicited, and that two years earlier the patient went to India from November to April. Whilst there he had excellent health, and never had diarrhœa or dysentery. The patient was now pale, anæmic, and exhausted. All the signs of an extensive right pleural effusion were found as described. The liver was little, if at all, displaced downwards.

Operation, Oct. 2nd, 1895.—The liver was little, if at all, displaced downwards. A semicircular flap with base backwards was made round the hypodermic puncture, and the soft parts down to the ribs reflected; 1½ inches of the 8th and 9th ribs were resected in the posterior axillary line. The abscess adherent-induration was opened in the centre of the exposed area, and a finger introduced. The huge cavity seemed to be limited to the liver, for the diaphragm could be felt forming its upper boundary. About one quart of pus escaped of the same chocolate colour as was found with the hypodermic syringe. An opening was made in the base of the flap for the introduction of a large drainage-tube into the cavity, and the flap replaced and sutured with silkworm gut. Before completing the dressing, a hypodermic needle was introduced into the pleura on a level with the spine of the scapula, and the syringe filled with clear pleural effusion. The abscess cavity was not washed out, but allowed to empty itself.

After Progress.—Immediate improvement followed the operation, and the temperature never rose above normal after it. On the tenth day the sutures holding the flap were removed, and this portion of the wound had healed by first intention. A month later the tube, which had been gradually shortened, was entirely removed, and a week later the patient went south for change of air with a small granulating wound.

He is now strong and in good health. The diagnosis and pathology of such kidney conditions as may be called surgical is at present most obscure, in spite of the fact that opportunities for pathological observations have not been few. The commonest is, perhaps, stone in the kidney, which is frequently diagnosed. The symptoms and signs of its presence are so well-known that most practitioners feel, if one of their patients has the classical pain, a small amount of blood occasionally in the urine, and a little pus, more or less constantly, that the diagnosis of kidney-stone is fully justified. The operating surgeon knows that in the majority of such cases no stone can be found after the most complete exploration of the kidney and its pelvis, and that stone is not infrequently found when no suspicion of its presence has been excited.

The explanation, I believe, to be that the acute attacks of kidney pain associated by most of us, specially with the presence of stone, are due to the production of an intermittent hydronephrosis, of which stone is only one of several causes. The presence of a stone in either kidney or ureter *per se* causes no pain, and I have known a small stone pass from the kidney through the whole urinary track without causing more than a sensation. A large stone arrested at any part of the ureter causes severe pain till the unstriped muscular fibres of the ureter above the obstruction are persuaded of the hopelessness of the task of extending it (forcible contraction of unstriped muscular fibre causing the most severe pains the body has to tolerate), and until the kidney has become so stretched as to be insensitive. The subsequent course of such a case, one with the ureter completely blocked, will usually be absorption of the fluid in the kidney and ureter with subsequent atrophy of the kidney. The stone will cause no further trouble. I would draw particular attention to this point as bearing upon the future prognosis of the case about to be related, and for an example verified by post-mortem examination would refer to a paper of mine in the *Lancet* for 1894.

A stone of moderate size arrested in the ureter would, I think, be likely to cause attacks of intermittent hydronephrosis, but until the question was brought directly to my attention by this case, it had not struck me that it would do so. A stone in the pelvis of the kidney dropping into and plugging the kidney orifice of the ureter could not fail to produce a hydronephrosis, and such a purely mechanical explanation is sufficiently satisfactory. To understand how a stone impacted in the ureter can cause an intermittent hydronephrosis is, however, not so easy. I believe that if we consider the behaviour of the urethra with a foreign body in it that the solution of the difficulty may be found. At first the foreign body is tightly grasped, after a time the urethra dilates around it. May not the same succession of events occur in the ureter? If so the difficulty is no longer inexplicable.

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CASE VI.—*A Case of Intermittent Hydronephrosis.*

A woman, æt. 22, a patient of Dr. Macaulay, complained of attacks of pain in her right side and swelling there. Six years ago she first felt the pain in her right side. The attack was very severe, and lasted for some hours. The excruciating pain was accompanied by vomiting, shivering, and followed by perspiration and flushing. Since then she has had at least twelve attacks, always accompanied by the same symptoms. As long as the pain lasted the patient was obliged to lie in bed. A swelling was always observed in the side affected as long as the pain lasted, and subsided when it ceased, generally a few hours afterwards. During the attacks there was a frequent desire to micturate, and large quantities of water were passed. Several months passed between the earlier attacks, but latterly they have become more frequent, and there was only a week between the last two. She had always been strong and healthy, and her family history was good.

The patient, an exceptionally good-looking girl, was intelligent and cheerful, and in perfect health, except that she dreaded and was pulled down by the attacks of pain.

When I first saw her the only discoverable lesion was that her right kidney was markedly movable. With one hand in front, and the other behind in the loin, the lower half of the kidney could be felt. On deep respiration the kidney descended freely and could be held down by the one hand in front, and the other behind pressed together above it. On expiration it tended to slip suddenly upwards and backwards into its normal position. It was normal or nearly so in size. By the kindness of Dr. Macaulay I was enabled to see the patient during several of her attacks, and had ample opportunity for making several careful examinations. I must, therefore, acknowledge that the entire responsibility for the omission in diagnosis devolves upon me. During an attack, examination demonstrated that the patient had been a correct observer, for the first seizure I saw her in was attended by swelling of the kidneys to such an extent that a tumour the size of a cocoa nut, clearly a distended kidney, was felt. The urine was normal throughout. No further mention of it will be made. During the period of attacks it was not diminished in quantity, nor was it increased as the pain passed off.

The diagnosis then arrived at was intermittent hydronephrosis of the right kidney, and as the only thing found to account for it was mobility of the kidney, this was marked as the possible cause. I cannot say that an explanation of any symptoms or condition whatever arising from too great mobility of the kidney is ever quite satisfactory to me, for I have seen too many movable kidneys without symptoms, and too many with symptoms attributed to the kidney, which might have as reasonably been placed to the credit of fever, or nerves, or uterus, or gout, or any other favourite disorder, to be quite pleased with such a view. A belt was ordered, and faithfully worn for several months without any relief, and nephrorraphy was decided upon.

Operation, C. and E., May 14th, 1895.—The kidney was exposed by an oblique incision in the loin parallel with and at the lower border of the 12th rib. After the removal of a considerable quantity of peritoneal fat, the kidney was exposed moving freely upwards and downwards with respiration. The capsule covering the posterior surface of the kidney and the fascia covering the anterior layer of the quadratus lumborum were then cleaned and scraped, and the kidney was fixed by three catgut sutures to the muscle and its fascia. The wound was closed throughout with layers of catgut sutures, and healed without trouble by first intention.

After Progress.—A very bad attack of the same character as before came on three months after operation. Just before Christmas, 1895, there were two bad attacks. During the last seven weeks there had been three attacks. The later attacks were more severe, and lasted longer. The kidney during each was distended to the size of a fœtal head at term, so that it was evidently getting more dilated. In the intervals it was easy to demonstrate that the kidney was still fixed in the position in which it had been sutured, and which appeared to be normal. It was now certain that the obstruction was not due to an occasional and temporary kink in the ureter. That a temporary kink had developed into a permanent stricture seemed possible, as such cases have been described, though the evidence of such a result appears few and slender. It was necessary that something more should be done; the patient suffered so much that she was anxious to submit to anything likely to give her relief. Leave was obtained for nephrectomy, and the operation was commenced in May (one year after nephrectomy had been performed). An incision was made in the right linea semilunaris down to, but not through, the peritoneum. (There was no need to explore the other kidney, for it secreted a normal quantity of healthy urine when the right ureter was blocked.) A second incision at right angles to this was made back into the loin without opening the peritoneum. The kidney, pelvis, and the commencement of the ureter were now exposed. The pelvis was much dilated. The ureter was as large as my forefinger, and had thick walls. It was followed downwards as far as the brim of the pelvis, and the whole portion exposed was equally dilated and thickened. It was, therefore, plain that the obstruction was low down in the ureter. At my request Dr. Macaulay now made a vaginal examination, and at once felt a stone impacted in the bladder end of the ureter. I immediately verified his observation. The stone was shaped like a date-stone, but was thicker. It was firmly fixed in the ureter, so far as I could judge, about 1½ inches from its vesical orifice. The vagina was long, narrow, and virginal.

The problem now was—What had to be done? The kidney was, as yet, undamaged by the operation, and it seemed a confession of failure to remove it now. To take the stone out per vaginam was possible, but to suture the ureter afterwards impossible. A ureterovaginal fistula would consequently have followed this procedure, and possibly an infection of the dilated ureter and kidney. To dilate the urethra, then the vesical orifice of the ureter, and remove the stone were also thought of, but dismissed because of the difficulty and uncertainty from the high position of it. Division of the ureter low down, then implantation of the upper divided end into the bladder, and ligature of the lower, leaving the stone in it, though its advantages were evident, seemed to be much more dangerous than removing the kidney, which, after due consideration, I decided to do. The only point of interest in the completion of the operation was the amount of adhesions following nephrorraphy performed a year before. The kidney capsule and quadratus lumborum muscle were so firmly joined that to remove the kidney without damaging it, or using unwarrantable force, the posterior portion of its capsule had to be stripped off and left behind. The renal vessels were ligatured with catgut and divided, the ureter was stripped down to the line of the pelvis and ligatured there with catgut, and the upper portion of it was excised, attached to the kidney. The whole wound, except posteriorly, where a drainage tube was left protruding, was closed with tiers of catgut sutures. The kidney substance appeared to be healthy, but thin. The calyces, pelvis, and ureter were much dilated.

After Progress.—The wound healed without constitutional disturbances by first intention, and the patient went home well on the twelfth day. There are two points which this case emphasises. The first is the importance of ascer-

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taining the condition of the lower end of the ureter by palpation, preferably under an anæsthetic, before undertaking an operation upon the kidney. In the male this can be done per rectum, in the female per vaginam, and, indeed, in the *Edinburgh Medical Journal* (Dec., 1894, and Jan., 1895) I have drawn special attention to the fact, observed by myself, that thickening of the ureter accompanies tuberculous or suppurating kidney, that the thickened ureter can be palpated from the vagina, and that such an examination may be of great diagnostic value. The regrettable omission in this case will, I trust, convey as useful a lesson to others as it has done to me. The second point is that the kidney should not be removed till the upper portion of the ureter has been first explored, and this concerns the incision to be employed for exploration or nephrectomy.

Writing of this in the second volume of the "Edinburgh Hospital Reports," p. 487, I express the following opinion :—"The best incision I believe to be one of T-shape, the vertical part opening the abdomen in the linea semilunaris, and the horizontal portion extending round to the back between the ribs and the crest of the ilium." After three years of additional experience in kidney surgery, my belief is strengthened. In this case the opposite kidney was known to be sound, and the peritoneum was not opened. The same measure suffices for exploration of nearly the whole length of the ureter, and gives best access to the kidney.

The next case is a further illustration of the difficulty in making a satisfactory pathological diagnosis.

CASE VII.—*Hydronephrosis due to Movable Kidney? Suppuration of the Kidney.—Nephrectomy.*

A woman, æt. 40, a patient of Dr. Brumwell, North Shields, complained of pain in the right groin, extending round to the back.

History.—Last November, (eleven months ago), she first felt aching in her right side, but not severe enough to incapacitate, or even greatly incommode her. At the beginning of the year, the pain increased, but after a few days' rest in bed, it went away. She had no further trouble till six weeks ago. She thinks she has been able to feel a swelling in her side ever since the aching commenced. Six weeks ago, the pain returned, and was worse than on the previous occasion. Rest and medicine did not remove it this time, and morphia had to be taken frequently to gain ease. Dr. Drummond saw the patient, with Dr. Brumwell, and agreed with him that the kidney was distended by pus, and should be removed. The patient had always been delicate. When two years of age she had pneumonia, and ever since cough and attacks of asthma have troubled her. Her relatives were all short-lived, but there was no history of any predisposition to special disease. She was cheerful, but a thin, fragile woman, with a bad appetite ; a poor sleeper ; and with bronchial râles in her chest. On palpating the abdomen a rounded tumour was readily felt in the right renal region. It was the size of a large cocoanut, and descended a full inch on deep inspiration. Tenderness was not a marked symptom, and the tumour could be freely manipulated. It was easily pushed far enough downwards to allow of the two hands, one in front, the other behind, meeting above it. It could be displaced into the abdomen so far that its left border reached one inch to the left of the umbilicus. The left kidney was also freely movable, but appeared to be of normal size and consistency.

The urine passed in 24 hours, ℥xxv, sp. g., 1016, acid. A considerable deposit of pus. (In a test tube containing two ounces of urine, allowed to settle, a sediment of two drachms of pus was found.)

Operation, October 17th, 1895.—Anæsthetic chloroform. An incision in the linea semilunaris opened the abdomen, and my hand introduced felt the left kidney, which appeared to be normal. The peritoneum on the outer side of the colon was now divided over the right-sided tumour and the kidney easily turned out in its capsule. The ureter was thickened, but not distended. The renal vessels were tied with catgut and divided, the ureter being ligatured separately, and the kidney removed. A small incision was made in the loin through which a short drainage tube was drawn into the cavity left after enucleation of the kidney and the raw surface was covered up by peritoneum. The anterior wound was entirely closed by three tiers of catgut sutures.

The kidney was enlarged to four times its normal size. The calyces and pelvis were much dilated and filled with pus. Portions were sent to the Clinical Reseach Association for examination and the following is the report returned :—The section of kidney shows a most extensive degree of interstitial nephritis, with fibrosis of the glomeruli, and atrophy of the tubules. Scattered through the section are many collections of small cells, as if from early suppuration, and the whole appearances are suggestive of the lesions being due to ascending pyelo-nephritis.

After Progress.—For the first five days after the operation the patient was very ill with a bad attack of asthma and bronchitis. In spite of this the wound did well, and on the tenth day had entirely healed. On the thirteenth day she sat up for an hour, and on the seventeenth day went home. Immediately after operation the pus disappeared from the urine. She is now as well as ever she was.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Obscure Case of Otitis Media—Suppuration with Grave Cerebral Symptom.

Under the care of E. F. ELIOT, F.F.P.S., &c., Southampton.

ON Thursday, Sept. 12th, 1895, I was called to see a patient, a man, æt. 32, who was reported to me to be seriously ill. I obtained the following history of the case. For some years past he had had discharges from both ears, and for a long time had been deaf in his left ear, but could hear ordinary conversation with his right ear. For some time past his friends had noticed that he had been failing and looking ill, but no marked symptoms of any importance had been noticed. He was a man of most industrious habits, and very active.

On Sunday, Sept. 9th, 1895, he was out in the country with his wife, and in the afternoon was suddenly seized with severe and violent pain in his head. He walked home, and on the way was very sick, which naturally was put down to "biliousness" by his friends. On his arrival at home he went straight to bed, and continued vomiting during the night. On Monday, the 10th, he was still in great pain, and his medical attendant was sent for, who immediately placed him under treatment. During this time his temperature varied between 101° and 104° F. He appears to have remained in much the same condition till Thursday, the 13th, when I saw him for the first time. I ascertained that he had had at different times attacks of earache on the left side, and that eight years ago, he had a fall from a bicycle, was picked up insensible, and was in bed for some time afterwards (as far as he could remember, he was hit, in the fall, over the left eye), also that for some time past, he had appeared to be drowsy at times, and frequently dropped off to sleep, but his friends always thought it was on account of his being deaf and not able to join in the conversation freely. On Thursday, Sept. 12th, I found the patient lying in bed, looking dull and drowsy, with a marked expression of pain on his face. He was quite deaf with his left ear, but could hear on shouting in his right ear. He was quite sensible when spoken to, and answered any questions which were put to him. He complained of

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great pain, chiefly on the left side of his head, but extending all over his head and down his neck. There was a slight fœtid discharge from his left ear, apparently none from the right. There was no marked tenderness, redness or œdema, over either mastoid process. Temperature was 103°, pulse 80, and respiration 24.

At intervals of every few minutes his face was "screwed up," as if from a sharp paroxysm of pain. His pupils were quite equal, and responded readily to light. The fundus oculi on both sides was normal, urine normal, heart and lungs healthy. I ordered his ears to be well syringed out every four hours, with boracic acid solution, and thoroughly dried, and dusted with iodoform; also fifteen to twenty grains of bromide as often as was necessary, and counter irritation, in the shape of mustard leaves, to the nape of the neck; a saline purge, and milk and beef-tea diet; absolute rest and quiet.

Up till Saturday afternoon he remained in much the same condition, the pain being less, the vomiting ceasing, and the patient expressing himself as feeling better. On Saturday he had decidedly more pain, and I asked my friend Surgeon colonel W. F. Stevenson, professor of clinical surgery at the Royal Victoria Hospital, Netley, to see the patient with me. The condition was the same as I have described above, but there was more pain over the front of the head, and he was rather more drowsy and listless. I advised his removal to hospital, with a view to operative interference.

During these days the temperature had varied between 100° and 103° F. The patient was removed to hospital on Saturday evening and at 11 p.m. his temperature was 101° F., pulse 84, and he was in great pain. I ordered exactly the same treatment to be continued.

On Sunday, Sept. 15th, very restless. Intense pain in head, and at times twitching of face. After a dose of bromide he got a little sleep and then woke up with intense pain all over his head, and asked for his head to be tightly bandaged.

He took nourishment well. The pain was eased by mustard poultices to his neck which he liked and asked for. During the evening he became very restless and could not pass his water, which was drawn off. He had a very restless night.

On Monday, Sept. 16th, he seemed decidedly better. He said he had no pain in his head, and was less drowsy and inclined to talk. This condition continued till six o'clock in the evening, when violent pain returned, and his temperature rose from 100° F. to 103° F. He had a fairly comfortable night after a bromide draught.

On Tuesday, Sept. 17th, he was excessively sleepy, but was quite conscious when awake. He complained now of more pain in the right side, and there was some blood-stained discharge from the right ear.

On Wednesday, Sept. 18th he did not appear so well. The pain was intense. There was discharge from both ears. He was very drowsy and looked worse. His temperature was 102° F., pulse 80, resp. 26.

I again asked Surg.-Col. Stevenson to see him with me, and after discussing the situation with his wife I determined to trephine his mastoid process on the right side.

Mr. H. Keppel-Compton gave chloroform, which the patient took very well, and although the operation was a fairly lengthy one the patient never flagged. I made an incision ¾ of an inch behind the insertion of the auricle on the right side, and trephined into the mastoid antrum. Deep down there was soft spongy bone, which I scraped away as far as I could; I then put in a drainage tube, and sutured the wound up. Not being satisfied that I had discovered the real cause of the mischief, and the patient's condition being good, I took a point 1½ behind the meatus, and 1½ above that spot, and trephined over the temporal sphenoidal lobe. I punctured the brain in several directions, but could find no pus, so I sutured the wound up and sent the patient back to bed, and ordered him an injection of brandy and an enema of brandy and beef tea. Two hours after the operation he had quite rallied, and was able to speak distinctly. The temperature was 102·2° F., and pulse 92. He had a restless night, but little pain, and found a difficulty in swallowing, so he had a nutrient enema during the night.

On Thursday, Sept 19th, he was decidedly improved. The temperature was 103° F., but dropped during the day to 100° F. He had a comfortable day, with some sleep. His respirations were somewhat quick, but there were no physical signs in his lungs.

On Friday, Sept. 20th, at 6 a.m., the temperature was 99° F., but rose again to 102 F. I dressed the wound, which was quite satisfactory. During the day he had pain on the left side of the head, and kept putting his hand to his left ear. He took his nourishment well. The temperature was 100·6° F., pulse 90, respiration 20.

On Saturday, Sept. 21st, I dressed the wound, which was quite normal. Temperature 102° F. He complained of pain on the left side, and there was some discharge from the left ear.

On Sunday, Sept. 22nd, I asked Surg.-Col. E. Fairland to see the patient with me, and encouraged by the manner in which he stood the operation on Wednesday, and considering the continued pain and high temperature, I decided to operate on the left side. I trephined first over the temporal sphenoidal lobe, and punctured in several directions. A fair quantity of cerebro-spinal fluid escaped, but no pus. The patient took the anæsthetic which was again administered by Mr. H. Keppel Compton well, but he flagged towards the end of the operation. Having sutured the first wound up, I cut into his mastoid antrum on the left side, where I found a lot of soft bone, which I thoroughly scraped out with a sharp spoon; I then washed the cavity well out, inserted a drainage-tube, and sutured the wound up. The patient had ¼ grain of morphia hypodermic injection before the operation. An hour after the operation the patient had rallied considerably, and had a very good pulse. During the night patient was restless. Temperature was 102° F.

On Monday, Sept. 23rd, patient was certainly much better; temperature was 101·6° F. He had little or no pain, and was perfectly conscious. I asked him a few questions written on a piece of paper, which he read and answered immediately. The wounds on either side of head were dressed and thoroughly irrigated. The man seemed generally better, and was lying perfectly quiet, and smiled at anyone who came into the room.

During Tuesday and Wednesday, 24th and 25th, he remained in much the same condition, complaining of no pain.

On Wednesday he began to seriously flag, gradually became more comatose, and died on Thursday morning at 4 a.m. The temperature varied from 100° to 102° F. At 10 p.m. on Wednesday night it was 104·6° F., and three hours afterwards it was 106° F.

Report of Post-mortem Examination by Mr. KEPPEL COMPTON.—On removing the brain no collection of pus was found between the dura mater and the skull, and the trephine wounds were healthy. On partially separating the cerebellum a small thick patch of viscid pus was found covering over the upper part of the fourth ventricle, extending to the sylvian aqueduct, and in contact with the choroid plexuses on either side. The third and lateral ventricles were healthy. On making horizontal sections through the brain two superficial patches of tenacious yellow pus were found lying over the right superior and middle temporo-sphenoidal lobes, measuring about an inch across, and situated about three-quarters of an inch above the trephine hole on the right side. On examining the internal surface of the temporal bone extensive disease of the petrous portion was found on both sides, extending from the mastoid antrum, forwards and inwards towards the apex of the bone, and involving chiefly the middle of the upper part of the bony substance, which was soft and dark, and infiltrated with foul pus. On the right side the necrosis was most advanced, leaving only a thin shell of bone beneath the superior petrosal sinus, which was thrombosed.

Remarks.—I think the first point of interest was the extreme difficulty in making an accurate diagnosis, first of all as to which side of the head the mischief was on, and, secondly, the exact position of the mischief. As it happened I trephined first on the side where the disease was most extensive, although the symptoms nearly led me to trephine primarily on the other side. The case also shows the advisability of early surgical interference in old cases of suppurative otitis media, the difficulty being that in a case like this, the symptoms were not sufficiently severe, for operation to have been suggested before, but the post-mortem examination shows the only sound treatment would have been to have explored his

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mastoid cells before. I think, in a doubtful case, this man's history and condition show that early operation would be less risky than waiting for urgent symptoms. Then as regards the operation, although the disease was so extensive on both sides that a cure was next door to impossible, the relief given after every operation was very marked. The temperature fell, the patient became more conscious, the pain was markedly relieved, the operation being perfectly justifiable if undertaken for this object only. Although in a most critical condition, the patient stood the operation perfectly well, and on examining the dura mater and surface of the brain after its removal from the skull you could not see where the trephine holes had been made, or any mark of the punctures made into the brain substance.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, NOVEMBER 4TH, 1896.

The President, Dr. CHAMPNEYS, in the Chair.

DR. THOS. W. EDEN read a paper on the

STRUCTURE OF THE RIPE PLACENTA AND THE CHANGES WHICH OCCUR IN PLACENTA RETAINED IN UTERO AFTER DEATH OF THE FŒTUS.

This paper was illustrated by a very numerous and interesting series of sections projected on the screen. A full abstract of the paper will be found in another column. In the discussion that followed—

Dr. HORROCKS asked how the placenta itself received its nutrition, and how it increased in bulk, that is to say, did the corpuscles of the fœtal blood absorb from the maternal blood the food stuffs necessary for the development of the placental structure, or did the villi, themselves bathing in the maternal blood, take out of that blood the nutritive substances they required? Inasmuch as it was possible for a degenerated placenta to grow to a considerable extent, as in the vesicular mole, he thought it was quite conceivable that a retained placenta might grow likewise; in other words, if it could grow when diseased, there was no apparent reason why it should not grow when healthy. Clinically, he had seen cases suggesting that growth had taken place in retained placenta. Looking at the sections, it seemed as if after the denudation of the epithelium the fœtal and maternal blood must come into contact. (Dr. Eden pointed out that the capillary wall still remained.) He added that the evidence of the mingling of the fœtal with the maternal blood under certain circumstances was incontestable, though, on the other hand, there was overwhelming evidence that, except under pathological conditions, no such mingling took place.

Dr. GRIFFITH protested that they were all desperately ignorant of the pathology of the placenta. Denudation of the epithelium was certainly a common thing in advanced placenta, but what had struck him particularly was the considerable thickness of the tissue which existed between the trunks of the capillaries and the surface of the chorionic villi, so that even if the epithelium were absent, there would still remain a separation. With regard to extravasations into the placenta, he asked how there could be an extravasation into what was virtually a mass of circulating blood.

Dr. A. ROUTH asked which the author considered to be the most important of the changes that took place in the placenta, at or about term? He had noticed that in inducing premature labour, say at the eighth month, the placenta came away without any difficulty, and this raised a doubt whether the changes were as important in this respect as they were believed to be. He was surprised to hear the author say that the blood in the placenta never became organised, and asked whether this was believed to be the case under all circumstances, as, for instance, in cases of central apoplexy of the ovum. With regard to changes after the death of the fœtus, one met with specimens of retained placenta where it was quite impossible to say how long it had been *in utero*. He recalled the case of a woman whose husband had been away for two years. She had had repeated hæmorrhages for six months, which had brought her to death's door, and her statement was that she had had a child two years previously, but that conception had not taken place since. The pieces of placenta removed looked like pieces of placenta at full term of recent origin.

Dr. DAKIN remarked that the author had not alluded to the cysts often seen in placentæ, possibly because he did not regard them as physiological. He had seen them in a fairly large number of placentæ, usually situated in connection with infarcts, and containing a clear or grumous fluid.

Dr. GARDINER commented on the curious fact that the fœtus was seldom affected by any anæsthetic given at the ime of parturition, this being probably due to the non-mingling of the fœtal and maternal blood. He referred to a case reported by Tait many years ago, in which after operation for extra-uterine gestation near full term, the woman being under ether, the infant was found to be quite unconscious and its breath smelled of ether. He suggested that the structure and position of the uterus in these abnormal cases would account for the occurrence.

Dr. EDEN, in reply, pointed out that the fact of there being marked degeneration of the chorionic villi after the death of the fœtus in vesicular moles hardly justified the assumption of the possibility of actual growth in the healthy villi. The alleged hypertrophy in retained placentæ had, he observed, been proved to be due only to hæmorrhages into the substance of the placenta, and not to real hypertrophy. There was, however, a pathological condition of placental hypertrophy which led to death of the fœtus. The areas of degeneration, as compared with the total placental mass, were infinitesimal, and they could hardly interfere with the functions of the organ. Sometimes, however (in three or four cases), the placenta had perished at the seventh or eighth month, and in these instances the same thing has occurred at successive pregnancies. The only changes noted in these placentæ were those he had described, but on a more extensive scale. The ease with which the placenta separated was due to the spongy nature of the deeper layer of the serotina, which connected it with the uterine wall.

HUNTERIAN SOCIETY.

MEETING HELD WEDNESDAY, OCT. 28TH.

The President, Dr. HERMAN, in the Chair.

DR. FOX showed a case of

ELEPHANTIASIS

in a patient, æt. 62, had not been out of England. He quoted Dr. Manson's opinion to the effect that the latter had known the disease occur in people who had not been abroad. The disease affected the penis and scrotum and the left leg and left groin. Dr. Fox thought that the case was erysipelas of the calf of the leg resulting in blocking of the lymphatics and extension of the lymphatic thrombosis.

Mr. OPENSHAW thought that the value of this case lay in the fact that it showed all these cases were not due to filariæ.

Dr. BERTRAND DAWSON, while agreeing with Dr. Fox that it was due to erysipelas, yet thought an explanation of the case might be found in the presence of immature ova, inasmuch as in such cases erysipelatoid attacks were not infrequent.

Dr. GLOVER LYON advanced the opinion that the symptoms might be explained by venous thrombosis in the absence of filariæ.

In reply, Dr. FOX was inclined to agree with Dr. Bertrand Dawson as to the presence of immature filariæ, and he could not accept Dr. Glover Lyon's explanation.

Dr. HINGSTON FOX showed a case of

LYMPHADENOMA.

He brought this case before the Society because of the curious connection between this disease and rheumatism.

Dr. ARTHUR DAVIES alluded to a case of lymphadenoma which had been treated with some success by red marrow.

Dr. F. J. SMITH thought the case was probably one of lympho-sarcoma, not lymph-adenoma, and asked if the blood had been examined.

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Dr. GLOVER LYON alluded to a similar case in which the glands had decreased after an acute febrile attack.

Mr. TUBBY asked for further information as to the so-called rheumatic attack.

Dr. HINGSTON FOX replied.

Dr. ARTHUR DAVIES brought forward a case of

HYPERTROPHY OF THE RIGHT BREAST.

Mr. OPENSHAW wished to know if the enlargement of the breast commenced at puberty, and if there were any pain in it.

Dr. F. J. SMITH doubted the existence of true hypertrophy in this case, and was of opinion that the enlargement was due partly to periosteal thickening and fat.

Mr. TARGETT spoke of six cases in males which had come under his notice after removal for pain. He alluded to the ill-development of acini and the presence of large amounts of fat and fibrous tissue.

Dr. HINGSTON FOX agreed with Dr. Davies as to the nature of the case.

Dr. DAVIES, in reply, stated that there had been no pain, and that the mother had noticed it first when the patient was eight years old.

Dr. ARTHUR DAVIES also communicated notes of a case of

RENAL CALCULUS IN THE LEFT KIDNEY

in a man, æt. 23. On admission pus was present in the urine. An operation was performed by Mr. Stephen Paget, who removed an oxalate of lime calculus from the renal pelvis, weighing 49 grains.

Dr. GLOVER LYON thought that the X rays would have revealed the presence of the stone.

Messrs. OPENSHAW and TUBBY made remarks on the distribution of pain, viz., its absence in the testis, and down the thigh.

Dr. BERTRAND DAWSON showed a patient with "Fibrosis of the Right Lung with Creaking, Displacement of the Heart and Increased Tactile Vocal Fremitus." This patient had been treated for consumption for some years, but Dr. Dawson believed it to be fibrosis and bronchiectasis.

Dr. F. J. SMITH concurred with Dr. Dawson.

Dr. HINGSTON FOX was anxious to know if hypertrophy of the right side of the heart were present.

Dr. DAWSON suitably replied.

Mr. OPENSHAW introduced a patient with compound comminuted fracture of the lower end of the left humerus, in which at the site of fracture there was excessive movement, yet the patient was able, despite this, to carry on his daily occupation as ticket collector.

Mr. OPENSHAW also showed a case of hypertrophy of the alveolar processes of upper and lower jaw, which he believed to be idiopathic.

Dr. HINGSTON FOX drew attention to the patient's age, which was 23. He wondered if the alveolar processes had continued to grow while the remainder of bony growth had ceased.

Mr. OPENSHAW also showed another case of infantile hemiplegia with talipes equino-varus on the left side, and contraction of the left fore-arm and hand. In this case there existed a deep depression of the right parietal bone, which had existed at birth

BRITISH ORTHOPÆDIC SOCIETY.

AT the October meeting held in the National Orthopædic Hospital,

Mr. T. HORROCKS OPENSHAW in the chair, Messrs. NOBLE SMITH and CHISHOLM WILLIAMS showed two cases of

DOUBLE DISPLACEMENT OF THE HIP.

In one case the displacement was dorso-posterior on the right side and dorso-anterior on the left side. In the other case the displacement was upwards both sides. There was considerable free movement of the heads of the bones in their false sockets, but on drawing the femur downwards there was found a distinct bony obstruction which prevented the head reaching its natural position. And these cases were thought to be due to injury at birth, and thus were not truly congenital. On inquiring into the history it was found that there had been a breech presentation, great difficulty in delivery, very prolonged parturition, and that instruments had been used. Skiagrams of these cases were also exhibited.

Mr. TUBBY showed skiagrams of a case of double congenital displacement of the hip, the displacement being dorsal on the right side and anterior on the left, and he referred to Mr. Noble Smith's remark that Lorenz had found retraction or contraction of the muscles attached to the great trochanter, and pointed out that Hoffa distinctly stated the contrary. He imagined that the real truth lay between the two statements—that in some cases there was and in others there was not contraction of those muscles. In the case he had shown, after dividing the adductors, the difficulty of bringing the heads of the femora into position was really due to distinct contraction on the part of the muscles attached to the great trochanter, which he accordingly divided. He believed the whole question of the general treatment of congenital dislocation of the hip was so far absolutely chaotic. On the one hand they found certain German surgeons making statements which they believed to be true; but they also found cases coming from Vienna, where they had been operated on, deficient in one particular, either the lordosis or the waddling remained, or there was ankylosis. A case of the last description had come under his own notice. It seemed to him that the best form of treatment was that of Paci's. One point appealed to the speaker very strongly that Lorenz had abandoned in children under seven treatment by the open operation, and employed the measures of Paci. It did not seem possible to the speaker so to hollow out an ill-developed acetabulum as to make it large enough to retain the head of the former in all positions without perforating the acetabulum. He was very sceptical as to the possibility of forming a normal cavity from a triangular ill-developed shallow acetabulum.

Mr. D'ARCY POWER asked what Mr. Noble Smith's experience in connection with these cases of congenital dislocation was, more particularly as to the question whether they were truly congenital or traumatic and produced at birth.

Mr. KEETLEY drew attention to Ogston's operation, which he considered to be more scientifically conceived than those done by the foreign surgeons. He confessed that he felt some resentment as to the attention given in this matter to German surgeons at the expense of their own countrymen. He drew attention to the difficulty of diagnosing paralytic locations and pathological dislocations, especially after typhoid fever, from so-called congenital dislocations. Mr. Keetley strongly advocated a formation of a series of records by which such cases might be followed up.

Mr. WILLIAM THOMAS disbelieved that any surgical procedure could ameliorate this condition. A great many of them walked fairly well.

Mr. OPENSHAW stated that in his experience the head of the bone was not deformed until after the fourth year. In six cases on which he had operated he had found the acetabulum in each case triangular, and about one-third inch in depth. In none was it filled up. The obstruction to reposition was due to a thickening of the posterior and upper edge of the cavity and of the cotyloid ligament, and his experience was that in no case after three years of age was it possible to get the heads of the bones into the acetabulum by digital manipulation. He had himself deepened the acetabulum six times, and in no single case had he perforated its base. In only one of these six had the head of the bone slipped out of the acetabulum after it had been so deepened.

Mr. J. EWENS showed casts of a case of tarsectomy both before and after operation. It was the worst case he had ever seen. He operated in the ordinary way by first taking a wedge out of the foot. The case was subsequently neglected, and there was a certain amount of equinus present. A wedge was then removed from the dorsum of the left foot, which was not in a very satisfactory position.

Mr. MUIRHEAD LITTLE showed skiagrams of an aggravated case of congenital club foot, two of hallux flexus, and one of congenital absence of the radius. The case of double talipes equino-varus was one which, so far as he knew, had been tarsectomised at another hospital. When it came under his observation the adduction had been fairly well overcome. There was considerable equinus with rotation outwards. Finding subcutaneous methods useless, he tried section of the plant or fascia, tendo Achillis, and so on. He then did Phelp's operation on the right foot, and from the left removed a wedge through the neck of the astragalus and os calcis in the same way as in his case shown at the first meeting of the Society. The patient was now able to put her foot to the ground standing up and walked a little.

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Messrs. NOBLE SMITH and KEETLEY discussed the case.

Mr. WILLIAM THOMAS made some remarks on the early diagnosis of disease of the spinal column, but as the hour was somewhat late it was decided to ask Mr. Thomas to present the matter in the form of a paper which should serve as a basis for discussion at the next meeting.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FRIDAY, NOV. 6TH, 1896.

The President, Mr. W. BRUCE CLARKE, in the Chair.

MR. BOWREMAN JESSETT narrated a case of

FÆCAL FISTULA,

due to self-mutilation, occurring twice in the same patient. The fistula was treated on each occasion by abdominal section and enterectomy, first, by Widenham Maunsell's operation, and secondly, by Mayo Robson's bobbin. The patient recovered.

Remarks were made on the treatment of fæcal fistula.

Dr. HENRY SUTHERLAND remarked on the point raised in the paper with regard to the rapid recovery of lunatics from operations. He had recently had a male patient under his care, who had been operated on for renal calculus. The operation was performed six weeks before the patient was admitted into an asylum (the wound being soundly healed) for an attack of mania. The attack lasted four weeks, after which the patient was discharged cured.

Remarks were also made by Mr. Swinford Edwards, Dr. Alderson, Mr. McAdam Eccles, and Dr. Travers.

Mr. JESSETT replied.

A paper was read by Dr. MANSELL-MOULLIN, on

INTRA-PERITONEAL HÆMORRHAGE IN CONNECTION WITH TUBAL PREGNANCY.

He stated that arrest of the fertilised ovum in the Fallopian tube was of much more frequent occurrence than was generally supposed, and was the most common cause of hæmorrhage into the peritoneal cavity. The hæmorrhage was not necessarily due to rupture of the tube. More frequently a more or less gradual loss of blood took place from the "ostium abdominale" and thus slowly effused coagulated forming a tumour. In some instances the tumour was limited by the neighbouring organs formed together by adhesive peritonitis. In other instances the outer layer of the clot became organised constituting a limiting membrane, as pointed out by Mr. Taylor, of Birmingham. These conditions might be combined. As a rule the hæmorrhage occurred at a very early date, within ten to fourteen days from the arrest of the ovum in the tube. The ovum almost invariably perished at the same time. Dr. Mansell-Moullin then drew attention to the leading symptoms attending this condition, illustrating them by reference to cases which had been under his care at the West London Hospital, and urged the advantages of early operation in all cases where a considerable hæmorrhagic tumour was present.

Dr. MCCANN referred to some abdominal lesions closely simulating a ruptured tubal pregnancy, *e.g.*, perforated gastric or intestinal ulcer, ruptured pyosalpinx, acute axial rotation of an ovarian cyst. It was specially needful to make a careful diagnosis in order to be able to deal with the condition revealed after opening the abdomen. In diagnosing a case of tubal gestation he relied on:—(1) The occurrence of paroxysmal pains in the lower abdomen. (2) Early signs of pregnancy. (3) Irregular hæmorrhages from the vagina, with or without the passage of a decidual membrane. (4) Bimanually, a swelling found on one side and behind the uterus. (5) Uterine enlargement. With regard to the effusion of blood in the cellular tissue, he mentioned the importance of a ring-shaped effusion around the rectum. As to the advisability of abdominal section, where shock was severe he suggested the preliminary infusion of saline fluid.

Remarks were made by Drs. Eden, Dobson, Macnaughton-Jones, and Robinson. Mr. Malcolm and Mr. Keetley also joined in the discussion.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD THURSDAY, OCTOBER 22ND, 1896.

The President, Mr. RECKLESS, in the Chair.

MR. DALE JAMES showed a case of "Pityriasis Rubra," in a man, æt. 52. Ringworm in 1883, no intervening skin troubles. Feb., 1896, came to the infirmary after being four months under other treatment. Then his state was a bright erythematous flush; was present on outer arms, buttocks, and outer thighs, and over the front of the leg and foot in a singular triangular patch, having its apex at the knee-joint. Since then, in spite of varied treatment, the disease has advanced. Almost the whole skin area is now involved, and the patient is steadily losing weight and force.

Mr. SNELL showed a case of "Herpes Ophthalmicus," coming in a few days after cataract extraction, but not interfering with the cataract result. It was a severe case, the forehead, nose, and upper lid being affected.

Dr. SINCLAIR WHITE showed a boy, æt. 10, with a pure "Meningocele of the Spinal Membranes." Site, the entire sacrum. Skin natural, except a small patch below the apex, which is cicatricial. Tumour was of the size of half a walnut at birth; has grown rapidly of late. No paralysis nor deformities. Treatment hitherto adopted—*nil*.

ON CERTAIN ORGANIC TUMOURS OF THE ORBIT WHICH DISAPPEAR UNDER MEDICINAL TREATMENT.

Mr. SNELL said there were certain tumours of the orbit which exhibited features rendering differentiation different from those of a malignant nature. He referred to tumours especially occurring at the middle period of life when malignant growths would be prone to arise. He referred to Panas' interesting paper at the London meeting of the British Medical Association, in which he urged that it was a mistake to regard syphilis as the only cause of these neoplasms. "They might be lymphomas, sarcomas, or syphilomas.

Mr. SNELL related a series of instances in which growths apparently organic had become dispersed. He compared the cases of two woman, in one of which the growth dispersed under bromide of potash whilst the other was a sarcoma and necessitated removal by operation. Careful enquiry appeared to exclude syphilis. The well known difficulty of obtaining a syphilitic history was acknowledged and reference was made to the possibility of syphilis being acquired in an innocent manner. The simplest way to account for such cases as he had related was to assume of course that they were specific, but Mr. Snell thought that they need not necessarily be so, and Panas as to unilateral and bilateral growths afforded every support to such a contention.

The PRESIDENT, Dr. PORTER, Dr. RHODES, Mr. DAN JAMES, Dr. ARTHUR HALL, Dr. SINCLAIR WHITE, Dr. ADDISON, Dr. ENGLISH, Mr. PERCY SMITH, Dr. SAMSON MATHEWS, and Mr. KNIGHT took part in the discussion.

Dr. EASTER showed a specimen of carcinoma with ovary.

A SERIES OF CASES OF SYPHILITIC INFECTION FROM A BABY.

Dr. ARTHUR HALL showed a series of cases of syphilis, which had been traced to infection from a congenitally syphilitic baby, born in June, 1895. The mother of this child (Mrs. K.) presented an old syphilitic ulcer of the leg. The baby (J. K.) had ulcers round the mouth and buttocks. From this baby, the brother (A. K.) had been infected, the primary sore being on the left cheek. He has condylomata now. From this baby also, a little girl, æt. 3 (B. E.), living in the next street, was infected, the primary sore being on the lip. This was probably due to her sucking the baby's "dummy-titty." This child has now secondary symptoms, and has infected her mother (C. E., æt. 39), the primary sore being on the left nipple. Mrs. E., previously quite healthy, had been in the habit of allowing her little daughter to suck at her nipple to send her to sleep.

Mr. MAKEIG JONES showed a man, æt. 32, a butcher and farmer, suffering from "vaccinia contracted from a cow," through milking. There were eight typical pocks on the anterior aspect of the right forearm, and one on the posterior aspect. A day or two previous to the inoculation he had grazed some of the skin off the forearm.

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Mr. PYE SMITH showed a woman, æt. 43, the subject of "bilateral congenital displacement of both hips." The lower limbs were in a condition of extreme rotation outwards. The gait was waddling, the hands reached to the knees, and the stature was dwarfed, the patient being barely 3 ft. 4 in. high. Several photographs exhibited well the extreme lordosis and other secondary deformities.

Mr. RICHARD FAVELL showed a "suppurating dermoid cyst" which he had removed from a young woman, æt. 19. The tumour had become intimately attached to the parietal peritoneum causing extensive inflammation of the abdominal wall, and had discharged externally midway between the umbilicus and the ante-superior spindus of the ilium.

France.

[FROM OUR OWN CORRESPONDENT]

PARIS, Nov. 7th, 1896.

OTITIS.

AT the last meeting of the Societé de Chirurgie, M. Broca spoke at considerable length on the intra-cranial complications of otitis. He said that chronic otitis is frequently followed by complications of extreme gravity, such as, according to the case, acute meningitis, thrombus of the dura mater, abscess between the petrous portion and the dura mater or abscess of the brain or the cerebellum. Frequently, several of these lesions exist together, and from this association considerable clinical difficulties arise. However, at the outset it is often possible to isolate one or other of these complications and attempt an operation with chances of success. In his remarks he would confine himself to those cases in which interference is justifiable, leaving aside acute meningitis, diffused, or suppurative against which surgeons are powerless. Chronic otitis of the middle ear, especially that accompanied by abscess of the mastoid process, is frequently complicated with osteitis of the petrous portion, provoking the formation of an abscess between the bone and the dura mater. If, according to the precepts of modern otology the mastoid apophysis is trephined, and an abscess or a fistula is found, a purulent collection in the point mentioned is very seldom found. Certain authors recommend to penetrate at once into the cranium as soon as otitis of the middle ear is accompanied by suppuration, pain, and fever. Such conduct did not seem to him to be justified; simple trepanation of the cells is often sufficient.

ULCER OF THE STOMACH.

M. Hayem said he observed recently a man, æt. 54, who for several years suffered from painful digestion, so much so as to provoke ideas of suicide. The pain was felt in region of the pylorus and was accompanied sometimes by vomiting, and finally hæmatemesis set in, producing great suffering and emaciation. A milk *régime* was tried without any relief. The diagnosis was ulcer of the stomach and stenosis of the pylorus He advised the patient to submit to gastro-enterostomy. The operation was performed by M. Tuffier, and the result was a considerable abatement in the gastric pain, and at present the patient is in a satisfactory condition.

PERITONITIS.

M. Sireday related the case of a woman, æt. 26, who when received at the hospital, presented all the symptoms of peritonitis; vomiting (green), abdomen distended and painful, small pulse, &c These symptoms began to show themselves three days previously, when the patient complained of intense pain in the right flank, and since then no evacuation of solid or gaseous matter had taken place. The case was thought to have been one of acute appendicitis, and although the woman was three months pregnant laparotomy was decided on, but the appendix was found to be intact. The operator prolonged the incision towards the liver, when a great flow of bile escaped through the wound; the case was one of perforation of the biliary vesicle. This latter was sutured with care and the peritoneum washed out. In spite of the unfavourable circumstances in which the operation was done, the vomiting ceased the next day and a fortnight after, the woman had completely recovered

SANITARY ACCOMMODATION IN FRANCE.

A doctor has written an article in one of the medical papers on the scandalous absence of proper sanitary arrangements in the hotels of several mineral water springs in the centre of France. Although negligence in this respect is almost general in this country it might be supposed that in those resorts frequented by foreigners, who form the best *clientèle* of the establishments, such elementary notions of anitary comfort would not be wanting. But the fact exists and my own experience confirms all that our *confrère* says on the subject. Except in large first class hotels, the English watercloset is either unknown or insufficient in numbers. Frequently but one exists, and that a shabby affair, for all the inmates, necessitating an unseemly procession every morning. The French, who certainly show a superior taste in many other things, seem to treat this important matter with gross neglect. It is true that for several years large cities as Paris, Lyons, Marseilles, &c., have been provided very efficiently with public waterclosets on the most improved plan, for the use of which a small charge is made, but the arrangements of private establishments are for the most part very summary and frequently disgusting

A strong current of public opinion towards improving such a state of things will be necessary to provoke a healthy change.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, November 6th.

THE 68TH CONGRESS OF GERMAN SCIENTISTS AND PHYSICIANS

IN the Surgical Section, Hr. Braun, Göttingen, gave an address (with demonstration) on the

SURGICAL TREATMENT OF TRAUMATIC JACKSONIAN EPILEPSY.

This patient, a man, æt. 24, was apparently cured of a traumatic epilpsy by removal of a cortical motor centre. In May, 1884, he was rendered unconscious by an injury, upon which left hemiplegia followed, and only slowly improved. He had the first epileptic attacks in March, 1888. In December, 1889, a circumscribed portion of the head became exceedingly painful, and a cyst was opened. The fits, however, remained. In March, 1890, an opening was again made over the centre for the face and muscles of the upper extremities, but nothing was removed, as the bone was thickened and the brain seemed healthy. In the course of 7 or 8 weeks the fits extended to the whole body. In April, 1890, the old cicatrix was reopened, and the centre for the upper extremity, distinctly localised by the interrupted current, was excised. Through the first few days after the operation slight attacks recurred; they then ceased and had not returned after the lapse of six

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years. The speaker had found nineteen cases recorded in which excision of a portion of the brain, as carried out by Horsley, had been successful in the treatment of similar conditions.

Hr. W. Körte read a paper on

THE SURGERY OF THE PANCREAS.

He said the diseases of the pancreas were but little known and it was only during the past twenty years that surgery had to any extent dealt with the affections of this organ. Petit first operated on a tumour of the pancreas. Since Gussenbauer in 1882 diagnosed cysts of the pancreas they had been more frequently opened and the cyst wall stitched to the wound. Up to the present year the speaker had collected 104 such cases, two of which were his own.

The inflammations were less known. Surgically the urulent inflammations came into consideration. These arose through metastases, frequently through extension of inflammation and invasion of microbes into the Wirsungian duct from the intestine or gall-bladder. Numerous small abscesses might be present, or there might be large collections, and from those peri-pancreatic suppuration. The purulent collection might be diagnosed as retro-peritoneal. Surgical treatment was possible in only the minority of cases.

Necrosis of the pancreas was generally a result of hæmorrhage, either spontaneous or as a result of acute inflammation. Usually, the hæmorrhage led to speedy death, with severe gastro-intestinal symptoms and collapse. The symptoms often resembled those of ileus. If the patient survived the first onset, the infiltrated parts became necrosed and sequestrated by inflammatory reaction. The necrosed parts could be removed by left lumbar incision, or from the front. He had seen five such cases, four of which were operated on. One recovered, but became diabetic soon after, although he was not so before. Disseminated fatty tissue necrosis was found associated with the foregoing. In operations on the pancreas the secretion of the gland should be kept as far away from the abdominal cavity as possible.

Hr. Hasse, Nordhausen, read a paper on

THE INJECTION TREATMENT OF SURGICAL DISEASES.

The speaker referred shortly to the treatment of cold, tuberculous abscesses, and tuberculous joint diseases by injections of iodoform, the radical treatment of hernia by injections of alcohol. The same treatment was employed by Schwalbe and himself for the diminution in size of all sorts of benign tumours, lipoma, struma, angioma, cysts, tumours of lymph glands and with some success. The results seemed the most important, however, in the case of malignant new growths, carcinoma and sarcoma. By preference the treatment was only preparatory before excision as in mammary cancer, and after removal to prevent recurrences. Where the disease had already attacked the pectoral muscles the procedure was very trustworthy. He did not now employ pure alcohol, but about equal parts of alcohol and water. The dilution made the injection much less painful and did not weaken the effect. The lymph channels nearest to the disease should be filled with the fluid. From the results it could be assumed that the epithelial cells that had found their way into the lymph tracts were destroyed very frequently by continuing the injections in the periphery of the tumour, this became reduced in size, its cell elements underwent fatty metamorphosis and became absorbed, so that only its connective tissue elements remained as a firm cicatrix. In like manner a number of cases of cancer of the uterus were successfully treated. In a very extensive cancer of the rectum that caused almost complete obstruction, injection into the parenchyma of the tumour brought about its retrogression, until only a trifle remained.

Hr. Küster, Marburg, invited the speaker to prove his assertion by accurate statistics.

Hr. Gutsch related

THREE CASES OF RUPTURE OF THE KIDNEY.

The first case recovered after nephrectomy performed three hours after the accident. The second died after operation performed twenty hours after the accident. The third recovered under ice and opium without operation.

Hr. Küster was opposed to nephrectomy for such cases, simple tamponade was sufficient.

Hr. Pariser, Berlin, then read a paper on

THE TREATMENT OF PERFORATING ULCER OF THE STOMACH.

He held it to be the duty of the surgeon to operate at once in such perforations, and stated that in 95 cases in which operation had been performed 33 recovered. This percentage would improve very much if operations were performed in time, *i.e.*, within ten to fifteen hours after the perforation. Of 33 cases operated on within this period 75 per cent. recovered. Four cases recovered after 24 hours had elapsed, but in these first adhesions had taken place and the stomach was empty. In order that the results should be good other conditions were necessary. The point of injury must be accessible, the condition of the stomach as to fulness and decomposition of its contents was of importance, as were also the extent of the perforation and the presence of recent adhesion at the site, and finally rapid operation. The diagnosis of perforation was not always easy. It was frequently mistaken for poisoning. One objective sign was the raging exaccerbation of the pain on giving small quantities of food. The bystanders often made the experiment themselves by giving the patient alcohol. By slow or circumscribed development of peritonitis the symptoms were sometimes so slight as easily to lead to error. Here the sub-febrile temperature with rapid pulse (about 128) were important signs.

Hr. Körte, Berlin, had operated 57 times in such cases with seven recoveries.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Nov. 6th, 1896.

PERSISTING DUCTUS OMPHALOMESERAICUS.

AT the Gesellschaft der Ærzte Neurath exhibited a child æt. seven weeks, with a prolapse of the umbilical cord, which had taken place nine days after birth. At the external part of the prolapsed mass a fistulous opening admitting a sound 10 ctm. long, and discharging an alkaline fluid, was present. He considered this a dangerous condition from the tendency of dragging the bowel into a hernia, or twisting the small intestine in such a manner as to produce incarceration. He decided to operate; drew the bowel well forward, removed the superfluous appendage, applied a few stitches, and returned all to the abdomen. Healing resulted by first intention.

CHOLECYSTOTOMY.

Ullman presented a female on whom he had performed the so-called "Ideale Cholecystotomie." The patient had com-

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plained for some time of recurrent colic, which was diagnosed as caused by gallstone, owing to the appearance of a swelling over the site of the gall bladder. Icterus was common in all the attacks. The operation consisted in a transverse opening at the lower margin of the liver, from which the swelling protruded, the latter was then aspirated. All the fluid being withdrawn the cyst was opened, and over 100 gallstones removed. The cystic duct was still distended by a stone wedged in the interior, and this was removed by slitting the duct.

The cyst and duct were then united by two rows of stitches and the wound closed, the whole healing up within ten days.

PYOSALPINX.

Fabritius related the case of a pregnant female to whom he was called on August 26th. She was greatly emaciated, the abdomen distended, and very tender, thus making an examination a difficult matter. The vagina was not discoloured, no colostrum in the breasts nor any pigmentation present. From the gravity of the circumstances laparotomy was performed, and over 100 grammes of offensive purulent matter removed, when it was discovered that a swelling covered with a pyogenic membrane was located in the right side of the gravid uterus. The pyosalpinx was divided, and the abdomen closed with a few stitches to retain the bowel, while a good drainage opening was left. The anterior surface of the uterus was adhering to the abdominal wall, and could be seen anteflected after the abortion had been completed. After this the purulent matter ceased, the wound healed up and completed the recovery.

TABES AND SPINAL MENINGITIS.

Schwarz read a long paper on the co-existence of tabes and spinal meningitis, and supported his argument with the details of three cases in which he met with adhesions of the pia mater and arachnoid, as well as degenerations in the spinal cord. All the three cases had the clinical symptoms of tabes during life. On whatever hypothesis the etiology may be supported, it is interesting to note that in two of these cases syphilis was absolutely absent. It may generally be accepted that the syphilitic endarteritis of the spinal cord has no distinguishing feature from the non-syphilitic.

Schwarz referred to the teaching of Erb, who had advanced the theory of a connection between tabes and meningitis. In the three cases adduced, he was of opinion that meningitis preceded the degeneration in the cord, and that this was the etiological factor of the tabes. He cited cases from Lange and others that adhesion of the pia mater with the arachnoid produced degeneration in the posterior roots of the nerve. In the three cases he had great hardening of the pia mater and arachnoid with typical degeneration in the posterior roots of the sacral nerve, while the same condition existed in Goll's column in the cervical region, but it was also present over the other roots where no degenerations were present. Schwarz contended that these thickenings of the nerve coverings were not diagnostic of tabes of the cord, and favoured the idea of a primary morbid process in the nerve substance itself. Indeed many of the affected roots had less hardening and adhesions in nerve coverings than the healthy roots.

Again, the inflammatory changes in the coverings of the degenerated roots seemed to be recent and in no way depending on the neuritis and perineuritis in the immediate neighbourhood. He is not sure from his examinations of these thickenings if they are inflammatory at all, but he is convinced that a distinction must be drawn between the pia mater thickening in tabes and chronic spinal meningitis.

In the discussion that followed Redlich said that it was rare to meet with a purely tabetic case without enormous changes in the meninges such as thickenings, infiltration, &c., pointing to inflammation and in many details resembling syphilis, from which it was often impossible to separate the two diseases. He is of opinion that our present knowledge does not warrant a separate class for those cases with degeneration of the posterior roots, after running a chronic course with the usual clinical phenomena, as long as the genesis of tabes remains obscure.

Paltauf thought that every thickening of the meninges over the posterior roots was not inflammatory.

Redlich, in his reply, said that the facts against the secondary origin were—1st, the absence of sclerosis and shrinking of the spinal substance except the immediate surface; 2nd, the phenomena confined to the posterior column, though the coverings and thickening extend wide; 3rd, the absence of a parallel in the intensity of the nerve lesion.

Special Articles.

THE DOCTORS OF OUR FATHERS.—II.

FRANCE must have stood in dire need of its Montpelier, judging by the straits in which the French physicians were lodged, when in 1191 the King's son was taken ill "of a dysentery." Despairing of his recovery, the men of science bethought themselves of the potentialities of a solemn fast and procession. Accordingly, one of the nails of the crucifixion, the crown of thorns, and a bone of Simeon were carried in pomp through the streets of Paris by all the bare-foot brethren of St. Denis, accompanied by students, nuns, and whosoever would, all bare-foot, lamenting, and relic-laden. The motley procession betook itself in due course to the palace of the sick prince, to whose body the holy relics were applied. "He kissed them," says the chronicler, "and received the benediction. All which not only cured him, but his father also, then in bad health in England, and . . . it also changed the state of the atmosphere and of the season, which up till then was very wet and unfavourable." The wonder is that there was any demand for doctors, when, on emergency, relics could so efficiently supersede them. Yet, possibly there was not very much to supersede it. It is recorded that one time in the family annals of the fourth Edward an event was toward. The Court physician had been at pains to proclaim his scientific certainty that the future sprig of royalty would be a boy. In accordance with the custom of the time, the women of the Court were in attendance on the occasion, but the doctor was not, wherefore, as time went on, the latter knocked impatiently at the antechamber door, and asked concerning the young prince. But alas for the scientific certainty of the Fifteenth Century! A pert bedchamber woman flouted through the keyhole: "As surely as it is a girl here within, it is a fool there without!" After which dose of unvarnished truth, one trembles to think what manner of horrific potion the "fool" must have prepared for that lady the next time she had a malady. Later than this, a celebrated French surgeon gave it as his opinion that few people reached convalescence who put their trust in the physicians of the time, and his dictum in no way surprises us. Some idea of the inadequacy of mediæval medical science may be gathered from the attitude of the doctors before the constantly recurring epidemics that swept the land. Material for experiment they had richly

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within reach, but plague after plague came and went, mayors of London and other dignitaries were carried off by the half-dozen, the common people died like sheep, and the doctors seemed paralysed. Hollinshed, in his quaint way, tells how some common-sense genius, feeling an attack gripping him, was "stung by the splendour of a sudden thought," and went to bed in his clothes and stayed there. Eventually he left his bed, cured, while others died, so that in time this simple treatment became both fashionable and successful.

Although Jews were in many cases expressly excluded from European medical schools, yet for some occult reason, Jewish doctors were in great request in European courts, and there were few sovereigns of the Middle Ages who did not keep one handy in case Christian advice failed. Thus Francis the First, when ordinary remedies fell short of his malady, sent post-haste to Charles the Fifth, begging the loan of his Hebrew healer. On hearing, however, that the latter had turned Christian, he would none of him, and straightway sent envoys hurrying eastward to fetch a genuine Jew, who when caught, merely ordered the king to drink asses' milk, pocketed his fees, and journeyed home again. In this case a cure is said to have resulted, but more than once the treatment of Jewish physicians was such as to lay them open to a suspicion of foul play. Charles the Bald died from poison given by his attendant Hebrew, and our own Queen Elizabeth seems to have run some risk of a like fate at the hands of her favourite Jewish doctor. From which facts it would seem that the possession of these coveted aliens must have been rather a fearful joy to their patrons.

Among all the mass of mediæval ignorance and superstition, it is comforting to find here and there a sound observer. Not a few scoffs have been levelled at old John de Gaddesden, a physician of the Fourteenth Century, for his words concerning small-pox. "If you have small-pox," wrote he, "wrap yourself in scarlet cloth, and let your bed-hangings also be scarlet. This is an excellent cure. It was in this manner that I treated the son of the noble King of England, and I cured him without leaving any marks" It so happens that modern science has just vindicated the empirical wisdom of its professional ancestor. Dr. Finsen, of Copenhagen, has shown that it is the so-called chemical rays of the sun, and not the heat-rays, which produce irritation of the skin, and that these rays can be intercepted by red glass, or by any other red medium. Experimenting from this basis, Dr. Finsen found, even as did Dr. de Gaddesden, that small-pox patients treated in rooms with red glass windows almost invariably recovered without pitting or marking.

It was not till 1518 that the College of Physicians in London gained its first charter. Those first years of state-restricted medicine were golden ones for the doctors, and setting to work busily, under the protection of their two Acts of Parliament, they succeeded in amassing much wealth. Saith Erasmus concerning them: "The most effective security against poverty is the art of medicine, which of all arts is the most remote from mendicity," a saying which is surely calculated to make the general practitioner of our day green with jealousy.

The death is announced of Mr. E. Hunt Carter, surgeon, of Chelmsford. He held the offices of Surgeon to the Gaol, Police Surgeon, and Borough Medical Officer. His age was 56.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

Removal of the Appendix for Relapsing Appendicitis.—Mr. Battle operated on a woman, æt. 45, who had been sent to him on account of a painful swelling on the right side of the lower abdomen; it was stated that the patient, who was a stoutly-built fat woman, had suffered from an attack of pain in the abdomen about six months before, and that this attack of pain was accompanied with sickness; since that time she had felt some uneasiness in the region of the iliac fossa and more recently had had a similar attack. On examination there was a swelling on the right side of the abdomen, situated about the junction of the right hypogastric and iliac regions; it was ill-defined, tender, about the size of a large egg, and without fluctuation. Examination per vaginam showed no abnormality, the bowels acted regularly, and she was otherwise in good health. The diagnosis come to was that the patient was suffering from appendicitis, and that the swelling was caused by matting together of the tissues to the appendix. Although this appeared to be the most probable explanation, the situation of the swelling made it possible that it might be due to disease of the uterine appendages on that side. Mr. Battle operated by the method he first introduced some time ago to the notice of the profession: an oblique incision about four inches in length was made along the right semilunar line in its lower part, so that the centre of the incision corresponded to the most prominent part of the swelling; the incision was then continued through the external oblique and the anterior layer of the sheath of the rectus; the rectus muscle was then drawn to the inner side and the posterior layer of the sheath and transversalis fascia divided in a line equal in length to the external incision, but not placed on the same level. The peritoneum was incised under this, and the swelling examined; this was found to be composed of a considerably enlarged appendix, to which bowel was adherent everywhere excepting at its root. The adhesions were separated with some difficulty, and the enlarged appendix isolated; it was amputated by the coat-sleeve method; a circular incision was made about three quarters of an inch from the cæcum including the peritoneum and the thickened tissue of the appendix not extending deeper than the submucous tissue; the flap thus formed was reflected, a ligature placed deeply round the base of the canal, and the appendix cut away beyond. The mucous membrane of the appendix was carefully cleansed with a strong solution of perchloride and the flap sutured over this by means of Lembert's sutures, about a dozen being required in all. The appendix, which was both enlarged and thickened as the result of inflammatory changes in its walls, was affected with chronic catarrh of its mucous surface; there was no concretion in it. During the operation the region of the appendix was isolated from the rest of the abdominal cavity by sponge packing. The wound was cleansed from a small amount of blood and the abdominal incision closed in layers from behind forwards by means of interrupted sutures. The first layer included the structures behind the rectus; the rectus was then allowed to return to its normal position and the fibrous structures in front sutured, afterwards the skin. The usual dressings were applied. Mr. Battle remarked that this method of operating had suggested itself to him as the most likely to effect a satisfactory cure; in these cases

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the difficulty which had presented itself to the practising physician in recommending surgical treatment in relapsing appendicitis was the danger, almost certainty, of the formation of hernia in the scar left by the incision; this was the only method which he considered certain to prevent hernia, as the interposition of the uninjured rectus muscle made it impossible for any protrusion to take place through the line of incision. He stated that he had done several operations by this method, and that the results had been perfect in each, a success which was not certainly attained by any other method. It has been urged, he said, against this way of performing the operation that it was not so easy as the usual one, that the incision was further away from the seat of the disease and that it took longer to perform; he quite admitted that it did take longer to perform, but he thought that the other objections were more theoretical than practical, and the gain was such as to fully compensate for the increased expenditure of time.

It is satisfactory to chronicle that the patient made a good recovery.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 11, 1896.

THE CAUSES OF INTEMPERANCE.

THERE is no topic of social reform that requires more dexterous and well-informed handling than that of intemperance. The Protean aspects of this vast evil are daily before medical men, probably in a far greater degree than they are disclosed to other professions or to the general public. Medically speaking, of all the list of causes given in the systematic text-books, under the heading of Etiology, none appear with greater and more monotonous frequency than that of alcoholism. Indeed, the influence of strong drink, both in the causation and the modification of disease, is nothing short of disastrous, and fully accounts for the life-long crusade against its use which is undertaken by many prominent medical and other reformers. An interesting contribution to this evergreen topic was recently printed in our columns in the shape of an article by Sir Willoughby Wade, the well-known Birmingham physician. His address was delivered at the request of the Church Congress under the selected title, "The Causes of Intemperance and Possible Remedies," and it is highly suggestive of the present aspects of the whole temperance question that four-fifths of the matter dealt with "causes," and the remaining fraction with "remedies." The lecturer discussed the various aspects of the use and abuse of alcohol as they usually present themselves to the medical practitioner. With reference to the much-vexed point as to the value of alcohol as a drug, without hesitation he delivered an affirmative opinion. "I would repeat," he remarked, "for the instruction of lay persons, some of whom have an overweening belief in alcohol as a remedy in acute diseases, that it is not because a patient has got pneumonia or typhoid fever, or any other acute disease, that he requires alcohol, but that he does require it when certain symptoms show themselves." We fancy that the principle of this dictum piths the philosophy of modern medicine, not only as regards the use of alcohol, but that also of numerous other therapeutic remedies. Were it possible to treat each disease as a specific entity, apart from considerations of the individual and his environment and from pathological variations and complications, there would no longer be any need for the attendance of the skilled physician, but the whole healing art might be handed forthwith to the dogmatic mercies of bone-setters, patent medicine vendors, and other unqualified empirics. To the popular mind, there is no more general panacea for all bodily woes than alcohol in one or other of the multitudinous forms into which it has been fashioned by the ingenuity of man. In view of this universal fallacy, the formally stated opinion of an experienced physician to the contrary is always of value. Accordingly, although the point is by no means new, we are glad to find Sir Willoughby emphasising the fact that in perfectly healthy persons alcohol is not a necessity. Another point insisted upon in late years is the physiological factor of environment in the causation of intemperance, but, strange to say, this appears to have escaped his attention. There can be little doubt that insanitary dwellings and workshops, unhealthy trades, and excessive hours of labour, are indirect causes of alcoholism, for the jaded body flies to drink for temporary comfort and support as naturally as a duck turns to water. As to dealing with what are tersely described as "habitual drunkards," the lecturer had little to say, and confined himself

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chiefly to describing the present method of voluntary seclusion. He appeared to think that the case for compulsory detention was surrounded by so many difficulties that it is not likely to come upon the stage of practical politics, at any rate while public opinion maintains its present attitude with regard to the liberty of the subject. However that may be, as far as concerns the majority of chronic inebriates, there can nevertheless be no question whatever, that some drastic action is needed for the rational control of the police court drunkard who is convicted it may be, many hundreds of times. To attempt to reclaim such an unhappy and life-long victim of alcohol may be hopeless, but on the other hand to punish remorselessly again and again is worse than folly. To our mind, the existence of the much imprisoned habitual drunkard of the police courts of this country is a blot on the moral and psychological intelligence no less than the common humanity of a great and enlightened community.

THE GRIEVANCE OF IRISH POOR-LAW MEDICAL OFFICERS.

We publish to-day in our Irish Supplement a full report of an important deputation which waited on Friday last, the 6th inst., upon the Chief Secretary for Ireland. The deputation was organised by the Dublin Branch of the British Medical Association, and it was supported by the presence and advocacy of the Presidents of the Colleges of Physicians and Surgeons, of the Royal Academy of Medicine, and of the Irish Medical Association, and by other delegates from the latter organisation. The subjects submitted to the consideration of Mr. G. Balfour were :—*a.* The redress of the abuses of the Poor-law Medical Relief System. *b.* The necessity for providing pensions for retiring Poor-law Officers; and *c.* The expediency of taking some steps to improve the salaries of these Officers. We regret to have to record that the answer of Mr. Balfour to the representations made to him on the first and last of these subjects was most discouraging, and that as regards the prospect of legislation for superannuation, his attitude, though more favourable, was by no means what was hoped for. It is not alone that Mr. Balfour disclosed by his observations that he possesses no more knowledge of the facts or appreciation of the necessities of the case than the ill-informed Chief Secretaries who have preceded him, but he left upon the mind of his hearers the strong impression that he is merely the heir to all the fictions, misapprehensions, and prejudices, which have been put into the mouth of previous Ministers for the purpose of resisting Poor-law Medical Reform of any sort.

In some respects a more extraordinary enunciation of principle was never uttered by a statesman. Taking first the evidence that the medical relief system in Ireland is monstrously abused, and the asseverations of the deputation that those abuses are attended with the greatest injustice and hardship to the Medical Officers, he swept these aside by the simple statement of his opinion that no inquiry as to the existence or the causes thereof is called for, as he and everyone else are fully aware of the truth of all that the deputation urged on the point. His unique method of dealing with the condition of affairs, the gravity of which he fully admitted, is to make no attempt to do anything whatever, either by legislation or by departmental regulation to check these abuses. Why? Because to do so would interfere with what he calls the "elasticity" of the system, and which he thinks would tend to limit the privileges of the sick poor in respect of medical relief. Thus the Poor-law Medical Officers of Ireland must take it as Mr. Balfour's statesmanlike theorem that if it is desired to secure justice to the inferior grade of employés in Government departments, in great railway companies, and such institutions, it is necessary and right that all the higher grades and opulent employés shall be permitted and encouraged to sponge upon the official whose function is supposed to be limited to a certain lower and restricted class. It is to be regretted that Mr. Balfour did not specify even one public department in which such a principle is adopted. At all events, his conclusion was a distinct refusal to hold any inquiry or seek any remedy whatever. Then, again, in dealing with the question of Poor-law Medical salaries, the Chief Secretary's information was found to be just as deficient, and his argument as incomprehensible. He does not consider that Poor-law Medical Officers have any grievance because, according to figures supplied to him by the Local Government Board, their income from official sources averages £171 annually. Mr Balfour was at pains to admit that, even when supplemented by reasonable earnings from private practice, such income is totally insufficient for the keeping of an officer and his family in respectability; but he could not see how any increase was needed as long as candidates, of some sort, could be had at that price. Mr. Balfour might have asked himself why it is that any employer pays a liberal salary. He could get, as a general rule, shoals of candidates ready to declare that they possess every needful qualification, and are willing to do the business at a quarter the proposed higher salary, yet the employer accepts none of them because he prefers to pay for a man in whom he can trust. We are disposed to admit that Mr. Balfour and the guardians of Ireland can fill the dispensaries with persons who have taken out the essential diplomas, and who will, for want of other employment, accept salaries of £50 or £60 a year, but, in our opinion, Mr. Balfour, as head of the Local Government Board, ought to be the first to refuse peremptorily the services of officers of such a class. Then the Chief Secretary fetched out the well-worn fiction that in Ireland no one can obtain medical attendance for a less fee than a guinea, and he made this the excuse for refusing to put any limitation upon the abuse of tickets. We trust that the Local Government Board will, in future, refrain from prompting the Chief Secretary with a statement which is absolutely untrue to any considerable extent. We are well aware, and we vouch for the statement that in the Irish provinces, speaking generally, people of even the most limited means can obtain medical advice at small fees within their means. To

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say the contrary is an absolute untruth, and we sympathise with the Chief Secretary in having been made the mouthpiece for an assertion which every Poor-law Medical Officer in Ireland knows to be incorrect. As regards the question of superannuation, Mr. Balfour's reply, though less unsympathetic, was also unsatisfactory. He will not do anything either by himself or through his department to initiate superannuation legislation, but he will help any approved Bill which is brought in to the House—if—if—if—well, if the Poor-law Officers can obtain the unanimous assent to its every word, by every Irish Member of Parliament,—can get the Bill placed in a commanding position on the Notice paper,—and can square every Board of Guardians in Ireland. Mr. Balfour is well experienced in Parliamentary practice, and he must know well that the attainment of all these "ifs" is impossible. The English Bill of last session, even though it secured a splendid place on the paper by the ballot, did not get a chance of discussion until the last week of the session; when it did so, the Irish Officers were complacently thrown overboard in deference to the ostensible resistance of one single Irish member, who was the sole representative of an Irish opposition. Will Mr. Balfour give us a fair chance by putting a "star" to the Superannuation Bill next year. If so, we believe that there will be no Irish opposition worthy of the name to bar its progress.

ETHICO-MANIA AT THE ADELAIDE HOSPITAL, AUSTRALIA.

IT is a fact which does not admit of any dispute that whenever the medical staff of a hospital for some reason or another feels called upon to resign, and does do so, the position of the governing body of the charity with whom a dispute may have arisen, is always strengthened. The truth of this has been proved upon many occasions, both in this country and elsewhere, and perhaps the most noteworthy instance which has recently occurred, in which the staff of a hospital so acted, is that in connection with the Adelaide Hospital, Australia. The medical staff of this charity resigned *en bloc* in consequence of the governing body refusing to carry out their wishes in regard to a nurse of whose conduct they had complained. The governing body had previously made an exhaustive inquiry into the alleged irregularities of the nurse, but the result of their investigation was that the charges against this official could not be sustained. Hence, she was reinstated in her position, and then the staff found themselves in the awkward position of having to eat humble pie with respect to their strongly expressed disapproval of the conduct of one of their subordinates. This position was one which obviously implied a severe snub, and one which, doubtless, the staff felt would be calculated to disturb the maintenance of the discipline and proper working of the Institution. Viewed from this aspect, then, we have nothing but blame to attribute to the governing body of the Hospital for having placed themselves at variance with the staff. We question very much, however, whether the staff acted wisely in so actively concerning themselves about a matter as that of the conduct of one of the nurses. Surely, if they considered that their interference was called for in this connection, it would have been better for them to have placed the responsibility of bringing the charges against her in the hands of the person who was responsible for the control of the nursing department. Inasmuch as, however, the charges were brought by the Medical Staff, then it was the obvious duty of the governing body to have taken measures to adjust the difficulty as soon as it was found that a *casus belli* was likely to arise out of it. The governing body should have assumed that the staff, by taking action in the matter, were prompted to do so merely in the interests of the institution. That they could have had no other motive in doing so may be taken for certain. It would have been well, therefore, if this view had been accepted as the correct one, and the decision of the governing body so arranged that neither the staff, the institution, nor the nurse, provided the charges against her were unproved, suffered any injury. In short, we feel that the whole difficulty was simply one in the satisfactory adjustment of which the exercise of tact and sound judgment were required. Had this policy been acted upon, in all probability, nothing more would have been heard of the matter. The staff, however, took, as we think, the fatal step of resigning *en bloc* and, by so doing, at once put themselves out of court, and alienated the local sympathy which would have been accorded them. The resignations were accepted by the governing body, and then the war began. The medical profession were appealed to by the staff not to apply for any of the vacant posts, and the success of the appeal was such that the governing body found themselves in the position of being boycotted. In this dilemma, they applied for candidates from this country, and, as is now well-known, they secured the services of Dr. Leith Napier and Dr. Ramsay Smith. In perusing the long list of telegrams in respect to these appointments, appearing in the *Adelaide Observer* for September 12th last, the point which is most striking is that of the part played by Dr. E. C. Perry, of Guy's Hospital, in advising the Agent-General as to the selection of the candidates. Of course, the Agent-General is entitled to seek advice on any matter of importance required by his Government, and on this occasion he took into his confidence Dr. Perry, who practically decided the whole matter. But doubt will be felt whether Dr. Perry acted loyally to his profession in doing so much to assist the New South Wales Government out of their dilemma. However, it is scarcely needful to discuss the matter further for the present. Our Melbourne correspondent writes that the public have not supported the late staff in their protestations against the Government, and that no sympathy is felt for them in the somewhat unenviable position in which they now find themselves. On another page some further correspondence is published on the subject.

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Notes on Current Topics.

Bumbledom in Australia.

A WAIL is sent to us all the way from Sydney in the shape of a newspaper cutting, which surely deserves the courtesy of a notice after coming such a distance. The heading is "Our Asylums," but after reading the cutting it seems to refer more to the management of the workhouses, or, as the writer calls them, the poor-houses in the colony to which Sydney belongs. The writer, whoever he or she be, is a strong advocate for the support of medical authority in the management of these institutions. It is observed that according to official statements, parliamentary and otherwise, "the Government asylums of New South Wales are places where the advantages of the highest medical skill are placed within the reach of the poor, coupled with the soothing effects of experienced nursing, where good provision is made for the poor, needy and infirm in the most liberal manner possible." The writer, however, disputes the accuracy of these exalted sentences, and says that "such institutions are the abodes of aggravated misery," that "the skilled professional men, who are acting as Medical Officers are obstructed in their work by medically ignorant lay officialdom." There is evidently a conflict between medical and lay official authority in these institutions, if the writer's statements are to be accepted as correct, and we quite agree that Medical Officers ought to be placed in a position to annul parsimonious orders to curtail medical necessaries, and to withstand all undue interference in the treatment and dieting of their patients. We should like to say more on this subject, but as the writer of the letter is anonymous, it is better to wait for further information.

The Lane Medical Lectures.

TOWARDS the end of last year Dr. L. C. Lane, of San Francisco, California, announced that he had founded and made financial provision for the maintenance of a course of lectures to be delivered annually at Cooper Medical College. The person selected each year to deliver the course would be "a man of prominent distinction within the sphere of medical art and science, chosen from any part of the world." The surgeon upon whom the honour fell of inaugurating the "Lane Course of Medical Lectures," was Professor Macewen, of Glasgow. In September last he gave five lectures on Cerebral Surgery, and others on the Radical Cure of Hernia, Antisepsis, the Treatment of Enlarged Prostate, and the Surgery of the Lungs; in addition to which in the operating theatre of the college he performed "Macewen's operation for genu valgum," and trephined the mastoid, in the course of which he demonstrated the various steps for the relief of cerebral and cerebellar abscess in connection with mastoid suppuration. Professor Macewen was very cordially received, and his lectures were conspicuously successful. At the conclusion of the course Dr. Lane announced that the lecturer next year would be Mr. Christopher Heath, late President of the Royal College of Surgeons, England. Some credit must be claimed for British Surgery, in view of the fact that for a second time a British surgeon should have been chosen to deliver this course of lectures. Another point worthy of note is that the time of the year fixed for the appointment, namely, the month of September is highly convenient, inasmuch as this being in the holiday season, the lecturer is thus enabled to leave home with probably the least detriment to himself. As showing the importance attached to the lectures, our contemporary the *Occidental Medical Times* reports that Professor Macewen had an audience composed of practitioners living within a radius of one hundred miles from San Francisco.

A New Departure in the Preservation of Anatomical Specimens.

AT the last meeting of the Pathological Society, Dr. Kanthack and Mr. Shaw showed a series of pathological specimens preserved by the aid of formalin which has for effect the retention of the natural colours of the preparation. Judging from the specimens shown the result, so far as the preservation of colour is concerned, was everything that could be desired. The original paper by Yorre was published in the *Centralblatt fur Allgemeine Pathologie und Pathologische Anatomie* 1896. No. 4, and a subsequent paper by Kaiserling appeared in the *Berliner Klinische Wochenschrift* for

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August 31st, 1896. The process, slightly modified by the authors, requires both patience and experience to obain the best results, but its introduction marks a new era in the preservation of museum specimens, the decolouration of which under the methods hitherto resorted to, constitutes such a serious drawback to their educational value.

German versus English Science.

IT is announced that the Government of an English colony—the Cape—has engaged Professor Koch to study the rinderpest, and that this German *savant*

union of parish [illegible]
or provide a calf-lymph establishment for the supply of the lymph for ordinary vaccination. From this decision, then, it may be inferred that the Local Government Board have no power to provide any facilities for calf-lymph vaccination, and that until the law is altered in accordance with the suggestions of the Royal Commission on Vaccination, no change can be made in this regard. It may be pointed out that, ratepayers' money could not be better applied than by making provision for the supply of calf lymph, for, under these circumstances, many persons would be willing to forego their objections to vaccination. The effect of this would be that unvaccinated communities would become rare in the land, and epidemics of small-pox would no longer occur to destroy life, disorganise trade, and deplete the coffers of the communities among which they held their virulent sway. The municipal authorities of Gloucester are not likely to forget the outlay which the recent epidemic in that city caused them to incur. The city would have been richer by many thousands of pounds had the populace not been so foolish as to listen to the fatuous outpourings of a clique of irresponsible anti-vaccinists.

The Hospital Reform Association.

THE Hospital Reform Association, is evidently endowed with the enthusiasm of youth. Indeed we should say that it is brimming over with the light heartedness which always accompanies new undertakings. This feature is a refreshing one to those whose feelings, perhaps, are accustomed to be tempered by a more mature judgment. However, in the exuberance of its spirits the Hospital Reform Association—who does it consist of besides the chairman and honorary secretary?—have formulated the following methods of working. (1) Calling public attention to the abuses that exist by (*a*) circulating papers and pamphlets; (*b*) ventilating the subject in the columns of the press. (2) Making representations both to the managers of hospitals and the members of the hospital staff. (3) Appealing to the Committee of the Hospital Sunday Fund to make proper inquiries into the administration of the out-patient departments. Excellent as in the abstract all these suggestions may be, we fear that the only advice that sensible persons would be prepared to offer to the Hospital Reform Association would be that of allowing itself to quietly retire out of existence for the good that it is likely to effect.

The Government, and the Prevalence of Venereal Disease in the Army in India.

WE are glad to note that the Government, within the next few weeks, will appoint a Commission to reopen the serious question of the prevalence of venereal disease in the Army in India. It is believed that the evidence which will come before the Commission will be ample to justify the re-enforcement of the contagious Diseases Act, both in India as well as in this country. That the Government should have decided upon this important step shows clearly that the representations made to them upon the subject have been given the due weight which they deserved. The inquiry will, among other things, presumably clear up one point, namely, in the face of the present enormous amount of sickness resulting from venereal disease among the Indian troops, how the Indian Sanitary Commission have been able to maintain that the operation of the Contagious Diseases Acts in India was a failure.

A Notable Instance of Physical Endurance.

THE recent election of President in the United States has brought to light some curious facts relating to the power of physical endurance of the defeated candidate—Mr. Bryan. An estimate has been made that he gave utterance, during his electoral campaign,

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to upwards of three quarters of a million words, in the course of an average of twenty speeches a day for a month. He has thus clearly earned the record for public speaking. But in reflecting upon these facts, it is impossible to avoid feeling wonder for his vocal organ, which was thus able to bear this extraordinary functional strain. Nevertheless, it is reported that Mr. Bryan is only a little hoarse, and that otherwise his voice is none the worse. From this point of view, he deserves to have succeeded; but for many reasons, perhaps, it is as well that he did not.

Dr. Dyson and the Sheffield Town Trust.

THE much lamented death of the late Mr. W. Fisher Favell, Consulting Surgeon to the Sheffield General Infirmary, creates a vacancy amongst the body of Trustees who have to deal with the management of the Sheffield Town Trusts. A movement has been set on foot to procure the consent of Dr. William Dyson, Senior Physician to the Sheffield General Infirmary, to his being put forward as a candidate for the post. It is felt by many of the freeholders that, the vacancy having been caused by the death of the only medical representative on the Board, it might very well be given to another medical man, with advantage to the Trusts and their administration, and to the best interests of the city. These Trusts are administered in the manner thought best for the interests of the community, and the funds are to a large extent expended in grants to promote the well-being of the various charitable institutions of the city. It is felt that the presence of a medical man upon such a Board cannot fail to be of advantage to the Board itself, and to the various interests with which it has to deal. Needless to say that the feeling among the freeholders is cordially endorsed and supported by the profession at large in Sheffield. Influential meetings on the part of the freeholders and the profession have been held, and in both the desire to secure Dr. Dyson as a candidate has been enthusiastically expressed. Committees have been formed to secure his election in the event of other candidates being brought forward. Fair support has already been promised, and there are good grounds for anticipating success. Various interests among the community are already well represented upon the Board. A Baronet, and three Knights, represent those who have been singled out by Her Majesty for special distinction among their fellows. Commerce is well represented. There are two lawyers to represent the interests of the legal profession. It does not seem too much to ask that medicine may be recognised, when the fact is considered, that no body of men do more gratuitous work for the community than do the members of the medical profession. We hope that when the proper time comes, we may have the pleasure of congratulating the freeholders, Dr. Dyson, and the profession in Sheffield, upon his election, and feel sure that he will worthily discharge the duties of the position.

London Water-Supply.

A CONSIDERABLE amount of public attention has been aroused by the recent publication of Dr. Klein's analysis of London drinking-water. For a long time past, we have been bombarded with favourable reports by the bacteriological experts engaged by the metropolitan water companies as to the purity of the commodity they supply. All this whitewash, however, has been demolished with rude scientific directness by Dr. Klein, who had been requested by the London County Council to make independent investigations. Briefly put, he showed that the companies' reports did not reveal the presence of bacteria because their methods were faulty. His own investigations pointed to unmistakable sewage contamination. The fact that Londoners are drinking water that has been polluted by sewage wants no demonstration. It has been insisted on in our own columns over and over again for years past. Dr. Klein has now supplied scientific proofs which all the fabulous wealth of the Water Companies apparently failed to command. Instead of beating about the bush with a view to purchasing the present rival concerns, the Metropolis would do well to sink the capital sum, not in an extortionate purchase of existing rights, but rather in obtaining a distant municipal supply of pure water for its citizens.

Criminal or Insane.

A FEW weeks since an unfortunate prisoner was sentenced in a London police-court under the following circumstances. The accused was found stark naked in a railway carriage, having taken off and thrown away his clothes. He had no adequate explanation to offer for his offence, which he had committed several times before in various places. The magistrate read the prisoner a severe lesson, and sent him off to carry out a sharp sentence of imprisonment. Now, in many respects, the recently-appointed magistrate in question promises to be an ornament to the bench. He is liberal-minded, and appears to be of more philosophic temperament than some of his fellow-stipendiaries. But we would earnestly advise him to look up some elementary facts about insanity. Nothing can be harder than the recognition of an irresponsible mental condition by a non-specialist mind. If a man strip himself repeatedly in public places, he can hardly by any possibility be held to be altogether *compos mentis*. Of course, Mr. Cluer may be right in this particular instance; but the newspaper reports do not make it clear that he fortified his judgment by an expert consultation with any expert in lunacy.

The Sixpenny Dispensary Again.

A DAILY paper last week gave great prominence to the report of an inquest in which it transpired that a woman practitioner had attended a child, whose death was the subject of the inquiry, for a fee of sixpence. This fee included (1) medical advice, (2) a lotion, (3) a powder for the nose and ears, (4) an ointment. Despite, however, the lavish nature of the treatment and advice, and the small cost, the child died, and the coroner, on

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hearing of the facts, directed the woman practitioner to make a post-mortem. This duty, however, she asked to be excused performing, and a neighbouring medical man conducted the examination, and in the course of his evidence attributed the death of the infant to "spasm of the glottis, accelerated by pneumonia." A verdict in accordance with the medical evidence was returned. The case, however, was freely commented upon by the coroner, and the facts as to the price charged for the advice and medicine seemed to cause great astonishment among the jury But, after all, there is nothing new in the "sixpenny medical fee." This modest arrangement exists at all the so called dispensaries of that ilk.

Irish Union Drugs Again.

WE read that certain drugs supplied to the Mountmellick Guardians were submitted to Sir Charles Cameron for analysis. One of them, we believe a tincture of catechu, was reported deficient both in extractive and spirit, and the contractor was asked to explain. If the newspaper report is to be trusted, the explanation was simple. The contractor at once repudiated any obligation to supply drugs up to the analyst's standard, and the Guardians sustained his contention, and snubbed both Sir Charles Cameron and the Medical Officers who complained. This seems to be a new departure which, if it rules the situation, permits the contractor to supply any rubbish he pleases. He is bound by his contract to maintain the strength of his drugs up to the Pharmacopœial standard, which standard is determined by the formula given in the British Pharmacopœia and Sir Charles Cameron did no more than translate that formula into understandable English for the benefit of the Mountmellick bucolics. It is a monstrous thing that a contractor is permitted to set at defiance the terms of the contract into which he entered. This was, however, not a bad case, and it may be allowed to pass so long as it does not establish a custom or a principle.

The Prevention of Tuberculosis at Manchester.

PHTHISIS is extremely prevalent in Manchester. A small but well-equipped Hospital for Consumption has its Out-patient Department in the city, with its Home for In-patients at Bowdon. A grand Bazaar is to be opened this month (November) by Princess Louise on behalf of this excellent institution, which is greatly in need of increased financial support. Mr. W. J. Crossley, a generous friend of the poor, has recently established a Home for advanced cases of pulmonary tuberculosis. Dr. Niven, the energetic Medical Officer of Health for the City, in the current number of the *Medical Chronicle*, pleads strongly for compulsory notification of phthisis, and thinks notification certificates should be paid for on the usual scale. The Corporation have recently appointed two assistant veterinary surgeons, part of whose duties will consist in a systematic inspection of cows in the shippons within the city. Samples of milk from animals suspected being tuberculous are sent to the Pathological Department of the Owens College for scientific examination and report.

The Guilty Innocent.

A DISTRESSING miscarriage of justice was brought to light recently in France. Nine years ago a woman of Rouen was indicted for having caused the death of two persons, one of them, her husband, by poison. Upon the evidence of three medical experts, who made the needful post-mortem examinations, she was convicted and sent to penal servitude for life, but similar fatalities occurred in the same premises in succeeding years, which led to the re-opening of the whole business, when it was discovered that the deaths were caused by the leakage of carbon monoxide through the wall of the house from a limekiln which was next door. The unhappy convict has been released after nine years' unmerited punishment, and with health, spirits, and character broke down.

A Warning against German Beer.

THE comparative harmlessness of beer as a drink has become an article of fixed popular belief. In Germany, as everyone knows, the consumption of beer is no less universal than enormous. Hence, a warning against that luxury coming from a German source has an almost startling effect. The other day, in addressing the Society for the Study of Inebriety, Prof. von Bunge, a well-known scientist, entered a solemn protest against his peculiarly national beverage, giving utterance to the following remarkable opinions. "He particularly desired to warn the English people against German beer, which was supposed to be a temperance drink, but which is most dangerous, because it is the most seductive of drinks. German beer demoralised both the individual and society." Such a downright condemnation of a national weakness must reduce the learned Professor's position in society when at home to that long ago described graphically as "a voice crying in the wilderness." We should like to see Prince Bismarck's face when reading his fellow-countryman's outspoken condemnation of German beer.

Edinburgh University Rectorial Election.

THE Rectorial Elections at the Scottish Universities afford to the students their only opportunity of displaying party spirit, and are therefore, invested with an amount of feeling and horseplay which at other times would be severely dealt with by the authorities, both of the University and of the Town. For some time back the characters and performances of the two candidates for the Rectorial chair in Edinburgh have been freely discussed. Lord Balfour of Burleigh, the Unionist nominee, and Mr. R. B. Haldane, Q.C., M.P., in the Liberal interest, have come in for the usual amount of praise and ridicule, while the students themselves have had several fights in which the time-honoured peasemeal and flour have played a conspicuous part. The evening before the election was signalised by a more serious encounter in which rotten

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eggs were used and the police assaulted. The scene in the quadrangle of the old University Buildings during the time of the polling and before the announcement of the result was extremely noisy, but good-humoured. The actual poll was a light one, only 1,761 students voting out of 2,411. Lord Balfour was elected by a majority of 219. One of the largest torch-light processions ever seen in Edinburgh took place in the evening, in which the majority of the students were dressed in costume, many of them of an original character.

The Mastership of the Rotunda Hospital, Dublin.

THE appointment of a Master in succession to Dr. W. Smyly came off on last Friday, and resulted, as we anticipated, in the election of Dr. R. D. Purefoy, though the voting was closer than was expected. Nine candidates presented themselves: Drs. Purefoy, Horne, Bagot, More Madden, Lilly, Lane, Alfred Smith-Fleming, Flynn, and E. Tweedy. The voting was taken in "rounds." The first round eliminated all but Drs. Purefoy, Horne, Lane, and Tweedy, whose voting then stood at—Purefoy 23, Horne 20, Lane 16, and Tweedy 12. Dr. Tweedy then was retired, and, at the next round, Dr. Purefoy scored 23, Dr. Lane 17, and Dr. Horne 11. In the last round Dr. Purefoy got 27 votes, and Dr. Lane 11. While congratulating the new Master upon so gratifying a success as his winning of what we may describe as the "Blue Ribbon" of obstetricity for the United Kingdom, we have again to express the earnest hope that, before Dr. Purefoy's successor comes to be appointed, the constitution and *personnel* of the Board of Governors will be reformed root and branch. We are far from suggesting that, if it had been so reformed, Dr. Purefoy would have been unsuccessful. We rather think he would have won in any case. But we say that a self-elective executive is, in any institution as in this, an anachronism, and worse. No one ever knew a self-elective executive which did not, by the natural influence of cohesion of the most determined members and the elimination of the weakest, end in a dominant, intolerant, selfish clique. The Board of Governors of the Rotunda is the more likely to gravitate in this direction because it is influenced by the additional element of narrowness, that every elective governor must contribute £50, and that no one is allowed to contribute that sum until some of the members of the ruling cliqne dies, and until he is elected a governor by the remaining members. That the greatest special hospital in the Kingdom should be managed on such a principle is an atrocity, and we are much surprised that no Irish member with vigour and influence has passed—as he would certainly do if he tried—a short Bill to emancipate the Rotunda from such an effete system of administration.

Curiosities of the Law.

IT was recently decided by two Judges of the Queen's Bench Division of the High Court, that a preparation which was made up of one-half of beeswax, and one-half of paraffin, is beeswax if sold by a grocer, and is not beeswax if sold by a chemist. The foundation of this peculiar judgment was that no one expects to get real beeswax from a grocer, while every one expects to get it from a chemist. On this principle it will be necessary, in future, to investigate the expectation of every buyer before a charge of adulteration can be brought home to a trader.

PERSONAL.

THE dispute at the Adelaide Hospital (Australia) has become accentuated. Letters to hand as we were "going to press" give accounts of serious charges. Dr. Leith Napier, who recently left London to take charge of the Hospital, and Prof. Watson, being the disputants. We have referred to the matter elsewhere.

THE prize of thirty-five guineas offered by the Royal College of Surgeons of Edinburgh, for an essay upon a surgical subject, has been gained by Dr. Alexander Miles, of Edinburgh, with an essay "On the Eye Symptoms associated with Injuries to the Head."

DR. WILLIAM HENRY LANGLEY has been appointed to be one of the Assistant Surgeons of the Richmond Hospital, Dublin, in room of Dr. G. J. Johnston, who was recently appointed to be Surgeon to the City of Dublin Hospital.

DR. MAXWELL ROGERS, Inspector-General of Hospitals, has been awarded the Greenwich Hospital Pension of £80 rendered vacant by the death of Inspector-General Charles M'Shane.

WE understand that Sir Henry Littlejohn has been voted by the Town Council of Edinburgh a sum of £200 per annum for the assistance of a qualified medical man, on condition that he becomes responsible for medical attendance on the members of the fire brigade and of members of other departments of the police establishment.

ON inquiry this morning (Tuesday) we learn that Sir William MacCormac, although making slow progress towards recovery, has, nevertheless, perceptibly gained in strength during the past week. The temperature, however, is still somewhat raised, a condition which will probably persist until the pulmonary signs have quite abated. The pulse remains good, and Sir William is able to obtain sound sleep.

MEDICAL SOCIETY OF LONDON.

The first clinical evening of the present session took place on Monday evening last (November 9th).

Mr. Lockwood showed a successful case of gastro-enterostomy performed on an elderly man for cancerous obstruction of the pylorus. He insisted on the importance of furnishing the artificial opening with a complete lining of mucous membrane, thus rendering it less liable to subsequent contraction.—Mr. Battle mentioned a somewhat similar case of extremely rapid onset in a young man of thirty in whom, at the operation, performed within six weeks of the onset of the symptoms, extensive secondary growths were found. He used Senn's bone plates reinforced by a Lembert suture, and

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the patient promptly recovered from the operation with relief of all his urgent symptoms.—Mr. G. R. Turner showed a lad with a curious and very pronounced deformity of the lower jaw which the mother believed to be congenital, but which the father stated had commenced after an attack of measles at two years of age.—Mr. Bruce Clarke said he had never seen this deformity in the bilateral form as in this instance. He mentioned one case of unilateral deformity of the lower jaw, in which it had become necessary to perform tracheotomy to prevent asphyxia caused by the tongue falling back into the throat. He observed that these cases usually seemed to have commenced at two or three years of age without obvious etiological antecedents.

CASE OF LYMPHADENOMA.

Dr. F. de Havilland Hall showed a young man who had developed progressive enlargement of the cervical and supraclavicular glands followed by the development of a mass of enlarged glands over the upper part of the sternum. The glandular enlargement improved for a time under large doses of arsenic, but there was a marked pigmentation, probably due to the arsenic. There is now dulness all over the left lung behind, and he raised the question how much of this was due to enlarged glands and how much to pleuritic effusion. Dr. Outterson Wood pointed out that arsenical pigmentation displayed a curious tendency to vary in intensity from day to day without obvious cause.

Mr. Clinton Dent showed a very remarkable and pronounced case of *fragilitas ossium* in a man æt. 29, whose stature did not exceed 36 inches. He had, in all, sustained 27 fractures, principally of the limbs, but his intelligence was unaffected. He had been brought up on his mother's milk exclusively until four years of age. He showed some very interesting skiagraphs of the bones. The first fracture (of the femur) occurred when he was four months old.

Mr. Goodsall showed a large pelvic tumour growing from the sacrum, which he had removed, taking away at the same time the lower portion of the sacrum to which it was attached. The result had proved eminently satisfactory.

ETHICO-MANIA IN AUSTRALIA.

[FROM OUR MELBOURNE CORRESPONDENT.]

THE dispute in the Adelaide Hospital, which culminated in the resignation of the hon. medical and surgical staff, has never been satisfactorily explained to the profession at home. The Melbourne *Punch* puts the case in a nutshell:—If one were in quest of a theme for a Christmas pantomime one might find it in the Adelaide Hospital squabble. There is a rich suggestiveness about the *dramatis personæ*, including, as they do, the Governor, the Premier, the Minister of Defence, and the honorary medical staff, the latter armed, we presume, with their amputating knives, and equipped with syringes amply replenished with carbolic spray. Moreover, [the *casus belli* is, as it ever has been, a Damsel. The campaign opened unpretentiously enough with a resignation due to disappointment at not getting one's own way—a boon the Government felt powerless to confer without flouting the Parliamentary Commission. Speedily, however, it developed into a war *à outrance*, when the staff loftily pronounced "Boycott" against Her Majesty's Government. Cablegrams flashed to London forbidding doctors to come out, while in Melbourne and Sydney strings were vigorously pulled in the same interest. The Colonials at once yielded an awestruck submission, but the Londoners were divided in opinion—the parent association pronouncing it contrary to etiquette that anyone should take the place of the seceding leeches; but the *Lancet* and MEDICAL PRESS AND CIRCULAR, and other high priests of medical ethics, judged it incumbent on British practitioners to keep the privilege of medical and surgical skill open to the poor patients of Adelaide. Accordingly, two gentlemen, taking their lives in their hands, came, when, lo! meeting in conclave, the local medical Sanhedrim hurled anathemas at them with all the gusto, but also with all the impotence, of their worthy prototype of Rheims. Professor Watson also, we are glad to see, having rallied from the "severe augeio neurotic condition" into which the haughty harassing by the Association had temporarily cast him, has accepted the post of surgeon, and calmly confronted an interviewer, to whom he spoke of the "new doctors" in the most complimentary terms. These gentlemen, Mr. Ramsay Smith and Dr. Napier, have not only conferred a boon on the Adelaide poor, but have nobly served the interests of social order. All such medical conspiracy and cliqueism as this *fracas* has brought to light is as detrimental as it is detestable, and from it, as from hydrophobia and cholera morbus, may we long be preserved!

Four house surgeons have since resigned. They have also resented the authority of the new staff. But the latest development is the dismissal of the Consulting Surgeon, who is also Pathologist to the Hospital, and Professor of Anatomy in the University. The Hospital Board held three protracted sittings over his case. The charges of disloyalty and misrepresentation brought against him by Dr. Leith Napier have been minutely investigated, and the Board consider it a case proved, for while the Professor applied to Dr. Napier to assist him to obtain the appointment of Consulting Surgeon, no sooner did he obtain the position than he began deliberately to scheme the ruin of his friend and colleague. He went about canvassing among the medical members of the Board to attend the post-mortem cases as the result of Dr. Napier's unskilful surgery! Some of these operations proved successful, resulting in recoveries. One case, however—that of strangulated hernia in an old woman brought from the Indigent Asylum in a state of collapse—happened to die. The Professor brought to the autopsy some medical members of the Board, together with other members of the profession and medical students, proclaiming beforehand that he was going to prove that the operation had been unskilfully performed, and that he would stand or fall by the result of the examination. He tried to mystify and mislead his audience, but was convicted on the spot of wilful misrepresentation, and as the result of these proceedings, he has been asked to send in his resignation, or be dismissed.

This is yet another example of the ethico-mania, of which we have heard so much of late. Indeed recent events have emphatically shown that the Adelaide Hospital troubles are increasing rather than diminishing.

[We have received a copy of the *Adelaide Advertiser* for October 1st, 1896. No less than six columns of the journal are devoted to a verbatim report of the meeting of the Board of Management of the Adelaide Hospital for the purpose of considering the imbroglio between Professor Watson (consulting surgeon) and Dr. Leith Napier (resident surgeon). The inquiry occupied three days, of which this was the report of the second, and it resulted as stated above. ED. M. P. & C.]

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

LISTERISM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—So far as I have followed the discussion on Listerism in your columns, I have been driven to the conclusion that the Anti-Listerites have two main grievances. First, that Lister has been given the credit for introducing the antiseptic treatment of wounds; and second, that he has had the audacity to make many departures from his original propositions and practice in connection therewith. Concerning the feeling which has been displayed against Sir Joseph Lister, I have nothing to say, although I am strongly disposed to believe that it has had much to do with the expressions of opinions of the Anti-Listerites contained in this controversy. For example Dr. Campbell Black, however honestly he may believe in "Listerism being a fad from the commencement," scarcely adds dignity and weight to his statements by ostensibly pouring the vials of his wrath upon Lister. The only reflection one has in perusing this display of feeling is "Poor Sir Joseph, what has he been so unfortunate as to do to Dr. Campbell Black." Vituperation is not argument, and even if despite Dr. Black and his friends, Sir Joseph has been successful in sailing into a safe haven, of fame and worldly honours, of which they may hold that he is not deserving, it is now rather late in the day to attempt to discredit the means by which he reached his present position. But coming to another matter it seems

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to me that your correspondents have failed to grasp the chief point in connection with this controversy. They entirely overlook the fact that the sanitary condition of hospitals is totally different now from that which prevailed when Lister first experimented with carbolic acid in the wards of the Glasgow Royal Infirmary. In those days it was a question of pathogenic germs, virulent, death-dealing, and ubiquitous, dogging the surgeon at every step. Now-a-days, on the other hand, owing to the perfection of hospital sanitation and hygiene, such destructive micro-organisms are almost, if in a general way, not quite, banished from the surroundings of patients. If this were not the case, let the Anti-Listerites explain how otherwise it could be that the record of the treatment of compound fracture in hospitals is so gratifyingly good in the present day. No further explanation than this is required in order to show how Mr. Lawson Tait's tap water, filled it may be with "little beasts," which, however, are not pathogenic, has proved as useful in his hands as the antiseptic solutions of other surgeons. But let us imagine a different scene. Let it be assumed that a dirty insanitary room is occupied with patients with wounds, and that the same tap water is used to cleanse them without any antiseptic precautions. It is not possible to believe that the wounds treated after this fashion would show as satisfactory results as those which were treated in accordance with Listerism. Perhaps the time may come when nothing but aseptic precautions may be necessary in the treatment of wounds, and when everyone will feel quite satisfied with Mr. Lawson Tait's tap water. But even if this should be the case, the reality and usefulness of Listerism would still remain, and prove its value where the surroundings of patients suffering from wounds were unhygienic, insanitary, and infected with virulent pathogenic microbes. In conclusion, I hold that the Anti-Listerites have failed altogether to prove in any way that Listerism is dead. If anything, they have simply shown, indirectly, that the antiseptic precautions, as laid down by Lister, are not so necessary in the present day as formerly, and for the reasons that I have mentioned. But to maintain, as they do, that the science of the treatment of wounds was not first originated and elaborated by Lister is equivalent to saying that George Stephenson, with his now comical-looking "Rocket," had nothing to do with the magnificent locomotives which adorn and are the pride of our English railway systems

I am, Sir, yours, &c.,

F R.C.S.

Nov. 4th, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Granville Bantock calls me flippant, and says I am lamentably ignorant of elementary principles. This grieves me. I did not mean to be flippant but only ironical or sarcastic; for unless one were prepared to give an elaborate account of the great mass of solid demonstrated and easily demonstrable facts, of which Dr. Bantock, Dr. Campbell Black, and Mr. Lawson Tait deny the truth, and which would fill more than one entire number of the MEDICAL PRESS AND CIRCULAR, I do not know any better weapon than irony, sarcasm, or even ridicule, to use in controverting the crowd of unsupported assertions and the extraordinary collection of loose reasoning, which, for once, characterise the utterances of these eminent gentlemen. I do not hold - as Dr. Bantock put it—that because some people intellectually gifted have believed certain things, therefore these things must be true, but I implied—in my weak ironical style—that it would need something more than the *ipse dixit* of Dr. Bantock, vouched for by his distinguished backers, to overthrow the foundations of modern medical science based upon bacteriology, which have been laid and tested, stone by stone, by scores of workers, including some, at least, who must be called intellectual giants.

Compared with the exact scientific method with its repetitions, tests and control experiments nothing could be more striking, and it must be said amusing, than Mr. Lawson Tait's jam making experience of which he gives an account, and to which he attaches importance as a fact upon which to start a chain of reasoning. This is, of course, open to a dozen obvious objections and is valueless as an exact observation.

It might be worth attention if we had some precise account of the condition of the sugar, fruit, the jam-pots, the cook's hands and apparatus, and the atmosphere of the kitchen during the two experiments. As it is, one lot of jam went wrong, and Mr. Tait says it was all owing to the condition of the "nidus on which the spores of decomposition rested." But if spores were not allowed to rest, or if having rested, they were rendered inert, it would not have mattered what was the condition of the nidus, and the jam would not have "decomposed."

Of about as much value is the evidence of the surgeon to a country hospital with a record of successful cases. It is at least possible that if fully inquired into, it would be found that like the gentleman who spoke prose all his life without being aware of it, this country surgeon was all along practising antiseptic methods without being cognisant of the principles of Listerism. At any rate, this surgeon's cases probably had the advantage of what Mr. Tait calls "fresh air and plenty of it"—an atmosphere free from septic organisms. But how about places where it is impossible to get fresh air of that quality, and plenty of it, as, for instance, in the wards of lying-in hospitals situate among the crowded slums of a great city.

Fresh air, and plenty of it, can not be got there, but means can be taken, thanks to Listerism, to prevent the evil effects of a germ-laden atmosphere. The marvellous effects of the antiseptic method in preventing septic poisoning and in reducing mortality in midwifery practice in lying-in hospitals, were recently set forth in an address by Sir W. Priestley. As a specialist in this department, perhaps Dr. Bantock will explain where the error of observation lies in this matter.

I am, Sir, yours, &c.,

IGNORAMUS.

Nov. 5th. 1896.

GENERAL MEDICAL COUNCIL—DIRECT REPRESENTATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Perhaps the distressing condition referred to on page 476, MEDICAL PRESS AND CIRCULAR, Nov. 4th, by Dr. Glover, as "passing beyond the care of" the Registrationist Candidates is reciprocal, and, maybe, he has lost sight of the fact that my letters are intended to benefit and stimulate my fellow voters in some small measure rather than himself and his two colleagues.

Dr. Lovell Drage may object to be classed as a Registrationist, but he has joined a combination whose chief plank in their platform is the Registration of Midwifery Nurses, and, in doing so, he has taken them "for better and for worse."

I quite agree with Mr. Colin Campbell with respect to the other candidates, who are clearly opposed to the registration of midwifery nurses, and especially to giving them legal power and status to attend "cases of natural labour" upon their own responsibility, and I am greatly surprised that the champion of the registrationists and one of the chief promoters of the Midwifery Nurses' Bill, Dr. Brierley, in his letter, which immediately follows Dr. Glover's, has not explained his inconsistency on page 16 of the official report, published under his own supervision, of his speech in the Memorial Hall, Manchester, October 10th, 1894, in saying, "In my opinion, 'natural labour' has no meaning whatever in the ordinary acceptation of the term,' and then subsequently turning round and pushing forward a Bill to enable women by law to take cases of "natural labour" entirely upon their own responsibility and without supervision. I contend that Dr. Brierley's opinions can have no weight with us, especially his neighbours in Lancashire, until he has explained this inconsistency.

He and his friends have stultified themselves by altering the title of the Bill from Midwives' Registration Bill to Midwifery Nurses' Bill, as a nurse is always supposed to act under the immediate supervision of a doctor, but the "nurse" under the Bill is to be legally empowered to undertake cases of "natural labour" entirely upon her own responsibility! Would it not be more consistent, instead of adopting a yet newer title of "Obstetric Nurses Bill," to recur to the original one of "Midwives' Registration Bill"?

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I am surprised Dr. Brierley cannot support Mr. Rivington, whose expressed opinion on "natural labour" is on all fours with his, recorded above, but of course that was two years ago—a rather serious consideration! He asks what Mr. Rivington has done towards reforming institutions &c. Might I ask what Drs. Woodcock and Drage have done in this line? The members and fellows of the Royal College of Surgeons, England, will let him know what they think of Mr. Rivington.

I am, Sir, yours, &c.,
G. H. BROADBENT.

8 Ardwick Green, Manchester,
Nov. 6th, 1896.

[*** We have omitted the closing paragraph in Dr. Broadbent's letter, as we consider its insertion would be unfair to the candidates concerned.—ED.]

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Brierley must be in desperate straits to help his *protégés* if the only reason he can advance against my claims as a candidate for election as a Direct Representative is the shadowy one he puts forward in your issue of the 4th inst., viz., that I am a member of the editorial staff of a journal in which an article appeared some eighteen months ago suggesting a scheme, with which he does not agree, for the registration of nurses who have passed through the usual three years' course of hospital training satisfactorily. It is, I maintain, most unfair to attempt to make a member of a staff of a journal individually responsible for every article which appears in its columns. Dr. Brierley ought to be well acquainted with my personal views as to the registration of midwives and nurses; but if he has any doubt in this matter I hasten to dispel them by stating most emphatically that I am, and always have been, opposed to any scheme of registration which will in the slightest degree encroach on the rights and privileges of medical men. I notice also that Dr. Brierley attempts to make me responsible for a memorandum on the employment of nurses which he has unearthed, and of which he states Dr. Bedford Fenwick is the author. I decline absolutely to accept any responsibility for the views of others, and I must beg of Dr. Brierley that he will discontinue such tactics, which are unworthy of him and are indefensible even during an election contest.

I am, Sir, yours, &c.,
GEORGE BROWN.

Hart Street, Bloomsbury Square, W.C.,
Nov. 9th, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I notice in your issue of the 4th inst. a long letter from Dr. Brierley intended as a reply to a letter of mine which appeared in the *British Medical Journal* of October 29th. His letter also appeared in the *Lancet* of October 31st.

Will you permit me to protest against this method of argument? No one can suggest that the bulk of your readers, or those of the *Lancet*, also read the *British Medical Journal*. Therefore my letter and his reply are placed before *different juries*. Not a logical method surely, if a correct verdict be desired. If I did not know Dr. Brierley, I would be inclined to believe that he desired to confuse the issue—to draw the proverbial "red-herring across the track"—but I cannot think he would do either, intentionally. The issue which I endeavoured to make patent is a simple one. Certain candidates for seats on the General Medical Council solicit our votes in phrases so fine—and also broad—that we simple general practitioners find a difficulty in distinguishing Codlin from Short. I suggested a distinguishing test. Shortly, "*Who favours legalising the attendance of midwives on all natural (!) labours?*" Who favours handing over the "control" (!) of midwives to Medical Officers of Heath? It may have occurred to Dr. Brierley that such questions are best answered by a cloud of "tu quoques."

Dr. Drage replied to me at length in the *British Medical Journal* of October 31st. My rejoinder has, however, not been published. This is perhaps regrettable, as his scheme for the control of midwives by Medical Officers of Health should be understood before the election takes place. May I place it before your readers in his own words?—"All births at which no *registered practitioner* is present to be notified within twenty-four hours to the Medical Officer of Health by the person acting as midwife. . . . The Medical Officer of Health to give all directions, issue *printed instructions*, and take any steps which he thinks necessary for the safety of the lying-in woman."

Is it not charmingly simple—the solution of the midwives' difficulty "in a nutshell." I cannot attempt criticism, though the opportunity is vast! I may perhaps be permitted to point out that the scheme could be easily extended? "Steps which are necessary for the safety of the lying-in woman" mean treatment, or nothing. If morbid puerperal conditions can be treated by midwives (I think it was our dear, departed friend, Dr. Leith Napier, who said he regarded midwives as specialists)—by means of "printed instructions"—why should not such simple affections as "enteric," "pneumonia," or a simple fracture, be treated on the same system?

Most of the people who go in for legalising the practice of midwives by means of registration, protest that *strict* limits must be placed on their practice—that they must be instructed ("educated" is the word in vogue) *when to send for a doctor*. Two quotations from Dr. Woodcock's Bill (appendix) will afford amusement, if not instruction:—"Section C concerning the summoning of doctors: (3), *When the patient is threatened with an attack of any illness of a serious nature;* (4), *When a pregnant woman dies suddenly!*

I am, Sir, yours, &c.,
COLIN CAMPBELL.

Saddleworth, November 8th.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am glad to see by the MEDICAL PRESS AND CIRCULAR of Nov. 4th, that Dr. Macphee is taking an interest in this very important question. As I was the first to raise this proposed increase, in 1890, I am happy to answer him.

Section 10, Sub-section 1, Paragraph C, of the Medical Act, 1886, enacts as follows:—"The General Council *may* at any time represent to the Privy Council all or any of the following matters:—

"That it is expedient to confer on the registered medical practitioners resident in any part of the United Kingdom the power of returning an additional number to the General Council."

Before considering this the Privy Council must lay the same before both Houses of Parliament, and, if within forty days, Parliament petition against such proposed increase, no further proceedings shall be taken. If no such petition against be made, then the Privy Council "may" grant such proposed increase. It will be noticed that the word "may" recurs all through this Section. My experience is that when the word "may" occurs in an Act of Parliament, it must always be read "shall not." Anyhow, this is how the General Medical Council and the Privy Council have acted with us in this matter. Section 19 of this Medical Act also enacts that if the General Medical Council fail "to do any act or thing" vested in it, the Privy Council may take the initiative.

In 1890, 1891, and 1895, I moved, and had carried, a motion, at the Annual Meetings of the British Medical Association, in favour of increased Direct Representation. In 1891, I also had a petition signed by about 350 practitioners and presented to the Privy Council. In 1890, 1891, 1892, and 1895, Sir Walter Foster brought a motion before the General Medical Council asking the Council to petition the Privy Council in favour of increased Direct Representation. On the first occasion he was defeated by 20 votes against 5; on the second occasion by 21 votes against 5; on the third occasion by 14 against 9; and on the fourth, by 20 votes against 7.

I think Dr. Macphee will agree with me that there is no further use in petitioning either the Medical or Privy Councils. In the former there are always the 25 University and Crown nominees waiting to vote down our five Direct Representatives. Therefore, I suggest that we should go straight to Parliament and ask it to pass a Bill in our favour. With this object in view I have worked since 1890, and further, I have lately addressed the Members of the Liverpool Medical Club, Burnley Medical Society, Rochdale

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Medical Society, and the Bradford Medico-Ethical Society. If Dr. Macphee guarantees me a full meeting, I shall be glad to address it in Glasgow. I must state, I calculate that we shall require at least £1,500 to draft, and push such a Bill through Parliament. If practitioners would at once found a fund for this purpose, we could at once go-ahead. My experience, however, is that many practitioners content themselves with growling, instead of supplying the "sinews of war." Pamphlets must be written; medical societies addressed, and practitioners in each Parliamentary division must petition their M.P.'s and Local Political Organisations.

Hoping practitioners will not be so lazy as to allow this winter to pass without having a Bill for the above drafted and introduced, and asking them to remember that they must not for a moment trust to central Councils in London to do their work for them,

I am, Sir, yours, &c.,
ROBT. R. RENTOUL.

Liverpool, Nov. 8th, 1896.

CANCER SURGERY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In his valuable paper upon the "Early Diagnosis of malignant Disease of the Body of the Uterus" (MEDICAL PRESS AND CIRCULAR, Oct. 21st), Mr. Bowreman Jessett includes surgical work which goes beyond his proper text, and then claims that his "results are entirely at variance with the conclusions arrived at by Dr. Davies"—meaning me. He is mistaken in supposing that I base my observations upon only three cases of my own. They were based, as I have said in the third line of my pamphlet, "Is Surgery a Cure for Cancer," upon a total of 53 cases of cancer of the uterus which had, at the time of writing, been subjected to the operation of complete extirpation with the view and the expectation—on the part of both surgeon and patient—of a radical and permanent cure. All these cases occurred in the Liverpool Hospital for Women. During the past year hysterectomy for cancer has not been nearly so frequently practised by my colleagues as formerly, owing, I apprehend, to the almost invariable recurrence of the disease and its deplorable consequences. Yet, even with this limitation, my subsequent experience has only yielded additional disappointment. Mr. Bowreman Jessett admits that his early results were so unfavourable that he declared he would never remove another uterus for cancer. But he found that his colleague, Dr. Purcell, went on operating, so he, Mr. Jessett, went on too. He was encouraged, he says, by finding, in the post-mortem room, that among a large number of women who had died from uterine cancer only a few had secondary deposits in other organs or glands. If this be so (and I am unable to gainsay it) the most obvious conclusion is that secondary deposit is promoted by surgical interference; for such deposit is certainly common enough, as I think, Mr. Bowreman Jessett will agree, in those who have died some months after hysterectomy. To form a just opinion of cancer surgery it is important that we should not confuse the *primary* with the *remote* results. What Mr. Jessett advocates is vaginal hysterectomy, for malignant disease of the *body* of the uterus. In fifteen cases he had two primary deaths, and of the thirteen that were left one case was known to be well over three years after operation, three cases after two years, and four after one year. These are the cases which your readers are asked to consider. He refers, indeed, in the title of his paper to 75 cases, and further on he says he "has performed 43 vaginal hysterectomies for cancer of the uterus." But these additional cases are beyond the scope of his text, and only 15 are within it. Two of them died of sepsis, and four are recent cases. Thus out of nine cases four have died, presumably with recurrence, and five have survived over two years. Now, there is nothing more cheering in surgery than the reduction of the primary mortality in vaginal hysterectomy. It is already so small that it may be almost disregarded. Unfortunately, we have no evidence that the *remote* mortality can ever be bettered, and from all hospitals comes the tale of early return of the disease, whenever it has been really cancerous. Sarcoma of the body of the uterus comes to us in questionable shape. The origin of a sarcomatous tumour in embryonic or immature connective tissue is now generally accepted; it is a disease of youth, and its appearance at or after the menopause must be regarded as improbable. Surgeons ordinarily complain that women with uterine cancer come too late. Mr. Bowreman Jessett says they come so early, when the cancer is in the body, that diagnosis is a difficult matter. I quite agree that frequent scraping with the curette and repeated microscopic examination by a thoroughly competent *gynæcological* pathologist are necessary, and I will add, that two or more pathologists are apt to have two or more opinions Even after operation the distinction between a small fibroid which has ulcerated through the uterine mucous membrane is not an easy matter. It is true that a sarcoma is seldom encapsulated, but it is sometimes impossible to recognise the capsule of a fibroid, and microscopically there is no great difference between a swollen muscle fibre and a sarcomatous cell. The cell may be a little larger and the nucleus a little clearer, but in the end the conclusion is at best a dubious one, both to the pathologist and to the surgeon. A woman undergoes vaginal hysterectomy for sarcoma of the uterine body in a cancer hospital. If she had entered a gynæcological hospital she would perhaps have undergone the same treatment for bleeding myoma. A submucous fibroid or myoma with a jagged and polypoid mucous membrane is not cured by removal of the uterine appendages, and Dr. Halliday Croom made out a very strong case for hysterectomy, when curette and caustics fail, in his recent Carlisle address. I have no wish to impugn Mr. Jessett's diagnostic powers, and am not denying there is a malignant disease of the body of the uterus. I go upon the principle that malignant disease means a disease which recurs after operation. Both he and I have seen the truth of this only too often and sad facts impress it upon all of us. Mr. Jessett looks for the exceptional, and believes, indeed, that he has produced instances of it. An outlying cancer, as in the lip, may sometimes be removed with obvious benefit, and this may possibly be true of the body of the uterus, which is somewhat remote from the lymphatics. That Mr. Bowreman Jessett has sometimes made a permanent cure of a disagreeable and even dangerous ailment is not to be doubted, but I fear that the majority of our profession will still ask my sceptical question whether surgery is a cure for cancer, and I trust that Mr. Jessett and his colleagues at the Brompton Hospital for Cancer will some day utilise their great opportunities by taking an active part in that scientific search which is even now afoot, for a better cure of true cancer than that with which he accredits the knife.

I am, Sir, yours, &c.,
E. T. DAVIES.

Liverpool, Oct. 30th, 1896.

MUZZLING AND RABIES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you permit me again to ask for information as to what method is adopted in England for determining the existence of rabies in a suspected dog? I observe, from the return presented by the London County Council, that 31,632 dogs were seized by the police in London, of which 23,053 were killed. It is stated that, in the same period, 82 cases of rabies occurred. Now it may be reasonably calculated that the 31,632 dogs seized did not represent more than one-tenth of the dog population of London, from which it follows that, supposing all dogs reported as mad to be actually so, there would still be one dog in every 3,856 (?) Is it worth while to muzzle 316,000 dogs in order to prevent one in four thousand of them becoming rabic? But, in fact, I ask for information as to the genuineness of these cases of rabies, because, being well acquainted with the Irish system, I am very certain that not three per cent. of the animals recorded as rabic have ever been so. If the same system is adopted in London, I conclude that, at a liberal computation not more than five out of a dog population of 316,000 suffered from hydrophobia. I again ask for enlightenment, because I want to know whether the systems of certifying rabies in Ireland and England are parallel.

I am, Sir, yours, &c.,
ARCHIBALD HAMILTON JACOB, F.R.C.S.I.

Ely Place, Dublin, Oct. 30th, 1896.

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Literature.

FREYER ON THE MODERN TREATMENT OF STONE IN THE BLADDER BY LITHOLAPAXY. (a

AN experience of the operation of lithotrity which extends over 610 cases, is in itself sufficient justification for the appearance of this second edition of Dr. Freyer's work. Additional value is given to his views on the operation by the fact, that he has performed 254 operations for stone in the bladder by other methods than that of litholapaxy, and is therefore fully competent to criticise the relative advantages of this operation with those of lithotomy. The work contains a careful summary of the progressive development of lithotrity, and enters into the discussion of the comparative value of the various forms of lithotrite which have been, from time to time, devised, the author asserting his distinct preference for the fully fenestrated one, with a handle in which the locking action of Bigelow's instrument is combined with the fenestrated blade of Weiss and Thompson. Such an instrument, made for him by Weiss, he considers practically perfect. In like manner he contrasts the different forms of aspirators that have been devised, which, with the lithotrites, are all figured in the work. The author states his preference for a modification of Bigelow's more recent aspirator, in which the return of *débris*, from the receiver into the bladder, is prevented by the strainer contained in the bulb of the brass tube which fits on the catheter. He thinks, however, that the strainer is in this aspirator of Bigelow's superfluous, and with a modification of it he has worked for several years, and is satisfied with it in all respects. There are explicit instructions given in detail for every step of the operation of litholapaxy, and we cannot but admire the clear and intelligent style of the writer. He advocates the employment of a large evacuating cannula, the largest that will pass with ease into the bladder, urging that it is the capacity of the urethral canal, rather than the size of the stone, that should influence the surgeon in his selection. This rule applies also to the lithotrite. While the larger size is handier in the bladder, and less likely to be clogged by *débris*, it is also more efficacious for crushing large calculi, and the full-sized cannula has the advantage of enabling the surgeon to remove a calculus without the delay of crushing it to a fine powder. Large-sized instruments are most often called for in India, in consequence of the size of the calculi which there have to be removed. Of the 610 cases of litholapaxy, there were 432 male and 7 female adults; 171 children, of whom 165 were males, and 6 females. The adult ages varied from 16 to 96 years, the average being 48½, the children's ages were from 1½ to 16 years, the average being just 7. It is certainly remarkable that such a short time should be spent in hospital after the operation, the average being in the case of adults 6½ days, and in children 5 days. The dried *débris* of 14 stones removed from adults varied from 2 grains to 6 ounces, and, in children, from 1½ grains to 3 ounces and 2¼ drachms. Dr. Freyer lays special stress on the importance of crushing as much of the stone as possible before withdrawing the lithotrite, thus avoiding repeated introductions of the instrument. At the same time, he is careful to remove every fragment of the calculus, and to this care he attributes the fact that only in 11 instances out of 610 operations was there any recurrence of the disease. The rapidity of the operation varies with the size and consistence of the stone, the capacity of the urethra, and the dexterity of the operator. The author makes an important statement when he says: "No matter what the state of the kidneys may be, I perform the operation, knowing it gives the best chance of recovery." Some of the patients were apparently moribund when placed on the operating table.

As to the mortality, there were 9 deaths in the 439 adults operated upon, and 2 deaths in the 171 children. That is, about 2 per cent. in adults, and 1·17 in children, or 1·80 per cent. on the whole. Comparing this mortality with that of 254 lithotomies, Dr. Freyer had 10 deaths in 54 adults, and 1 death in the cases of 200 children in this latter operation, a mortality of 4½ per cent. on the whole, 18½ per cent. in adults, and ½ per cent. in children. It is in the adult that the reduction of mortality through litholapaxy is most apparent, reduced as it is in the author's practice from 18 to 3 per cent.

We have said sufficient to show the grounds on which we advise those interested in this operation to peruse for themselves this *brochure*, the concluding chapters of which on the "*difficulties and complications*" of the operation, "*litholapaxy in male children and in females*," "*practical observations on interesting cases*," and "*the diagnosis and removal of small calculi*" are not the least interesting. These chapters also deal with such subjects as encysted calculi, urethral stricture, hypertrophied prostate, and impacted calculi. The rarity of stone in the female is made apparent by the fact that of the 864 operations only 2 per cent. were performed on women.

Having thus drawn attention to this valuable monograph, we cannot close this notice without giving the author the hint that there is just a slight tendency to brandish the native shillelagh, in his national "tail of my coat" attitude running through its pages. It is surely sufficient for him to regard himself as one of the greatest, if not *the* greatest, of living exponents of an operation which, looked at through the author's glasses, is "*perhaps the most difficult in the whole range of operative surgery.*" We may, however, pass with a smile over a somewhat exaggerated egotism, and a rather redundant aggressiveness with regard to a certain distinguished lithotritist, which, in our opinion, adds nothing to the value of Dr. Freyer's treatise.

The book contains numerous figures of the necessary appliances for this operation, but we might suggest that in the next edition, illustrations should be inserted showing diagrammatically the methods of using these in the successive steps of the operative procedures referred to. This is the great want in the present edition.

We congratulate this new member of the staff of St. Peter's Hospital for Stone, not only on the excellent material on which he has written this most practical monograph, but also on the admirable style and method with which the results of a very exceptional experience are placed before the profession. The get up of this book would reflect credit on any publisher.

(a) "The Modern Treatment of Stone in the Bladder by Litholapaxy." By P. J. Freyer, M.A., M.D., M.Ch., Surgeon-Lieut.-Col. Bengal Army, (retired); Surgeon to St. Peter's Hospital for Stone. London: Baillière, Tindall and Cox. Second edition. Price 5s.

QUAIN'S ANATOMY. (a)

IN this "Appendix" of 76 pages the writers give an excellent account of the surface markings of the human body, and their relations to the deep-seated structures of the cavities and the limbs. The fact that ten of these 76 pages are occupied by the *Index* is a very significant one—indicating as it does how much the science of anatomy is "loaded with epithet," and what an almost endless series of names, harsh in sound and obscure in meaning, have to be mastered by the overburdened student of the present day! On opening this part-volume we quickly proceeded to examine the section which deals with the now very prominent subject of "cranio-cerebral topography," as being the part which would be most likely to indicate what amount of new light the writers had shed upon their special subject. It occupies the opening pages, and is treated in excellent fashion. No words are wasted, and the illustrations are excellent. We cordially congratulate Professor Thane on his power of applying figurative art to science. There is an illustration on page 4, of the course and position of the middle meningeal artery and of the lateral sinus, which if placed at our disposal in bygone years (with its accompanying descriptive letterpress) would have saved us many an hour of mental agony. There is another illustration on page 8, of which we cannot speak too highly. It is a "side view of skull on which the chief points and lines used in cranio-cerebral topography have been marked." It concentrates an enormous amount of information; and, having been taken from a photograph of a marked skull it gives the reader an amount of confidence which no diagrammatic illustration could offer.

The other surgically important, if less interesting,

(a) "Quain's Elements of Anatomy." Edited by Edward Albert Schäfer, F.R.S., and George Dancer Thane. In Three Volumes. Appendix. Superficial and Surgical Anatomy. By Professor G. D. Thane and Professor R. J. Godlee, M.S. Illustrated by 29 Engravings. Tenth Edition. Longmans, Green and Co.: London, New York, and Bombay. 1896.

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portions have their landmarks indicated with corresponding care and skill.

VISITING LISTS FOR 1897.

Along with Christmas Cards and other ephemeral indications of the approach of the new year, we have received the usual series of Visiting Lists for practitioners' use. The first in point of date and the most attractive in its "get up" is our old friend "Wright's Physicians, Surgeons, and Consultants Visiting List." This is published in three forms, one of the usual model with fixed dates (*a*), a second (*b*), so-called "perpetual" by reason of the dates not having been assigned, and (*c*) a new weekly list arranged for eighty patients on the left side, the opposite side being reserved for prescriptions, notes, &c. The paper, though thin, is very opaque, and ink does not show through. The lines are ruled alternately red and blue to facilitate connections, and there is the usual provision of useful information, medical, and otherwise. The whole is enclosed in a well-made leather cover with patent catch.

Under the title, "Ephemeris Pharmacologica," Messrs. Oppenheimer, Sons, and Co., Limited, have issued a synopsis of drugs and modern scientific preparations, with references and notes on emergencies. With this is bound up a certain number of undated pages for practitioners' visiting lists, the compact little volume being smartly bound in a red cover.

Medical News.

Royal College of Surgeons, Ireland.

The presentation of prizes won by the students of this college at the previous session was made last week by Mr. Wm. Thomson, F.R.C.S. President, before a large audience.

The following is the list for the winter session 1895 96:—

Descriptive Anatomy (Junior)—W. J. Trembath, first prize (cheque) and medal; J. S. P. Stewart, second prize (cheque) and certificate. Senior—D. A. Fitzgerald, first prize (cheque) and medal; W. J. Anglim, second prize (cheque) and certificate.

Practical Anatomy—First year, Miss K. F. Lynn, first prize (cheque) and medal; F. G. Fitzgerald, second prize (cheque). Second year, G. W. Little, first prize (cheque) and medal; J. J. Heuston, second prize (cheque). Third year, M. W. Falkner and D. Hadden (equal), first prize (cheque) and medal; P. H. Falkner, second prize (cheque).

Practice of Medicine—D. Hadden, first prize (cheque) and medal; F. J. Palmer, second prize (cheque).

Surgery—F. A. Benson, first prize (cheque) and medal; W. H. May, second prize (cheque).

Midwifery—S. G. Longworth, first prize (cheque) and medal; Miss L. F. S. Strangman, second prize (cheque).

Physiology—M. Gavin, first prize (cheque) and medal; P. S. O'Reilly, second prize (cheque).

Chemistry—C. B. Vance and S. L. Worthington (equal), first prize (cheque) and medal; J. S. P. Stewart, second prize (cheque).

Pathology—F. J. Palmer, first prize (cheque) and medal; S. G. Longworth, second prize (cheque).

Physics—J. S. P. Stewart, first prize (cheque) and medal.

For the Summer Session, 1896:—

The Barker Anatomical Prizes—C. T. Hilton, first prize (£25 5s.); A. S. Green, second prize (£15 15s.).

Mayne Scholarship—A. I. Ades (£15).

Gold and Silver Medals in Surgery—C. H. M'Cullagh, gold medal; A. I. Eades and F. J. Palmer, silver medals.

Practical Histology—Miss K. F. Lynn, first prize (cheque) and medal; S. R. Godkin, second prize (cheque).

Practical Chemistry—A. S. Cosgrave and L. Geraty (equal), first prize (cheque) and medal; Miss M. E. Bridgford, second prize (cheque).

Public Health and Forensic Medicine—F. J. Palmer, first prize (cheque) and medal; F. A. Benson, second prize (cheque).

Materia Medica—J. F. C. Meyler, first prize (cheque) and medal; C. B. Pasley, second prize (cheque).

Practical Pharmacy—S. Tucker, first prize (cheque) and medal; T. A. M'Dougall, second prize (cheque).

Biology—J. R. Magee, first prize (cheque) and medal; Mrs. H. L. Hennessy, second prize (cheque).

Direct Representation.—Mr. Rivington's Candidature.

We have received a lengthy report of the proceedings at the first public meeting of Mr. Rivington's supporters, held at the rooms of the Medical Society of London on the 3rd inst., which, on account of the great pressure on our space, we are unable to publish in full. The chair was taken by Mr. Timothy Holmes, and a large number of the profession was present. Mr. Rivington's address was a full exposition of the views and policy of the Association of Fellows and Society of Members, in support of which he had been invited to come forward After the address Mr. Timothy Holmes moved a resolution pledging the meeting to adopt the principles and support the policy of the Association of Fellows and the Society of Members of the Royal College of Surgeons of England as the most direct and practical policy yet placed before the profession in relation to the present election of direct representatives. Mr. Holmes said that he had been associated with the movement for reform in the College of Surgeons during the whole of his professional life, and that throughout he had striven for a reform of the anomaly under which the whole authority vested in the twenty-four Fellows who constituted the Council, while all that the Fellows could do was to register a vote once in eight years for each member of the Council, while the 17,000 members had not even this privilege. The motion was seconded by Dr. Thomas Morton, and carried unanimously. Mr. Joseph Smith moved a resolution to the effect that Mr. Rivington's support for thirty years of the best interests of the profession entitled him, though not a general practitioner, to the confidence of the whole profession, while the recognition of distinction between consultants and general practitioners, which was not recognised by law in this relation, would fetter the discretion of electors. Mr. Smith pointed out that the Society of Members supported also Dr. Alderson and Mr. Brown. The resolution was seconded by Mr. W. G. Dickinson, who said that Mr. Rivington's past services to the members of the College showed that they could rely thoroughly upon him to support their interests. This resolution was also carried unanimously, and with a vote of thanks to the Chairman, the meeting terminated.

Direct Representation—Dr. Alderson's Candidature.

We are asked by the Hon. Secretaries to announce that a meeting of the supporters of Dr. F. H. Alderson in his candidature, as a direct representative on the General Medical Council will be held on Tuesday next, the 17th inst., at 4 p.m., at the house of Dr. F. C. Dodsworth, Arlington Park, Gunnersbury, to hear an address from Dr. Alderson, and to arrange future plans for promoting his success.

The Irish Medical Association.

The quarterly meeting of the full Council of the Association will be held on this day (Wednesday) at the Irish College of Surgeons at 4 o'clock sharp. The notice paper sets out much business of the utmost importance to be transacted, including the determination of the action of the Association on the Poor-law Superannuation question, on the revision of workhouse infirmary rules, and on the limitations recently imposed by the Local Government Board upon the supply of medicines to Poor-law officers. It is to be hoped that a large number of Councillors will attend to endeavour to settle these matters.

Notices to Correspondents, Short Letters, &c.

Reprints.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

Local Reports and News—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

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ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price 2s. 6d These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

DOG LATIN.

"THERE are things in Nature," remarked the family physician, "that completely overawe me. Often do I experience the greatest difficulty in finding language to express myself." "Yes," replied the head of the family; "I thought it must be something that way one time when I tried to read one of your prescriptions."—*Exchange.*

MR. JOHN LILLINGSTON,—It is contrary to our rule to prescribe in these columns. By your own admission you are quite able to pay a fee, and we advise you to consult a practitioner of repute in your own neighbourhood. The symptoms you detail are of serious import and should be at once attended to.

MESSRS. S. and A.—As the matter is *sub judice* we do not propose to deal with it for the present. We may comment on its medical aspect later on when the law on the subject has been made clearer than it now is.

DR. DIVER (Kenley).—When your request came to hand it was quite impossible to accede to it.

BOERHAAVE AND HIS JOKE.

BOERHAAVE was anxious that it should be known that even the most eminent practitioner is somewhat of a "humbug." He carefully handed the key of a small diary to his executor, bade him open it immediately after his decease, and let the contents go forth to the world at large. When the note-book was opened all its pages but the last were blank, and on that final one there was written in large letters:—Directions to patients: Keep your feet warm and your head cool, and trust for the rest to Providence."

DR. R. WILSON.—The experiments were reported on by our French correspondent, and a paper on the subject by the author was translated and inserted in these columns in the early part of the present year.

DR, BRUCE (Dingwall).—Your communication was received while we were "at press;" we hope to publish it in our next.

LISTERISM.

DR. GEO. STOKER, referring to Dr. Bantock's letter in our last issue states that: "The Oxygen Home (35 St. George's Square, London, S.W.) is open to all medical men on Tuesdays and Thursdays at 4.30 p.m. for clinical instruction and observation. They are required to enter their names and addresses in the Visitor's Book before seeing the cases."

Meetings of Societies, Lectures, &c.

WEDNESDAY, NOV. 11TH.

LARYNGOLOGICAL SOCIETY OF LONDON (20 Hanover Square, W.).—5 p.m. Cases and Specimens:—Dr. F. Semon: Specimens of the Larynx of the Cormorant and of the Solan-goose. Dr. W. Williams: Man with Congenital Occlusion of the Right Nares. Dr. Bond: (1) Arrested Development in a Child; (2) Angeioma of the Nasal Septum in a Man, case and microscopical specimen; (3) Sarcoma of the Nose after Operation, male aged sixty-two years (vide Proceedings, May, 1896). Dr. St. C. Thomson: Constant, Clear, Watery Discharge from one side of the Nose in a Female aged twenty-three years. Mr. C. Baber: Mucocele in the Frontal Sinus treated by Radical Operation. Dr. E. Law: Hæmatoma of the Palate (?). Dr. H. Tilley; (1) Large Pharangeal Tumour (? hæmatoma); (2) Tubercular Laryngitis. Dr. F. Wilcox: Multiple Papillomata of Larynx in a Boy. Mr. W. G. Spencer: (1) Spheroidal-celled Carcinoma of Vocal Cord; (2) Perichondral Sarcoma of Cricoid. Mr. E. C. Stabb: Laryngeal Growth.

HUNTERIAN SOCIETY (London Institution).—8 p.m. Dr. McClymont: The Etiology of Acute Rheumatism.

THURSDAY, NOV. 12TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos St., Cavendish Sq., W.).—8 p.m. Card Specimens:—Mr. Critchett, Mr. Juler, Mr. J. Griffith, and others. 8.30 p.m. Papers:—Dr. H. Griffiths: Cases of Intra ocular Cysticercus, with preparations.—Mr. H. Spicer: Electrolysis in the Treatment of Corneal Opacities. Dr. L. Ferguson: Note on a Stitch for advancement or Adjustment of the Ocular Muscles.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.).—8.30 p.m. Specimens: Mr. C. Martin and others. Note by Dr. Meek (London, Canada). Paper by Dr. Armstrong (Buxton): The Latent Gout of the Menopause.

FRIDAY, NOV. 13TH.

CLINICAL SOCIETY OF LONDON.—8.30 p.m. Papers:—Mr. H. B. Robinson: Suppurative Pericarditis, Resection of the Sixth Rib, Drainage through Left Pleura, Recovery.—Mr. R. H. Mills-Roberts: A Case of Extensive Fracture of the Ribs. Mr. W. G. Spencer: A "Ventral" Form of Inguinal Hernia. Dr. S. West: Two Cases of Clubbing of the Fingers Developing within a Fortnight and Four Weeks respectively.

Vacancies.

Blackburn and East Lancashire Infirmary.—Junior House Surgeon. Salary £50 per annum, with board lodging, washing, &c. Applications and testimonials to the Secretary not later than Thursday, 20th inst.

County Asylum, Whittingham, Lancashire.—Pathologist. Salary £200, with apartments, board, washing, and attendance. Applications to the Medical Superintendent.

Liverpool Stanley Hospital.—Junior House Surgeon. Salary £70 per annum, with board, apartments, and washing in the Hospital. Applications and testimonials to the Hon. Secretary up to November 12th.

London County Asylum, Hanwell, W.—A Fifth Assistant Medical Officer. Salary £120 per annum, rising by £5 a year to £150 with board, furnished apartments, and washing. Applications and testimonials to the Clerk of the Asylums' Committee by Saturday, 14th inst.

London Hospital, Whitechapel, E.—Medical Registrar. Salary £100 per annum. Applications and testimonials to be delivered at the Hospital not later November 27th.

Sunderland and North Durham Eye Infirmary.—House Surgeon. Salary £100 per annum, out-door. Applications and testimonials to the Chairman of Committee, care of J. F. Potts. Secretary, 18 Derby Street, Sunderland, on or before November 18th.

Royal Victoria Hospital, Bournemouth.—House Surgeon. Salary £80 per annum with board. Applications and testimonials to the Chairman of Committee on or before Nov. 25th.

Victoria University, Manchester.—Nine External Examinerships will fall vacant in December, each tenable for three years. For full particulars. (See advert.).

Western General Dispensary, Marylebone Road, N.W.—House Surgeon (unmarried). Salary £60 per annum, with board and residence. Applications and testimonials to the Hon. Sec. not later than Monday, the 16th inst.

Appointments.

BLACK, D. C., Professor, F.R.S.E., Examiner in Physiology for the Fellowship to the Faculty of Physicians and Surgeons, Glasgow.

CHASTER, G. W., M.R.C.S.Eng., L.R.C.P.Lond., Honorary Assistant Medical Officer to the Southport Infirmary.

CLOUGH, J. M.B.Lond., Resident Obstetric Officer to the General Infirmary, Leeds.

DINGLE, H., M.R.C.S., L.R.C.P., House Surgeon to King's College Hospital, London.

ERHARDT, C. C. J., M.R.C.S., L.R.C.P., Assistant House Accoucheur to King's College Hospital, London.

HUTTON, A. E., M.R.C.S., L.R.C.P., House Physician to the General Infirmary, Leeds.

JACOB, F. H., M.R.C.S., L.R.C.P., House Physician to King's College Hospital, London.

LEVI, J. M.R.C.S., L.R.C.P., House Surgeon to the General Infirmary, Leeds.

LIGERTWOOD, C. E., M.B., Ch.B.Vict., Resident Medical Officer to the Ida Hospital (General Infirmary), Leeds.

LOWNE, B. T., F.R.C.S.Eng., Medical Officer for the Third Sanitary District of the Hartley Wintney Union.

MACARTNEY, D., M.D.Glasg., C.M., D.P.H.Camb., Medical Officer to the Glasgow Cancer Hospital.

MCDOUGALL, A., M.B.Vict., M.R.C.S., Senior House Surgeon to the Ancoats Hospital.

MORSHEAD, E. G. A., M.D.Brux., L.R.C.P.Lond., M.R.C.S., Medical Officer and Public Vaccinator for Guildford.

PLAYFAIR, E., M.B.Lond., M.R.C.S., L.R.C.P., Medical Registrar to King's College Hospital, London.

PRINGLE, G. L. K., M.B., C.M.Edin., Honorary Medical Officer to the Bridgwater Infirmary.

ROBSON, F. W. H., M.B. & C.M Edin., Assistant House Surgeon to the Rotherham Hospital.

ROWLING, S. T., M.B., Ch.B.Vict., House Surgeon to the General Infirmary, Leeds.

SMITH, G. U., M.B.Lond., M.R.C.S., L.R.C.P., Assistant House Physician to King's College Hospital, London.

TRIBE, P. C. E., M.R.C.S., L.R.C.P., House Accoucheur to King's College Hospital, London.

WILLIAMS, R. P., M.R.C.S., L.R.C.P., House Surgeon to King's College Hospital, London.

Births.

CUTFIELD.—Nov. 6th, at Merton House, Ross, Herefordshire, the wife of Arthur Cutfield, B.A., B.Sc., M.R.C.S., of a daughter.

Marriages.

HUNTER—HANDLEY.—Nov. 5th, at St. Paul's Wandsworth, Frederick Hunter, L.R.C.P., M.R.C.S., of Lavender Hill, S.W., to Caroline Ida, second daughter of the late Benjamin Handley, C.E., F.R.G.S., of Iquique, South America, and New Wandsworth.

MILNER—CHANDLEY.—Nov. 5th, at the Parish Church, Grappenhall, Cheshire, Edmund Taylor Milner, M.A., M.B.Oxon., of Manchester, third son of the late Ralph Milner, M.R.C.S., to Emma, eldest daughter of Silvanus Chandley, Latchford.

NORTON—DOLTON.—Nov. 4th, at St. Mary's, Newington, London, Henry Harvey Norton, L.R.C.P., M.R.C.S., of 87 Kennington Park Road, S.E., to Annie Maud Dolton, third daughter of Major E. J. Dolton, St. Margaret's Twickenham.

Deaths.

BOWER.—Nov. 7th, suddenly, at Eastry, near Dover, Augustus Ed. Bower, M.R.C.S., aged 53.

FAVELL.—Oct. 31st, at Brunswick House, Glossop Road, Sheffield, William Fisher Favell, M.R.C.S., J.P., aged 64.

MARTIN.—Oct. 27th, at Burley-in-Wharfedale, H. Newell Martin, M.D., D.Sc., F.R.S.

PAULI.—Nov. 6th, at Luton, Beds, suddenly, Theo. William Pauli, L.R.C.P.Ed., M.R.C.S.Eng., aged 65.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, NOVEMBER 18, 1896. No. 21.

Original Communications.

POST-GRADUATE CLINICAL DEMONSTRATIONS.

By JONATHAN HUTCHINSON, LL.D., F.R.S. F.R.C.S.,

Consulting Surgeon to the London Hospital, and late President of the Royal College of Surgeons, England.

[*Specially Reported for the* MEDICAL PRESS AND CIRCULAR.]

AT a recent demonstration, Mr. Hutchinson chose for his subject that of

YAWS.

He stated that he had just received some new photographs of the disease, sent to him from George Town and from the Fiji Islands, and in showing them he would take the opportunity of making some observations on the subject. The first point in which the profession was interested was whether, after all, there was such a disease as yaws, whether, in fact, all which has been called yaws was not merely syphilis, that was to say, syphilis occurring in negroes, and modified by race and climate, and not usually acquired during sexual intercourse. Mr. Hutchinson expressed his belief that there was no such disease as yaws, and he asserted that he had long been of the opinion that the latter was simply syphilis modified by climate and race. There were a number of maladies to which special names had formerly been given, but more extended experience had shown that many of these diseases were of syphilitic origin, the infection of syphilis having been accidentally contracted, as by using infected towels or drinking vessels. By this means a primary sore had been produced upon some unusual situation, as the result of which the source of the disease had been overlooked. An historical incident was mentioned bearing upon these facts. During the time of the Commonwealth outbreaks of syphilis occurred in Scotland; these were associated with a papillary overgrowth eruption, resembling raspberries. The name "Frambesia" was assigned to the disease. Inquiry was made into the matter, and it was found that wherever Cromwell's army marched, there the disease was prevalent, so much so that it acquired the title of *Frambesia Cromwelliana*. It spread throughout the villages among young people, sometimes it was seen in children. But its syphilitic nature was not recognised. There was, however, no doubt about the disease being syphilis, despite the fact that Cromwell's Puritan soldiers might be held to be above committing the sin of fornication. However, in all probability the disease was neglected in its early stages, and then was mistaken for what it was, after having been neglected the syphilitic manifestation would be likely to assume an unusual form. Regret, nevertheless, must be felt that no critical record of these outbreaks were written at the time. There was, in fact, nothing to show that they were carefully investigated. The next important question in this connection was—were Frambesialeruptions met with in England in the present day? Mr. Hutchinson asserted that this was the case. He showed a photograph of a patient covered with a raspberry eruption exactly like yaws. The patient had been seen by several well-known surgeons. One surgeon suspected syphilis, another denied that the eruption was a syphilitic one, and asserted that the disease was due to iodide of potassium. The patient, however, had never taken any of that drug, although he had had an iodine lotion applied to one of his joints. When Mr. Hutchinson saw the patient he at once formed the conclusion that the case was one of severe secondary syphilis; most of the papules were ordinary in appearance, and not modified such as might have been expected had they been due to iodide of potassium. Mr. Hutchinson, also, stated that he had seen similar examples of the disease, but he had never before had an opportunity of meeting with so marked an instance as this was. The patient was cured with mercury. Some years ago a well-known Dublin physician wrote a paper, which was published in the Transactions of the Royal Medical and Chirurgical Society, in which he described a disease to which he gave the name of "morula," that is, like a mulberry. It was really a Frambesial eruption; but the author, while denying that the disease was syphilitic, added the curious statement that it could be cured with mercury, and that nothing else was of the slightest use. The malady occurred in young people, by whom the syphilitic origin of the disease was repudiated. It was especially worthy of remark that no one recognised "morula" in these days as a special disease. There was, however, no doubt that syphilitic eruptions of a granulomatous nature were met with in Europeans. Despite the evidence which pointed to the fact that yaws was a modified syphilitic eruption, the surgeons on the West Coast of Africa still persisted in diagnosing the disease as yaws. And yet it was remarkable that they had never been able to send us a case to this country for the purposes of investigation. The reason of this was that if a negro suffering from yaws attempted to cross the Atlantic, before he had passed many days on his voyage, his disease developed into unmistakable syphilis. The following notes were then given: A young Danish nobleman was for a short time resident in the West Indies, and subsequently he returned to Madeira. Soon after his return he became covered with a Frambesial eruption which was called yaws because he had been in the West Indies. A complete cure took place under the administration of mercury. Several portraits were next shown illustrating the different stages of yaws, and attention was drawn to the arrangement of the eruption, its symmetrical incidence, &c., such as would be expected somewhere in a syphilitic affection. Although in yaws no primary syphilitic infection was discoverable upon the genitals, a primary chancre was nevertheless always present. The sore generally was the result of the syphilitic inoculation of a scratch, or an injury. Sores, in that manner contracted, never displayed the characteristic induration met with in hard chancres on the genitals, and thus it became quite possible that they should be overlooked. The progress of cases of yaws afforded further proof of the syphilitic origin of the disease. Among other pathological changes, ulceration of the nasal bones, and in bones elsewhere

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ensued, and inflammation of the eyes. Some further points of interests were mentioned. In olden days when slavery was in vogue, the slave owners had a yaws' house upon the plantations, into which all the slaves affected with yaws were admitted.

The house was under the charge of a matron, whose chief qualification was that she had had the disease herself. The slaves were permitted to remain for some months under treatment, which consisted mainly in external applications; cleanliness was rigidly carried out, and they were released of all fatiguing work. The prevalence of the disease was such that every slave sooner or later was found to contract it, consequently, it happened that a slave who had had the disease was worth double one who had still to pass through that ordeal. Mercury was seldom then given in the early stages of the disease, on the other hand, its usefulness in the later stages was freely admitted. But the administration of mercury in those days meant profusely salivating the patient, and bringing about so much debilitation that often more harm than good resulted. Although, however, evidence existed to show that the disease was in character the same throughout the various localities in the world in which it was met with, the fact remained that great difference of opinion prevailed as to the efficacy of specific treatment. A practitioner of Antigua had stated that the remedies for yaws were the remedies for syphilis, despite the fact that he did not admit that yaws was syphilis. Mr. Hutchinson here stated that personally he had never seen a case of yaws. Those cases which had come under his notice as yaws, were merely cases of late tertiary syphilis. The eruption of yaws was prone to occur on the soles of the feet and the palms of the hands, a fact which could be explained in connection with the occupations of the sufferers. A surgeon of the Fiji Islands told Mr. Hutchinson once that there was plenty of yaws there, but no syphilis, by which the assumption had been formed that yaws had taken the place of syphilis. But the description of the cases of yaws would equally apply to those which were syphilitic. It will be for future observers to establish the difference, if any, between the two diseases. In Mr. Hutchinson's opinion, yaws was nothing but syphilis, and he was firmly of the belief that if it were treated with mercury from the beginning, the disease would cease to exist. At one time, it was thought that the essential point of difference between yaws and syphilis was that the former could be contracted several times, while it was only possible to have the latter once. But experience did not go far to bear out this assertion. Re-infection could occur in syphilis, and the same was true in regard to yaws. Lastly, in the vast literature now extant upon the subject of yaws, there was no differential feature which could be pointed to, showing that the disease in question was not syphilis.

A SHORT HISTORY OF SYPHILITIC INFECTION (NON-VENEREAL). (a)

By ARTHUR J. HALL, B.A., M.B. (Cantab.), M.R.C.P.,

Hon. Physician, Sheffield Royal Hospital; Lecturer on Physiology, School of Medicine.

How syphilis is spread throughout the community, in venereal cases, from individual to individual, is difficult to trace exactly, nor, when traced is it of any particular interest or value. Most frequently it belongs to that side of life which so urgently cries out for reform, either legal or otherwise. The non-venereal aspect of this disease has, however, many points of interest. The sufferer has not, as a rule, the least notion of the infectious nature of his complaint, and is eminently liable, unconsciously, to infect those around him. Moreover, the primary lesion is very liable to be mistaken for something else by anyone who is not on his guard. The following short account of a series of cases all infected by a congenitally syphilitic baby during the first six months of its life is worthy of record.

On March 12th, 1896, Mrs. K. brought up her baby, Jessie K., æt. 9 months, to the out-patient skin department at the Sheffield Royal Hospital. It was suffering from a severe congenital syphilis, which had begun eight weeks after birth. Emaciation, "snuffles," ulcerated mouth, with large fissures all round the lips, these, added to a squamous syphilide on the trunk and limbs, and ulcers about the buttocks and thighs, gave a very full clinical picture of congenital syphilis. The mother, M. K., æt. 38, denied any illness of any kind, but on pressure being brought to bear on her, displayed a nest of deep punched-out ulcers on the inside of the right thigh, undoubtedly syphilitic. The mother then asked me to look at her son, A. K., æt. 8, who had been quite well until the autumn of 1895, but then had a sore place on his cheek in front of the left ear. The scar was still evident and the mother said it looked at first as though he had been "vaccinated." He had ulcers in the mouth and enlarged glands. Later, he had and has now (November, 1896) condylomata of the anus. The way this boy had become infected was unconsciously demonstrated to us by the children themselves. While the mother showed me her leg, the boy nursed the baby; he held it with its head on his left arm, and then kept putting his left cheek down to its face in play, the baby responding by clutching hold of his face and ear. This was evidently a regular pastime, and I feel sure the baby had infected some scratch or spot on his face in this manner.

One week later, a woman, C. E., æt. 40, presented herself at the Skin Department, with a well-marked secondary syphilitic eruption. She began with a sore on her left nipple, at Christmas, 1895. I saw the scar of this, and on inquiry found she had been in the habit of letting her little girl, B. E., æt. 3, of whom I shall speak directly, put the nipple in her mouth to send her to sleep at night. She supposed that the child had bitten it. This child (B. E.) had come up with her mother, and was suffering from a badly ulcerated mouth and tongue, with enlarged glands in the neck. The mother said the child was healthy until the Autumn, or late Summer of 1895, when she had a sore place on her mouth, and, a few weeks later, broke out in a rash all over her, "just like the one she herself has now." That this little girl had acquired syphilis by a primary inoculation of the lip, and transmitted it by infecting the mother's nipple, was quite evident. The child presented no evidence whatsoever of congenital syphilis, but was a well-grown, pretty child. I cross-questioned the mother as to where the child could have got it, and at last she told me that the neighbours had said that "the child must have got it from sucking a 'dummy-titty' (*? sic*) belonging to a diseased baby living in——," (mentioning the very street in which the K. family lived whom I had seen the week before). Not to go into any tedious details, after careful inquiries, I found that—(1) The little congenitally syphilitic baby, J. K., had two or three "dummy-titties" to suck during the Summer of 1895; (2) that the little girl, B. E., came and sat day by day playing with this highly infectious infant. Evidently, the neighbours had seen the girl sucking one of these soothing articles belonging to the baby, and had commented on it. My little story ends here, but it is quite likely that these cases do not represent all the mischief that baby has wrought on the neighbouring community. The baby is now much improved, and is growing fat and bright, whilst its victims are none of them yet free from active symptoms. The sins of the

(a) Read before the Sheffield Medico-Chirurgical Society, October 22nd, 1896.

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fathers and mothers descend upon the children too frequently, but here they have descended to the child of an innocent neighbour, and through her child to the innocent neighbour herself. A correct account giving exact dates of inoculation and secondary symptoms would have been of much interest, but as I did not come upon the scene of this domestic tragedy (which took place from June, 1895, to January, 1896) until the Spring of 1896, dates had become mere hazy memories on the part of the patients. I append a short plan of the spread of infection :—

M. K. (mother, æt. 38): Syphilitic ulcers on leg. No history of time or place of infection (probably venereal).

J. K. (infant, born June, 1895): Every feature of congenital syphilis; noticed six to eight weeks after birth. Transmits infection by mouth to

A. K. (brother, æt. 8): Primary sore on left cheek (probably from allowing baby to kiss him whilst he nursed her, as I saw him doing whilst waiting in my room).
Condylomata.
Ulcers of tongue, &c.

Bertha E. (æt. 3, neighbour's daughter): Probably through common use of "dummy-titty." Primary sore on mouth during Summer, 1895.
Well-marked secondary symptoms.

Clara E. (her mother): By infecting her nipple, which the mother let her three-year old child suck to send her to sleep at nights.
Primary sore on the left nipple, Christmas, 1895.
Secondary symptoms, March, 1896.

CASES OF SUCCESFUL TREATMENT OF CHRONIC INFLAMMATION, AND ULCERATION OF THE KNEE-JOINT BY "CORRIGAN'S CAUTERY."

By THOMAS HAYES, M.D., M.R.C.S.Eng.,
Medical Officer, Rathkeale Workhouse Union Hospital, and Dispensary.

THE universally recognised difficulty of successfully treating inflammation and ulceration of the joints involving all the structures, including the bones and cartilages, otherwise than by excision or amputation, is my apology for placing before the profession some, to me, remarkable cases of apparently hopeless affections of the knee-joint, which have yielded to frequent applications of "Corrigan's cautery," resulting in perfect bony anchylosis, and a complete and permanent cure, extending in some cases over many years.

There can be no doubt but that the actual cautery was held to be a potent and effectual means of cure among the Ancients, who held with Hippocrates *quoscunque morbus medicamenta non sanant, ferrum sanat*, &c. While it is believed that it was owing to the reckless use made of the application, by employing it at a white heat, burning into the cellular tissue, and deep structures, and thus producing fatal eschars, that it lapsed into desuetude. But while the progress of modern surgery does not so much depend upon this powerful revulsive and excitor of plastic inflammation, it still calls in the aid of the modified "black heat" of many forms of cauteries for different surgical ends, producing artificial inflammation of an active kind to efface some local or latent affections which experience has proved to be benefited by what the French designate "Pyrotechnic Chirurgicale."

In this manner "Corrigan's cautery" has been found for close on half a century one of the most effectual agents in the cure of sciatica and other painful neuralgic affections in the back, shoulders, and other parts of the body, and in my hands has given much satisfaction in the treatment of subacute and chronic affections of the joints for thirty years.

The following cases go to prove that the treatment by cautery at "black heat" is an effective remedy in that form of knee-joint disease "brown pulpy degeneration," which Sir Benjamin Brodie believed to be almost inaccessible to remedial measures, and in regard to which Bryant declares "blistering and firing in this affection seem to be of little value." There is very little allusion made to the use of the cautery in the treatment of affections of the joints in modern surgical books. Erichsen says "the actual cautery is especially successful in deep-seated chronic inflammation of the joints when a deep and prolonged action is required to be set up. The cauterising irons may be of various shapes" (Le Fort gives five). "They should be heated to a dull red heat and then quickly drawn in lines crossing one another over the parts." I do not use "Corrigan's cautery" at a "dull red heat," but simply as he himself recommended it at a "black heat," keeping the finger at the bend of the stem until it cannot be borne any longer, then applying the "button" over the affected parts making eschars in rapid succession. The skin is never burned through, and there is no fear of cellulitis.

The effect kills deep-seated pain and on being repeated many times removes all pain and soreness, sets up a new plastic inflammation which affects the ends of the bones, which soften and ultimately unite and solidify, forming a complete bony anchylosis, The swelling entirely disappears, as do also the bony prominences of the tibia and femur.

My first essay was in a remote country district in 1867, where the *durum telum necessitas* forced me, so to say, to invent some temporary expedient to allay the agonising, crushing, and grinding pain produced by a diseased knee-joint in its worst form. For although the poor frantic woman wished me to remove the limb at once by amputation, the place was so inaccessible that the difficulties in making arrangements for proper assistance and proper superintendence after were so insuperable for the time being, that I was driven to my wits' end what to do; the result was that, knowing that the cautery was the most effectual remedy for relieving deep-seated pain in the bone, I resolved to try it as a temporary expedient, the details connected with which follow.

CASE I.—*Brown Pulpy Degeneration of the Knee-Joint.*—Mrs. O. S., æt. 42, the wife of a farmer, and the mother of seven children; a very stout, muscular, and healthy-looking woman, who had always enjoyed the best of health, complained of slight pain "something like rheumatism" in the right knee-joint in 1862. She was treated for this with sedative liniments, tincture of iodine, blisters, hyd. kali, and saline alteratives; but in consequence of her over-active life, which allowed her no rest, the remedies did her very little good. There was at first only a slight puffy swelling; the inflammatory condition was never strictly acute, and with occasional remissions it continued in this state for four years. From this forward the joint became more painful; she had more rest and repeated blistering, a sojourn at the seaside, and properly-adjusted bandaging. She sought other advice, and I lost sight of her for nearly a year. The knee then appeared enlarged, the swelling was elastic and more resembled a fatty condition than *hydrops articuli*.

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Having despaired of getting benefit from surgical treatment, she took to empirical nostrums, without avail. The disease became actively progressive, the pain became intolerable, and in her agony and despair she again had recourse to me, and beseeched me to amputate the limb and relieve her by some means while making arrangements for the purpose. This was in 1867. I found her in bed, from which she was unable to move for some time. The slightest attempt to move the limb, or attempt to examine it, produced intolerable pain; it rested on its outer side on a pillow, bent at a slightly obtuse angle. It was only after some suasion that she permitted me to examine it. The joint was very much swollen and intensely red, the ligaments were softened, so that the bones forming the joint could be freely moved on each other in every direction, as if the parts were held together by the skin only. She complained of deep-seated pain, agonising starting of the limb, and total absence of sleep. Notwithstanding these exhausting influences, she was still fairly fat and robust, though much reduced from her former state. She was particularly urgent in entreating me to make all necessary preparations for amputation at all risks, as she could not possibly endure her sufferings any longer. It was evident that erosion of the cartilages existed, while the intense redness and pointed swelling clearly indicated some pus within the joint and an immediate prospect of suppuration.

I was in a dilemma, as nothing could be done at once to amputate the limb, which seemed the only chance of permanent relief. I was driven to my wits' end to devise a temporary expedient to kill or modify the excruciating pain. Sedatives were useless. The alternative that suggested itself was the actual cautery, that potent factor of ancient surgery held to be useful and effectual in deep-seated ulceration of the bones and cartilages. I had used "Corrigan's cautery" for other affections for a long time, and thought I would adopt a safe course in applying it in this case as a mild agent whose action could be easily regulated.

Having heated the cautery in the usual way with a spirit lamp, I applied it to the joint producing a dozen eschars, but carefully avoiding the very red and very tumid parts for fear of provoking suppuration, to which there seemed a decided tendency.

The effect produced was astonishing and far exceeded my anticipations. The patient slept well, and felt relieved from pain. She was no longer impatient about having the amputation performed, and as there was no pressing necessity I was determined to bide my time and watch the effects of treatment in my very unpromising case. After a week I repeated the application of the cautery more freely and over a larger area, and at the same time inspired with an overwhelming confidence in the success of my first attempt, I determined to adopt all the known medical treatment as an aid to success.

I gave Plummer's pill at night as recommended by Sir Benjamin Brodie; then after some time iodide of potassium and cinchona, besides attending to functional requirements, and a suitable dietary principally composed of bread and milk. I applied the cautery once every month for nine months. I was pleased with the progress made, besides, my patient's health was improved. She was free from pain, she had sufficient sleep and rest, the redness and swelling and other inflammatory indications gradually disappeared, the size of the joint diminished, became firmer, and ultimated resulted in perfect bony anchylosis. During the whole time she would not allow the limb to be disturbed, and it remained in the one unchanged and almost immovable position, except when lifted to put on poultices, which were always used after the cautery. The knee-joint was partially flexed, resting on its outside and forming a very obtuse angle. When anchylosed the tibia projected slightly over the external condyle of the femur, showing how completely softened and relaxed were the ligaments. After a year's treatment she was able to sit up, the limb and joint being properly fixed and bandaged, with a starch bandage. She became pregnant in the middle of the treatment and in due time gave birth to a healthy boy. During her pregnancy she had an attack of jaundice. As the slightly angular position of the knee-joint kept the heel from the ground, I ordered a cork shoe with elevation heel to remedy the defect. The recovery was in every way perfect. She was still able to discharge all her ordinary and troublesome duties as well as before, and continues to do so up to the present, and is still in good health—extending over a period of 27 years since her critical illness.

Emboldened by my first successful, but apparently hopeless, proceeding I was afforded a stronger testimony to the potential effects of "Corrigan's cautery," by the following case which having passed through the hands of the most eminent Dublin surgeons was perfectly cured by repeated applications of the "cautery," and since 1878 the patient continues in excellent health, can walk as well as ever, aad says his "bad leg is now his best leg." He is a most intelligent person, of slight build, and I give the greater part of the statement in his own words.

CASE II.—William Sheahan. æt. 30, a mason and small farmer, comes of a family with no hereditary predisposition. "Always enjoyed good health until about 2½ years ago (1873) when he got a kind of rheumatism in the left knee which I thought first was like a start that came on occasionally, and then was well for a month or two, the joint being much swollen with each attack. I still continued to work at my trade, was worse last summer (1876) than before, up to that time had only some pain and swelling." In October, 1876, he consulted me, and I found much effusion into, and distension of, the knee-joint extending up under the tendon of the quadriceps femoris extensor I strongly advised him to go to hospital, but as he hesitated I prescribed for him tincture of iodine and hyd. kal., "which relieved him for a month or two, having rested for the time." "After walking three or four miles in the beginning of 1877 felt pain below the knee and could not stand, had no increased pain in the joint except when standing. Went to Limerick Infirmary, January 9th, 1877, under the care of Dr. Gelston. He ran a seton in two places at the inside of the joint" (Sir Benjamin Brodie recommends the seton) "and told me that I had no other chance but to get a stiff-joint. Gave me no medicine, had linseed poultice over the seton, remained a month in the infirmary and found no improvement. When I went to sleep or rest I found a little starting. Consulted Dr. Malone who advised me to come to Dr. Hayes" (Union Hospital) "or go to Dublin as it was a severe case that might require an operation. He (Dr. Malone) wrote to Dr. Stoker, and I was admitted to Richmond Hospital, Dublin, February 8th, 1877. Dr. S. told me that after a week or a fortnight's rest it would require an operation 'to open the joint, and if things went to the worst, it would have to be taken off.' He did not look at it for a fortnight, and after having a consultation with three doctors said there was a great improvement, and wrote to Dr. Malone that he expected recovery with a stiff joint, and he put on a splint. Got no medicine. Splint put on after consultation; was kept on two months, and then a starch bandage was applied. When in six weeks got cod-liver oil and iron drops. Health was pretty well, but rather failing in the latter end. Remained altogether four months. For five or six weeks before I left felt the leg getting very bad; could lift it out of the bed with my hands, before that I could lift it the same as the other leg. Had also increased pain below the knee, and felt pain on pressing the bone of the knee; was starting very much

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a week before I left. Doctor said it was a bad sign, and after consulting with Drs. Stoker, Corley, and Thomson, said the leg required an operation. He said he would not do it at present. I determined to leave and go home. He tried to prevail on me to stay, 'that I would have to return again to take it off.' They said I had no chance and that I must come back in a week, and that the leg was very bad internally. He (Dr. S.) thought at first that it would come to a suppuration.

"He said that the bone was surely diseased. Dr. Malone saw me in Dublin and advised me to stay, as the joint would only suppurate if I came home. I came home about the 8th of June (1877), and suffered frightful after returning. Awful pain, and starting much increased; and could not sleep at all at night, nor for a week after. Was three weeks in hospital (Dublin) without sleep; then commenced to sleep an hour or two; was four weeks in the end in Dublin, and had not a tittle of sleep."

After returning home on the 8th of June, he suffered intensely, and then I received a letter from his landlord, Sir Stephen A. de Vere, Bart., saying that W. S. had returned from Dublin, having refused to submit to have his leg amputated, for *fear of dying there*, but that he was prepared to undergo the ordeal at home, and would enter the Union Hospital at once; and that I need not have any hesitation, under all the known circumstances, to amputate immediately. His limb was carefully set up by the late Dr. Griffin, of Pallaskenry, who kindly accompanied him to the Rathkeale Union Hospital, where he was admitted on the 14th of June, 1877.

He looked haggard and hectic; his eyes bright, but fiery; the knee-joint was very much enlarged, particularly on the inside, which was very red, bulging and fluctuating, and gave every indication of being about to discharge its apparently purulent contents. He suffered much pain, and could not allow the parts to be handled. The limb was kept in one immovable, straight position, and could only be lifted by extreme care and gentleness, and this was the case for some months, when even the bed could not be made. The starting was unusually severe, the limb diving or jerked off the bed in an upward direction, when his screams were agonising. He had delirium to such an extent when he attempted to sleep that his shouting and hallucinations alarmed and thoroughly frightened his attendants. The late Dr. Griffin, of Pallaskenry, who attended him at home, and accompanied him to the workhouse, having regard to the frightful sufferings he endured urged immediate amputation, but I insisted that every medical man should take time to satisfy himself in regard to every aspect of the case before performing a capital operation, which when hastily performed, should it prove rapidly fatal, would savour of rash proceedings and give, in a rural district, a bad name to the surgeon and the hospital. Besides all this, I had "Corrigan's cautery" in my mind, and had great faith in its application, and determined to give it a first chance. I then proceeded to tranquillise my patient. I gave bromide of potash, chloral, and opium as a sedative and hypnotic; and applied fomentations of camomile and linseed meal poultices with opium sedative, all which produced a partial mitigation of the dreadful pain. After a week's rest and treatment, I applied "Corrigan's cautery" to the outside of the joint beneath and above the patella, carefully avoiding the internal side for fear of precipitating by ulceration the already angry-looking parts. A poultice of linseed meal was always applied forty-eight hours after the firing, and sometimes morphia dressing over the sores, the poultice and dressing being continued until the eschars produced were healed. He got some relief from the pain the first application; and about three days after had some pain along the peroneal nerve and some swelling of the instep and ankle. The "firing" was repeated, selecting fresh spots, four times altogether up to August 11th. He had no pain after the second "firing," which took place in the middle of July, and as the redness and swelling in the inside of the joint was diminishing I ventured to encroach on that area, and after some time cauterise the surface itself and so circumscribe the joint with buttoned eschars. During all this time I employed medical treatment: Pil. plumbi at night, hyd. kali, and cinchona, and attended to other indications, particularly some bronchial congestion, which set in during the treatment and alarmed me very much in the attenuated and hectic condition of my patient. The measurements of both knee-joints on admission to hospital were as follows:—

	Good knee. Inches.	D'seased knee. Inches.
Circumference above joint,	12½	14½
,, below ,,	13½	16½
,, of ,,	11½	12

The progress of the case was slow but satisfactory; there was after the second firing entire freedom from pain. but the limb could not be disturbed out of its fixed position with two sandbags, one on either side.

August 17th.—Although the joint is still enlarged there is no longer fluctuation.

The regimen was bread and milk, meat, broth, eggs and butter *ad libitum*, and two bottles of porter daily.

December 1st, 1877.—Final cauterisation, after which the parts began to consolidate and the joint to become immovable, and then a starch bandage was applied.

July 2nd, 1878.—Measurements of both knees:—

	Good. Inches.	Diseased. Inches.
Circumference above joint	14½	15½
,, middle ,,	14½	15¾
,, below ,,	13	13½

January 24th, 1879.—Measurements of both knees:—

	Good. Inches.	Diseased. Inches.
Circumference above joint	14½	14½
,, round ,,	14½	15
,, below ,,	12½	13

Measurements sent to me by William Sheahan on 2nd February, 1880:—

	Good. Inches.	Diseased. Inches.
Circumference upper	13	13
,, middle	13½	14
,, lower	12	12
,, calf	13½	12½

I have seen W. S. recently. The normal shape of the joint is obliterated; there are no condyles and no indications of a joint, merely a uniform continuous shelf of femur and tibia. He enjoys the best of health.

CASE III., which I shall briefly describe, was in some respects like Case 1, but was not quite a typical form of yellow pulpy degeneration of the knee-joint.

I attended J. H., æt. 59, a few years before 1887. He was tall, 6 feet, well-developed, and a farmer who lead an active life, and enjoyed uninterrupted good health until 1884, when he felt a pain in the left knee-joint, which he attributed to rheumatism. There was very little swelling except a slight puffiness in the inside of the joint. The case was treated with tincture of iodine and blisters externally, and iodide of potash internally, with only partial relief from pain.

In 1887 the pain and swelling increased, and soon the pain became intolerable. To this was added sleeplessness and starting of the limb, relaxation of the ligaments of the joint, and total incapacity to move the limb out of a fixed position as he lay wholly confined to bed. I fired the limb, and this was followed in forty-eight hours by a linseed poultice applied daily until the eschars were healed. I gave, as in the former cases, iodide of potash internally and pil. plummeri every night for a short time. I repeated the "cautery" in a

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month's time, when he got complete relief from the deep-seated pain and starting, and was able to sleep at night. The leg below the knee swelled, which seemed the natural consequence of long-standing inflammation and softening, as well as the immediate result of the "firing" which preceded the first attempt at bony anchylosis. When the limb could be easily moved and a certain amount of firmness was attained, it was put up in a starch bandage, repeated from time to time. He was then allowed to go about on crutches with a sling from the neck to the foot, and after a year's treatment bony anchylosis resulted.

It is now nearly ten years since the recovery took place and the patient can walk well and attend to his business. He is as hale, strong, and healthy as any man bordering on 70 could be.

The next case which proved rather tedious and intractable was different from Case 1 and Case 3, but presented some features like Case 2, and was apparently of the scrofulous type.

CASE IV.—Michael Murphy, æt. 18, a labourer, was admitted into the Rathkeale Union Hospital in March, 1892, suffering from synovitis of the right knee, of long standing. The joint was enlarged and distended, the swelling extending under the quadriceps tendon and ligamentum patellæ. After trying mild applications for some time, I determined, as I had often done before with success, to treat this chronic synovitis with "Corrigan's cautery." He had four applications, all under chloroform, in ten months, the fourth being on the 20th of January, 1893. The swelling and distension was much diminished by each application, and the joint became somewhat rigid and fixed. After the last two applications, he had some pains, as if a sharp, acute inflammatory action had set in in the joint. The pains extended down the tibia, and there was some swelling in the leg. The pain soon subsided, as did also the puffy swelling of the joint. Was treated by hyd. kali. c. ol. Jecori from the first, and linseed poultices after the "cautery." Complete rest being maintained in bed. Had also 5 grains of pil. plummeri every night for some time.

Measurements of knee then :—

	Right Diseased Inches.	Left - Good. Inches.
Above joint	14¾	14¼
Over patella	15¼	14
Below joint	12¾	12½

1893.—Applied plaster-of-paris bandage over whole leg. June 16th, 1894, applied cautery. Knee much reduced in size; can raise the limb to a slight extent off the bed; a stiff joint formed, and consolidating. Has a slight puffy swelling beneath patella, over which I applied cautery. The limb, except when poulticed, was constantly kept fixed by a plaster-of-paris bandage.

September 9th, 1895.—Measurements :—

Diseased Joint.	Inches.	Good. Inches.
Above	11½	14¼
Over patella	13¼	13¾
Below joint	11¼	12½

1896. June 15th—discharged perfectly cured: bony anchylosis being established. He can walk well without a stick or a crutch.

I had much difficulty in persuading this patient to have the treatment continued, as he was told by some medical adviser that he could not be cured by the means employed, and would eventually be obliged to have the joint excised or the leg amputated, which he insisted several times should be done.

I consider the foregoing record very satisfactory, especially when such successful results were obtained without danger or mortality and where no other hope remained but amputation or excision with very great risk, when he knew that the death-rate in these operations ranged, according to Bryant, from 27 to 37 per cent.

It is evident that the pain, suffering, and want of sleep, with other concomitant troubles which were relieved by one or two applications of the cautery, would, if permitted to continue, be incompatible with prolonged existence, for in the third case pulmonary congestion set in which almost proved fatal. The treatment, besides its successful results, is, should it fail, no barrier to that ultimate and last resort of surgery, the knife. Bryant says: "It may be safely asserted that in no case of inflammation of the knee-joint in which disorganisation has not taken place, should the idea of operative interference be entertained." And again, "that no surgical operative interference is justified unless a joint has suppurated, or become disorganised, and that amputation should only be thought of when all minor measures are inapplicable, and it is necessary to remove the disease to save life." Under these circumstances, any agent that prevents the necessity of that final and often fatal proceeding, should, it appears to me, be hailed with satisfaction, and I fully believe that "Corrigan's cautery" will, at least in knee-joint disease, which constitutes 40 per cent. of all articular affections, prove to be a perfect curative agent when apparently hopeless inflammation and ulceration of the bones and structures have set in. The application is also greatly favoured by the superficial coverings of the joint itself.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, NOV. 13TH, 1896.

The President, Dr. BUZZARD, in the Chair.

MR. H. BETHAM ROBINSON described a case of

SUPPURATIVE PERICARDITIS TREATED BY RESECTION OF THE SIXTH RIB AND DRAINAGE.

A lad, æt. 16, complained of a sore throat on May 8th, 1893, and the next day he developed a diaphragmatic pleurisy on the right side. He was supposed to have caught cold by remaining in the water too long at a swimming bath. On the fourth day, he had some pain on the left side and his left wrist was swollen. There was an unmistakeable pericardial rub on the sixth day. Although soda salicylate was given his temperature did not subside. On May 24th it was noticed that the area of cardiac dulness was much increased both upwards and also laterally to the mid-axillary line, but the left lung gave no evidence of fluid posteriorly. His condition and temperature pointed to the pus in either the pericardium or localised at the anterior and lower part of the left pleura. On the 27th he was aspirated in the fifth interspace just behind the anterior axillary line and a little pus was obtained. The next morning the operation was performed. After the administration of A. C. E. mixture, taking the trocar puncture as a guide, the sixth rib was resected and the left pleura opened. The lung was fixed by recent adhesions. The bulging pericardium was incised and pus welled out freely on introducing the finger, all fibrinous coagula as far as possible were cleared out from the cavity. Over two quarts of pus as measured were evacuated; irrigation was decided against owing to his feeble condition. A large drainage tube was introduced into the pericardium and it was stitched to the margin of the wound. His recovery was uninterrupted but protracted, and the tube was removed on the sixty-first day after the operation, the wound soon healing. There was not at any time any collection of pus in the left pleura. Since the operation he has been fairly strong, and although not taking very strong exercise can walk his ten miles. There is very slight enlargement of the superficial cardiac area upwards and no retraction of the spaces with systole. The reader referred to the very few cases recorded of drainage of the pericardium. During the best part of a century less than

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a dozen cases are to be found, but when these are analysed they show a large proportion of successes (five out of eight).

Mr. Howard Marsh recalled the case of a boy, æt. 14, who had a large collection of pus in the pericardium, which was incised below the nipple, the chest wall being opened as for empyema. The pericardium was bulging, and there was no difficulty in the operation, but the lad died four days later. He discussed the propriety of inserting a drainage tube, which he deemed inadvisable on account of the movements to which such a tube would be subject. He did not find it necessary to remove any portion of rib, as he operated through the intercostal space. He suggested that the pericardium might, if necessary, be sutured to the chest wall.

Dr. Sansom observed that such cases must be very rare. Important as was the operation, and successful as it had proved in this instance, he pointed out that there were other dangers from the infection than the mere presence of pus in the pericardium, and these would not be benefited by the operation. He had often been on the point of tapping the pericardium, but had never actually done so. There was usually a thickened pericardium, and though the fluid impeded the work of the heart so did the thickening. He was strongly opposed to any attempt at irrigating the pericardium.

Mr. R. W. Parker recalled the case of a girl who was very ill in whom he had tapped the pericardium successfully, reaching flaky pus. As more remained, he was tempted to apply irrigation, but that proved to be the last straw, and death was apparently precipitated by the irrigation, in fact, it was probably instrumental in reproducing the very distension of the pericardium which they were endeavouring to relieve. This accident might easily be avoided, and it would then be a very commendable proceeding. He said he had attacked the pericardium somewhat nearer the middle line than the author seemed to have done in order to have the opening at a point where it would remain near the chest wall after retraction, and thus facilitate drainage.

Dr. Parkinson asked how was it that the dulness extended laterally and not vertically as was usual in this condition. He observed that it was a "record" case for two quarts of fluid to be contained in the pericardium.

Mr. Robinson, in reply, observed that surgeons generally appeared to consider that the pericardium ought to be washed out under these conditions, though, personally, he was not favourable to the idea. In reply to Dr. Parkinson, he said that the diagnosis remained uncertain for some time in consequence of the peculiar distribution of the dulness.

Mr. R. H. Mills-Roberts on a case of

FRACTURED RIBS IN OLD AGE.

An old man, æt. 73, admitted into the Dinorwic Quarries Hospital on January 15th, 1892, having been knocked down by a falling rock and crushed by two boulders, between which he had been jammed by the rock which fell on him. On admission he was nearly moribund. There was loud bony crepitus all over chest. Emphysema all over chest, abdomen, and back. Urine was clear, but end of catheter had a little blood on it. Patient gradually improved, and in about three hours he passed half a pint of bloody urine. He continued to pick up, and improved until 21st when he developed pneumonia. He again got better and steadily improved until February 24th, six weeks after admission, when he had a fit and died suddenly, apparently of syncope. *Post-mortem* revealed—on the left side, comminuted fracture sternal end of clavicle; fracture of all the ribs, including the 1st rib, 2, 3, 4, 5, 6, 7 and 8th ribs were broken at angles, and at sternal end 2,3 and 8. Anterior fracture through inner plate only 9, 10, 11 and 12 had single fracture. On right side, single fracture 3rd rib, sternal end; 4, 5, 6, 7, two fractures sternal end and angles, 8 and 9 single fracture. Right kidney showed a blood calculus in lower part. All other organs normal. There appeared to be very little lung injury.

Dr. F. T. Taylor mentioned the case of an old gentleman, æt. 72, who fractured all the ribs on one side, together with the collar bone. He had found it very difficult to apply any kind of apparatus, so he kept him in a chair for a fortnight and he did well.

Mr. Bernard Pitts asked whether the author's patient was a teetotaller. He remarked that there was not probably another specimen in any of the London museums which showed such numerous and well-marked fractures.

Dr. Longhurst remarked that the number of fractures was probably due to the advanced age of the patient. In the treatment of fractured ribs in old people he had generally found that they were better in the sitting posture than in bed. He, himself, had had a somewhat similar, though less severe, case in a gentleman between 60 and 70 years of age, who also had delirium tremens.

Mr. Lunn observed that he had many opportunities of treating these cases in elderly persons and he always gave directions never to allow the patient to lie down for the first fortnight. He recalled the case of a woman, æt. 93, who fractured her femur near the neck. She could not support a splint, yet healing took place very satisfactorily, as the specimen afterwards showed. His own experience has not confirmed the generally accepted view that fractures in old people re-united with difficulty.

Mr. Howard Marsh reminded the Society that the late Sir George Humphry used to say that fractures in old people healed as well as in younger subjects, and in this view, he observed, his experience led him to concur.

Mr. Mills-Roberts in reply, said the patient found that he was most comfortable sometimes in one position and sometimes in another, but he was generally better sitting than lying and without any strapping or bandage. He was a teetotaller as most quarrymen were, and though he had to do with a great number of fractures, he had never once had a case of non-union or even of delayed union.

A "VENTRAL" FORM OF INGUINAL HERNIA.

Mr. W. G. Spencer described two cases of a rare form of inguinal hernia, each presenting the following three peculiarities, viz.; the absence of an internal ring, the deep epigastric artery lying across the front of the hernia, and thirdly, close above the pubic spine an extra-peritoneal protrusion of a bladder pouch, which was closely adherent to the sac. The concurrence of these conditions was explained on the supposition that there had been a congenital weakness of the transversalis fascia, which allowed of the protrusion of the peritoneum along the whole length of, and just above, Poupart's ligament, thus pushing forwards the deep epigastric artery, and the stretched peritoneum, by dragging on the bladder, pulled up from the pelvis a pouch between the conjoint tendon and the insertion of Poupart's ligament into the pubic spine. In both cases the hernia was quite separate from the cord and testicle. The first case was that of a little boy upon whom taxis had been applied before admission. The coverings of the sac were infiltrated with blood, some clot was turned out and the artery running across the front of the sac ligatured. The sac contained omentum, which was returned, the sac communicating with the abdomen by a wide opening the whole length of the spermatic canal. Attached to the sac on the inner side was a translucent swelling which ruptured when an attempt was made to separate it from the sac. Urine escaped, and the further examination showed it to be a pouch of mucous membrane connected with the bladder. The hernial sac and the bladder pouch were both ligatured and cut off. The wound was then filled with gauze and allowed to heal by granulation, during which some urine escaped from the wound on one or two occasions. The second case was that of a youth, æt. 19. The internal oblique and transversalis muscles were spread out over the sac, the sac contained omentum universally adherent, and was continuous with the abdominal cavity the whole length from the iliac to the pubic spine. The deep epigastric artery crossed the sac and was ligatured about one and a half inch from its origin, the external iliac being plainly felt. On the inner side was a protrusion showing bladder muscle fibres, which was pushed back into the pelvis with the portion of the sac adherent to it. This pouch protruded between the conjoint tendon and the attachment of Poupart's ligament into the pubes. After ligaturing and cutting away the omentum, the wound was sewn up completely layer by layer. These cases obviously differed from the common indirect hernia. It may, however, be fairly argued that they begun as true direct herniæ, the protrusion afterwards extending outwards.

Mr. Robinson related a somewhat similar case in which he had had a narrow escape from incising the bladder. He commented on the difficulty experienced in sewing up the sac, even when brought near the internal ring.

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Mr. G. H. MAKINS mentioned as a curious fact that these accidental wounds of the bladder never seemed to do any harm. He remembered a case in which a surgeon unwittingly cut off a piece of the bladder, and the man got extravasation of urine, from which, however, he perfectly recovered. He could not remember a single case on record after such an accident in which a fatal result had ensued.

Mr. HOWARD MARSH believed that was the general experience. The point, he observed, was brought out clearly in the admirable monograph by Mr. Macready.

Mr. PEARCE GOULD mentioned a case in which there was protrusion of a lipoma of the subperitoneal tissue through the crural ring. This was ligatured, but, soon after, symptoms of urinary extravasation manifested themselves, and, although free incisions were made, the man died. He asked the author for further details in reference to the other layers of the abdominal wall. The author had mentioned the peritoneum and transversalis fascia, but had said nothing about the conjoined tendon and the aponeurosis of the external oblique in these cases.

Mr. SPENCER, in reply, said that the real trouble was not with the bladder but with the epigastric artery, which in both cases must have crossed the middle of the sac. In the second case all the layers were clear to him. The aponeurosis of the external oblique did not differ from other herniæ; then came the cremasteric muscle, which was unusually thick, then the transversalis.

Dr. SAMUEL WEST on

TWO CASES OF CLUBBING OF THE FINGERS DEVELOPING WITHIN A FORTNIGHT AND FOUR WEEKS RESPECTIVELY.

1. A gentleman, æt. 36, with right-sided empyema between the base of lung and the diaphragm, was ill for about three weeks before the pus was found. Three weeks later, the fingers became clubbed, and within a fortnight the clubbing was well marked, but did not affect the toes. The patient recovered of the empyema, and by the end of three months, the clubbing had completely vanished. 2 A woman, æt. 50, came under treatment because she had taken ammonia by mistake, and had a troublesome gastritis in consequence. Her fingers were extremely clubbed, and had become so four weeks before without cause, whilst she was in perfectly good health. Her attention was drawn to their condition by her gloves ceasing to fit her. A general description of the condition was given. It is chiefly met with in chronic phthisis, chronic empyema, and congenital morbus cordis. It has also been observed with bronchitis and emphysema, with asthma, with abscess of the lung, and with intra-thoracic aneurysm, and in one case of pneumonia disappeared as rapidly as it came during convalescence. This is a unique case. Also in cases where there has been no thoracic disease, by a chronic disease of the hip-joint, cirrhosis of the liver or purpura. It is generally bilateral, but may be unilateral, as in some cases of aneurysm, and those of the aneurysm have in some instances been followed by the disappearance of clubbing. It may develop with great rapidity, in 14 days, as in the instance mentioned above, and Trousseau recorded a case in 5 weeks. Its pathology is unknown, and even in the class of cases in which it is most frequently met with it is more often absent than present. Clubbing is a phenomenon with which we are so familiar that we appear to know more about it than we really do. It is with the object of gathering more information that the subject is brought forward.

Mr. RICKMAN GODLEE remarked that however chronic the clubbing might be it cleared up if the disease causing it were cured, and he mentioned that he had just recorded an instance of this in a person suffering from empyema. Within eight weeks of the evacuation of the pus the clubbing quite disappeared. He remarked that the nose often suffered as well as the fingers, &c., but this was apt to escape notice as there was no orthodox type of human nose. He asked whether anyone had ever seen a case of clubbing of one finger only? He had a little child under his care in whom this was the case, and he had ascertained that there was nothing wrong with the boner.

Dr. HERRINGHAM mentioned the case of a young man who presented extremely well-marked clubbing, and his heart had been frequently examined, but without discovering any disease of that organ or of the lungs to account for it.

Dr. J. KINGSTON FOWLER asked whether the clubbing was as marked after death as during life, and mentioned that in a patient of his own who presented marked clubbing of the fingers during life the post-mortem notes (performed in his absence) distinctly stated that there was no clubbing. He thought this condition was more frequently met with in association with bronchiectasis than any other disease

Dr. WEST, in reply, said that they still had a good deal to learn about the causation and nature of the clubbing. He remarked that although the condition was by no means uncommon he had had considerable difficulty in obtaining a specimen for microscopical examination. The connection between bronchiectasis had long been recognised, but as the condition of bronchiectasis was not one which admitted of ready recognition during life, he preferred to say that it was associated more frequently with chronic indurative changes in the lung. Now that attention had been called to this point he hoped they would obtain further information on the subject from those who have had opportunities of observing it.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL ASSOCIATION.

MEETING HELD FRIDAY, OCT. 30TH, 1896.

The President, W. MILLIGAN, M.D, in the Chair.

AFTER a cordial vote of thanks, proposed by Dr. DUNDAS GRANT and seconded by Mr. LENNOX BROWNE, to the retiring president, Dr. George Stoker, had been unanimously carried,

Mr. WYAT WINGRAVE showed a case of "Paralysis of the Left Vocal Cord" in a man, æt. 39.

Mr. Mayo Collier, Dr. Dundas Grant, and Mr. Lennox Browne were of opinion that the symptoms were due to pressure on the recurrent laryngeal nerve.

The PRESIDENT remarked that it would be worth while to consider if the fixation of the left vocal cord might not be an early indication of tabes dorsalis. He had had such cases under his observation, and one case he had more especially in his mind had had fixation of the left vocal cord for a considerable time before definite symptoms of tabes declared themselves.

Dr. DUNDAS GRANT read the notes of a case of

MASTOID DISEASE,

where operation had given almost immediate relief to symptoms of nausea and persistent headache. The antrum was found to be very much enlarged and full of granulations and cheesy matter. The outer wall and the posterior wall of the osseous meatus were removed with the chisel and gouge so as to make free communication between the meatus and antrum.

Mr BARK (Liverpool) said that in these cases he much preferred to use the burr to the chisel, it made the operation, especially in the deeper parts, safer and more speedy.

Mr. Hill and Mr. Lake drew attention to the satisfactory result obtained by immediate closure of the mastoid wound.

The PRESIDENT said that in such cases he found the burr a very useful instrument to complete the operation, but he considered the gouge and mallet, under good illumination, the best instruments for exposing the antrum; he was in the habit of passing silver sutures through the mastoid wound at the time of the operation, but of not tying them for a day or two afterwards, thus avoiding any trouble from tension; he found a good plan in making the horizontal incision along the posterior wall of the cartilaginous meatus either to cut down on an indiarubber plug introduced into the meatus, or to cut with a curved bistoury from within outwards.

Dr. DUNDAS GRANT said that as regards leaving the posterior opening, that would a great deal depend on the state of the mastoid and antrum. Where there was a large cholesteatomatous cavity, he believed in keeping it open.

Mr. LENNOX BROWNE briefly referred to the case of a single lady, æt. 30, on whom he had performed laryngofissure for recurrence of a growth in the right vocal cord,

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which he had first removed six years previously. The voice had remained normal until a few weeks prior to the second operation. Microscopical sections and drawings by Mr. Wyat Wingrave were shown by him and described in detail; they presented all the features of a papilloma with, however, indications of greater cell activity, especially in the fragment removed prior to the operation. The limits of the growth had been fully reached in the removal.

The PRESIDENT drew attention to the great value of the microscopical examination in these cases.

Mr. Hill joined in the discussion.

The PRESIDENT gave a short demonstration of "Kristein's Autoscope for Direct Examination of the Larynx," and explained the construction of the apparatus. He emphasised the fact that by this method, in certain cases at any rate, an extremely good view of the posterior laryngeal wall could be obtained, a matter of the greatest importance to laryngoscopists.

Mr. LENNOX BROWNE thought it might be of use to those who had difficulty in using the laryngoscope, but pointed out that the name was misguiding, it not being an autoscope but rather a direct laryngoscope.

Mr. LENNOX BROWNE showed a "Lingual Tonsillotome" which differed from Brady's instrument, in that the ellipse was in a transverse direction and that the blade was two-edged as first suggested by Liston and adopted by Mr. Browne in all his tonsil instruments. He also exhibited a handy case of instruments measuring 12½ by 8 inches, which contained all the instruments—over 50—that could be required for diagnosis and emergency treatment of diseases of the nose, throat, and ear.

Mr. LAKE showed a combined continuous syringe and douche, the apparatus being capable of being used for either purpose.

Dr. HARRY CAMPBELL read a most interesting paper on "Respiration in Singing" dealing at length with the variations in capacity of the chest cavity. The discussion on this paper was deferred till the next meeting.

LIVERPOOL MEDICAL SOCIETY.

MEETING HELD THURSDAY, NOVEMBER 5TH, 1896.

The President, Dr. CATON, in the Chair.

MR. DAMER HARRISON related two cases of traumatic insanity cured by operation.

Mr. CHARLES G. LEE read a note on

EXTRACTION OF THE LENS IN THE TREATMENT OF HIGH MYOPIA.

He said that this proceeding had been systematically practised since 1889, chiefly owing to its advocacy by Fakala and Vacher. The refractive and optical principles which postulated the operation were described, and the necessary limitations in selection of suitable cases were enumerated. As an example, the case of a young woman on whom Mr. Lee had operated was quoted. It was that of Bessie A—., æt. 21, who had in left eye myopia of —27 B vision reduced to counting fingers. The lens was needled, and soft water evacuated by linear incision in March last. The vision in June in this operated eye, without the aid of any glass had improved to 6/18 for distance; with × 5 B "diamond" type was easily read. At the present time, seven months after the operation, the acuity of vision still maintained its improved standard. In conclusion, Mr. Lee did not think that extraction of the lens was likely to increase the tendency to retinal detachment, for these cases of high myopia, were already particularly prone to this disaster.

Dr. Edgar Stevenson and Mr. Bickerton made remarks.

Mr. PAUL read a paper on the

SURGICAL TREATMENT OF TUMOURS AND ENLARGEMENTS OF THE THYROID GLAND,

based upon 13 cases of non-malignant tumour, 4 of parenchymatous goître, and 6 of Graves' disease. The author first dealt with the structural changes, and showed how, not only in Graves' disease, but even in adenoma, constitutional symptoms were associated with an increase of gland tissue when that tissue was composed of an actively secreting epithelium. The various modes of operating were described, enucleation and partial thyroidectomy being the two methods which had been practised by the author. The former was both simple and successful, and should be employed for adenoma of the thyroid with the same regularity and confidence that excision was practised for adenoma of breast. Partial thyroidectomy for parenchymatous goître seemed also a very satisfactory operation, of the four cases only two had been operated on long enough to estimate the value of the proceeding. In each the opposite lobe had subsided and the normal contour of the neck almost restored, In the six cases of exophthalmic goître the right lobe had been excised in four, a large middle lobe in one and an isthmus in one. In all, the symptoms underwent marked improvement. Three—a sailor, a teacher, and a saleswoman—were back at work; another young woman lived at home and attended to household duties, and two ladies were each described by their friends as being in good health. Mr. Paul considered the operation decidedly a serious, and often a dangerous, one, in Graves' disease, and urged caution in its adoption. All the 23 cases recovered, and were still living.

DR. ABRAM said that Wöffler had observed in ordinary goîtres an ingrowth of the follicle wall, and, therefore, this point needed reconsideration before it could be accepted as diagnostic of the goître of Graves' disease. He was glad to find that Mr. Paul's experience of the goîtres in Graves' disease agreed with his own. As regards the case with abundant colloid in the lymphatics, he would like to know the age of the patient, as it seemed probable that this might be associated with more advanced years. He thought that Graves' disease might be accepted as a thyroid disease, and referred to the discussion at the Carlisle meeting of the British Medical Association as supporting this view. He thought also that it might be taken for granted that no man would operate in Graves' disease if he were not convinced of the practicability of operation in any given case, and offered Mr. Paul his congratulations upon his record of six cases with no deaths, three of the patients becoming able to resume their work.

Mr. LARKIN complimented Mr. Paul on his paper and on his microscopical preparations and micro-photographs. In most of the paper he was in entire agreement with Mr. Paul. In the case, however, of exophthalmic goître he was unable to look at the results with the pleasure Mr. Paul did. He had given up the operation not on account of any difficulty, for he had found it simple enough, but on account of the results which to him were very disappointing. He, however, would watch all cases operated on; should he see any real improvement or cure, he might then be induced to take up the operation again.

Mr. THELWALL THOMAS could not fully accept the view that droplets of secretion were made out in the acini of thyroid tumours. He thought such an appearance more likely due to irregular shrinkage of so-called colloid material. He remarked on the extreme simplicity of operations for adenomata, but certain cases where a mass came out of the thorax during the operation for parenchymatous goître he considered dangerous, on account of the risk of tearing the inferior thyroid veins, as they open into the innominate. He mentioned three congenital tumours, one of the thyro-glossal duct, and two accessory thyroids.

Drs. and Messrs. G. G Hamilton, Damer Harrison, Carter, Stopford Taylor, Alexander, and Ross also took in the discussion.

Mr. PAUL replied.

HUNTERIAN SOCIETY.

MEETING HELD WEDNESDAY, NOV. 11TH.

The President, Dr. G. E. HERMAN, in the Chair.

DR. MCCLYMONT read a paper on the

ÆTIOLOGY OF ACUTE RHEUMATISM: THE FACTORS AT WORK WERE INTRINSIC AND EXTRINSIC.

Evidences of a specific agent were obtained from various sources. As a rule, the males were more subject than the females, but in the speaker's experience it was the reverse.

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The existence of a rheumatic diathesis was supported, and inheritance was usually through the mother. The influence of lactic acid was discussed, but the speaker could not entirely agree with those who advanced this. It was conceivable that by causing the formation of sarcolactic acid chills and colds lay the patient open to the attack. Dr. Newsholme has shown that acute rheumatism is an urban disease, and occurs more often in places situated in valleys; it occurs also when the mean soil-temperature is raised; also that where the soil-water is in excess then acute rheumatism is very prevalent. The epidemic prevalence of the disease was fully discussed. "Rheumatic houses" were referred to and examples quoted, and the varying rheumatic manifestations occurring in these houses were strongly in favour of an infective cause. It was shown that the pathology of the disease was very similar to that of the group of diseases of infective character. Further there was in acute rheumatism a selective character, especially as to age, *e.g.*, chorea in children, tonsillitis in adolescents. "The presence of a specific virus had been recorded by various Continental observers, but their observations were at variance." Dr. McClymont had made several observations, and after seven trials he obtained diplococci, and he promised further communications on the subject at a later date.

Dr. F. J. SMITH, while thanking the reader of the paper, expressed his disappointment at the absence of more convincing bacteriological observations and proofs. He quoted Dr. Sutton's opinion that in acute rheumatism the patient's vaso-motor system was not able to co-ordinate with the change of external temperature.

Dr. HINGSTON FOX asked the writer of the paper for a definition of acute rheumatism. He thought that the so-called acute rheumatism was really a clinical group of symptoms due to a great variety of causes.

Dr. CHARLEWOOD TURNER thought that in so far that acute rheumatism had "infective" pathological characters, it was probably due to micro-organisms.

The PRESIDENT agreed with Dr. McClymont as to the "great probability of a microbic origin." He thought that the chief point in the question was that of the micro-organisms falling upon suitable soil. He hazarded the opinion that in acute rheumatism a poison was produced which affected the central nerve-system He could not agree with Dr. McClymont as to drainage of a defective character being a possible cause.

Dr. ARTHUR DAVIES alluded to the blister treatment carried out by the late Dr. Herbert Davies.

Dr. MCCLYMONT suitably replied.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD ON WEDNESDAY, NOVEMBER 4TH.

The President, Dr. ARGYLL ROBERTSON, in the Chair.

PATIENTS.

DR. JAMES showed an interesting case of adult rickets, and Dr. CATHCART described two cases of secondary syphilis from extra-genital chancres, his patients having failed to appear. A patient, after the performance of the operation of gastro-enterostomy, and another after excision of the pylorus, were shown by Mr. F. M. CAIRD. Both cases had had malignant disease of the pylorus.

Dr. BYROM BRAMWELL showed a case of what appeared to be general paralysis in a girl of 20, and also a sister of the patient who presented the typical physiognomy of inherited syphilis.

LANTERN DEMONSTRATIONS.

Drs. ALEXANDER BRUCE and ROBERT MUIR gave a demonstration of microscopic sections, shown through the lantern, of a spinal cord injured by a crush at the level of the last dorsal segment. The sections revealed the presence of an unrecorded descending tract in the posterior columns close to, in fact adjoining, the posterior median fissure. The degeneration of this small tract could be traced on each side down to the lowest part of the cord from the seat of injury. The name of "descending septo-marginal tract" was suggested for it. Dr. Bruce also took the opportunity of demonstrating the fact that the lateral limiting layers were made up of two distinct portions, an anterior connected with the anterior horn of grey matter, and a posterior with the posterior horn. In the sections shown, one of these divisions exhibited marked signs of degeneration, while the other appeared normal.

Dr. BYROM BRAMWELL showed through the lantern several sections of muscle taken from cases of pseudo-hypertrophic paralysis and of myopathic atrophy, and at the same time photographs of the patients. The appearance of the degenerated muscle fibres was entirely different in these diseases.

Dr. ALEXANDER JAMES read a paper on

THE TREATMENT OF CRIME.

The scientific study of crime had arisen from the work of Lombroso and his school on criminal anthropology. Their work had led to little result in itself, but had stimulated the study of the criminal from the side of sociology. In all social questions we had to recognise that the principle of the survival of the fittest bore a great part. The action of social factors influenced the occurrence of disease, mental and moral, pauperism, and crime. The individual who inherited any morbid strain was "unfit," and, according to his surroundings, succumbed to the effects of this inheritance. He argued that disease, lunacy, pauperism, and crime were unavoidable at present in a certain proportion. The proportion depended on the season, the conditions of work, and upon age; the greater the death-rate and the pauperism the less the crime and lunacy; the lower the death-rate and the fewer the paupers the larger was the number of crimes committed and lunatics certified. The burglar and thief were more active in cold weather, the assaults and murders more numerous in warm. Quetelet was right when he said long ago that society was responsible for crime; the criminal was only its instrument. The first thing which should guide one in dealing with a criminal was not the gravity of the crime, but the future relationship of the criminal to society. Would he be useful afterwards, or the reverse? All students of criminal law should be grounded in the laws of physiology, medicine, and psychology, and cliniques should be held in gaols just as in asylums. Criminal and civil investigations should all be as public as possible, while indeterminate sentences should, in his opinion, be adopted.

Sir HENRY LITTLEJOHN mentioned the low average of intelligence met with in the inhabitants of gaols.

Dr. CLOUSTON alluded to the want of inhibition among them, and Dr. BATTY TUKE thought that crime was largely caused by the conditions of the population.

The SECRETARY alluded to a paper by Surgeon-Captain Bedford, I.M.S., on "Poisoning in the Punjab." But, as the hour was late, it was held as read.

ELECTION OF OFFICERS.

The following gentlemen have been elected office-bearers for 1896-97:—President—Dr. D. Argyll Robertson. Vice-Presidents—Dr. W. Craig, Dr. James Carmichael, Dr. F. Cadell. Councillors—Dr. Clouston, Dr. George Gibson, Dr. H. L. Calder, Dr. A. D. Webster, Dr. Joseph Bell, Mr. J. B. Hodsdon, Dr. R. Milne Murray, Dr. Noel Paton. Treasurer—Dr. R. Mackenzie Johnston. Secretaries—Dr. Graham Brown, Mr. Cotterill. Editor of Transactions—Dr. W. Craig.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Nov 14th, 1896.

HYPERTROPHY OF THE PROSTATE.

DURING the last session at the Faculté de Médecine the subject chosen by two candidates for their thesis was the history of the treatment of hypertrophy of the prostate by castration and resection of the vas deferens. The author of the first *thèse* recalls to mind that Prof. Launois in 1884 was the first to establish, from researches made on male animals, castrated and entire, from experimental castration practised on dogs, and from a certain number of pathological observations on man, the relations between the testicles and the prostate gland and expressed the opinion that castration could constitute a treatment of

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hypertrophy of that organ. But for several years nothing more was heard on the subject.

It was only in 1893 that the first operation was practised by Ramm of Christiania, and since then castration has been repeated a considerable number of times. M. Albarran was the first to practise it in France, and it is now fully admitted that double castration produces, in some way as yet unknown, atrophy of the prostate.

However, the result is far from being uniform; hard, fibrous prostates, for instance, are much less influenced by the operation than those which are soft and elastic, in which the glandular element predominates.

In every case, however, castration seems to relieve rapidly the congested veins of the region, and by that means produces a notable improvement in the functions.

Two counter indications to the operation should be borne in mind: loss of contractility of the bladder, rendering impossible the return of voluntary micturition and the existence of ascending pyelo-nephritis, which precludes all surgical intervention by reason of the chances of uræmic poisoning.

For these reasons, the mortality from the operation is relatively considerable, and as the majority of patients show a great repugnance to this treatment, it is possible that double castration will not find much favour, the more especially as resection of the vas deferens appears to give equally good results.

The second *thèse* dwells largely on this last operation. After citing a considerable number of cases of ligature and resection of both canals, Dr. Floersheim says that this operation produces in from eight days to one month a decrease in the volume of the prostate, with a corresponding decrease in the frequency of micturition. Frequently, within twenty-four hours after the operation, all spasm of the neck of the bladder disappears. Generally, after the operation, the catheter has still to be used, but it is remarked that the instrument passes with greater facility than before. The operation is very simple, chloroform is not needed, an injection of a few drops of a 2 per cent. cocaine solution being sufficient.

Pinching up the cord as it emerges from the inguinal canal, the operator isolates the vas deferens, easily recognised by its hardness, and incises the skin, the ductos and fibrous tunic for a distance of an inch. Generally the vas deferens is immediately brought to view by the incision, when it is carefully separated from the surrounding elements and cut between two ligatures placed at each end of the incision. The primitive wound is then closed by one or two sutures and a proper bandage applied. The patient gets up on the third day.

Antithermic Wafers.

Antipyrin, 5j;
Phenacetin, 5js;
Acetanilide, 5j.

Divide into eight wafers. One every three hours until effect.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, November 13th.

THE SIXTY-EIGHTH CONGRESS OF GERMAN SCIENTISTS AND PHYSICIANS.

In the Surgical Section, Hr. Hoffa, Würzburg, showed thirty cases of congenital dislocation of the hip treated by his cutting operation.

Hr. Schede, Hamburg, said the undeniably good results obtained could all have been obtained by Lorenz's bloodless operation. This was decidedly to be preferred, as by it the danger of anchylosis was avoided, and it was also less dangerous. The bloody operation would be retained for individual cases, such as one, for instance, treated by himself, that of a child of two, where the acetabulum was completely filled with cicatricial tissue.

Hr. Julius Wolff had treated sixteen cases of the condition since June of this year, nine unilateral cases, by the Lorenz method. Of 21 cases, the replacement had been effected in 16 at the first attempt, in 5 after repeated attempts. He thought there was a wider field for the operation than was at first assumed by Lorenz. One of the patients, in which complete reposition was effected, was a girl of 11¾, another of 9, and another of nearly 9. The greater or lesser difficulties of replacement and retention did not depend on the age of the patient. For example, the reposition in the case of the girl of 11¾ was much easier than in one of 4, and even younger children. The preliminary kneading and softening of the muscles and soft parts spoken of by Lorenz as "accessory" he looked upon as the chief feature of the process.

Hr. Rehn (Frankfort) showed a patient who had had

A Stabbing Wound of the Right Ventricle.

He was admitted into hospital moribund from copious hæmorrhage. The speaker resected the ribs, laid free the heart, enlarged the opening of the pericardium and sutured the wound in the ventricle. The operation was rendered more difficult in its later stages by the movement of the heart around its long axis. The hæmorrhage ceased immediately after the suturing. The operation was performed fourteen days before the patient was shown, and during that period he had done well.

Hr. Nitze (Berlin) had now performed

Intra-Vesical Operation for Vesical Tumours

31 times; 25 men, and 6 women. All the patients recovered. The size of the tumours varied from that of a bean to that of an apple.

Hr. Berg (Frankfort) reported on

Serious Injuries from Cycling.

They were produced by unsuitable saddles. In one case after severe riding a very obstinate urethritis and prostatitis were set up, and in another prostatitis and severe left-sided epididymitis. There could be no infection in the cases.

At the first meeting of the Medical Society Hr. A. Fraenkel gave an address on

The Ætiology and Treatment of Aneurysm of the Aorta.

He said his reasons for bringing such a well-known subject before the meeting were threefold: (1) A number of diseases of the lungs were associated with it that were of great diagnostic interest. (2) The ætiology of aneurysm was still in the dark, and he hoped to throw some light upon it. (3) He would like to communicate his therapeutical experiences, which he had collected from a comparatively large mass of material. Latterly he had carefully observed thirty cases. Two years ago, a man supposed to be quite healthy ascended some steps quickly, on his return he felt a tightness in his chest. Cyanosis gradually developed, and puffiness of the face, and soon after œdema of the upper extremities and ectasia of the venous trunks. He almost at once diagnosed rupture of an aneurysm into a large blood-vessel. On auscultation an uncommonly loud whirr-

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ing murmur was heard over the whole chest. The patient died the next night, and the autopsy showed that an aneurysm of the ascending aorta had burst into the superior vena cava.

The lung diseases complicating aneurysm were the fibrinous pneumonia, indurating pneumonia, gangrene of the lungs, and pulmonary tuberculosis.

As regarded ætiology no definite conclusion had been reached. There was the mechanical theory, the inflammation theory, the theory of weakening and thinning of the median tunic, but not one had any basis. Then there were the theories of syphilis and alcohol. Out of the thirty cases, eleven had had syphilis, or thirty-seven per cent. According to this syphilis must be looked upon as a predisposing cause. Syphilis produced arterial changes, we had only to point out syphilitic disease of the cerebral vessels.

As regards treatment, we had to be careful as to considering results of treatment. Aneurysm might come to a stand still itself, it might even get better We could distinguish two groups of therapeutic methods. One dangerous for the patient, the introduction of foreign bodies into the aneurysmal sac, and good could only be expected from it in certain cases. It should therefore be avoided. Two harmless remedies, bearing in mind the frequent syphilitic origin of the disease, a course of inunction should be tried, repeated, and the patient kept six weeks in bed on a bland diet. The results obtained in this way did not seem bad, for in severe cases the threatening symptoms receded. Possibly the disease was arrested by this means. Relative improvement in aneurysm was not so rare as preparations showed, as, for instance, where such collections of fibrin had been found in the aneurysmal sac that the blood current had had to form another channel.

Hr. Litten did not deny the usefulness of anti-syphilitic treatment, and especially of potassium iodide But the good results should not always be attributed to the remedy. Where anti-syphilitic treatment did good it was only so far as the syphilis was concerned. In two cases in which he had seen platinum wire introduced, and the patients died, the treatment had not contributed to the death.

Hr. Senator said that syphilis was undoubtedly the most frequent cause of the disease, as he had said nineteen years before. In aneurysm in young people it almost always originated in syphilitic arterio-sclerosis, a small percentage was caused by abuse of tobacco, which also led to arterio-sclerosis. In later life senile sclerosis appeared. As regarded treatment he entirely agreed with Fraenkel. He was firmly convinced that by suitable treatment, viz, prolonged absolute rest, bland, and as he would add rather spare diet and potassium iodide good results would be obtained.

Hr. Klemperer did not think syphilis was so indisputably a cause of the disease. He rather looked upon over-exertion as the essential cause. He recommended potassium iodide, it did good service in arterio-sclerotic affections.

Hr. von Leyden could not agree to the ætiological importance of syphilis. Syphilitic disease had not up to the present been found in the walls of blood-vessels. The occurrence of the disease with former syphilis was not surprising when one remembered that 22 per cent. of the population were syphilitically diseased as statistics showed. The traumatic effect of over-exertion was sufficient, added to the delicate structure of the arterial membranes and arterio-sclerosis. As regarded the traumatic origin of the disease, he would mention that coachmen who stood as they drove not infrequently had popliteal aneurysm.

Hr. Fraenkel, in reply, said that a recognised form of syphilis, syphilitic disease of the liver, was even more rare than syphilitic aneurysm.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Nov. 13th, 1896.

BILATERAL TIBIAL LAXATION.

At the Gesellschaft der Ærzte Knauer showed a child that had been born with dislocation forward of both tibiæ. Pregnancy was normal, the mother was a primipara, and both parents were healthy and strong. Eight weeks before delivery the mother had a fall, but without sustaining any apparent injury. On her entering hospital, Chrobak diagnosed first position, and the delivery was completed normally. The child was strong, healthy, and well-formed, except the knees. The tibiæ were found with the patellæ in front of the condyles of the femur; the infant was taken to Neusser's clinic and submitted to the Röntgen rays. The ætiology of the case is very obscure, while the prognosis is favourable.

THE EXCURSION OF A NAIL AFTER BEING SWALLOWED.

Poch brought forward a boy on whom he had operated for the recovery of a nail which had been swallowed or drawn into the bronchial tubes. The first symptoms after the accident were great difficulty in breathing and pain in the chest. After several days had passed without relief the patient was taken to Neusser's clinic, where the rays were unavailing for localising the nail. The paroxysmal cough was painful, lasting one hour or one hour and a half at a time; the temperature of the patient was 40° C. (104 Fahr.) There was extensive infiltration in the upper lobe of left lung, but no cavity could be detected, nor was there expectoration. After several trials with the Röntgen rays during the paroxysms of coughing, the nail was discovered moving about 4 to 5 ctm. at the side of the spinal column in the sixth intercostal space on the left side. Whether from the œsophagus or trachea, probably the former, the foreign body seems to have travelled without forming any abscess to the position where it was discovered. The surgeon afterwards easily removed it.

THREE PHALANGES IN THE THUMB.

Bamberger showed a rare abnormality of the hand, where the thumb of his patient was longer than the other fingers. The joints were all normal and strong, showing no defect in muscular power. The patient has a sister with a similar lengthening of the thumb without an increase of the phalanx, which is also common to the mother.

PRIAPISM.

Lang exhibited a man, æt. 40, who had suffered for several years past from painful priapism without any apparent ætiological cause. The knee-jerk was increased, the reflex of the cornea and sclerotic was reduced, while the reflex of the throat was absent. No other pathological changes could be detected, no history of inflammation of the corpora cavernosa or other injury could be discovered, neither was there any possibility of a thrombus being the origin. In this case the urine and blood were both normal. The virile function commenced when the patient was eighteen. It may be noted here that the patient's recent vocation

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demanded much time in the saddle, but from his history priapism had been troublesome before this duty commenced. Both corpora cavernosa penis are in constant erection, which points to a vaso-motor symptom and probably an irritation of some nerve centre.

INCARCERATION AND LAPAROTOMY.

Schnitzler showed a female, æt. 30, who had all the symptoms of incarceration of the bowel. In the region of the gall-bladder a tumour was supposed to be found which led to the suspected diagnosis of a gall-stone in the ilium. The operation was commenced as a laparotomy, when the morbid condition was discovered to be a diverticulum of Meckel where the persisting ductus omphalomesaraicus had entwined itself round a portion of the bowel, so narrowing its lumen that serious consequences were threatened.

Department of Lunacy.

THE MANAGEMENT OF THE CRICHTON ROYAL INSTITUTION FOR THE INSANE, DUMFRIES.

SOME time ago an agitation was promoted against the management of this institution by various influential persons in the locality and by those specially interested in parochial administration. It has been the fault or the misfortune of the Crichton Royal Institution that its management was in the hands of what was practically a close corporation, not amenable to ratepayers or the public in any way. It is an institution managed in virtue of a Royal Charter obtained in 1840, and neither publishes accounts nor in any way comes in responsive touch with public feeling or public opinion. The agitation appeared at first to have been unsuccessful and abortive in its attempt to force upon the managers of the institution radical changes in the representation of the Board; but it appears, from a circular recently published and sent out from the Crichton Royal Institution in the name of the trustees and directors, and signed by Mr. Carmont, the treasurer, that important changes are impending, and that, in the direction indicated as necessary by the promoters of the agitation. The Board of Directors have instructed the conveners of the counties of Dumfries, Kirkcudbright, and Wigtown that they contemplate promoting a Bill in the next session of Parliament for the purpose of obtaining sanction for certain changes in the constitution of the Board. These changes are intended to make the Board more representative, and to abolish the privilege enjoyed by the present testamentary trustees of nominating persons to succeed them at their death, and several other reforms of a most desirable character are proposed. A short history of the Crichton Royal Institution has also been drawn up, which contains, among other matter, a full statement of the policy that has been followed in managing its affairs, and of the charge for the maintenance of pauper patients since 1857. This statement has been prepared by Mr. Carmont, and it is an exceedingly interesting and able document. That it will satisfy the malcontents may be too much to expect, that it will be accepted as incontrovertible by those best qualified to judge of lunacy affairs and the administration of such institutions may also be too much to expect. But it is a welcome statement in this respect, that it is the first evidence of a desire to take the public into the confidence of the managers of the institution, and to let them understand precisely what policy the institution has been following and what is aimed at in the future.

It appears that local complaints have been raised against the management because the rate of board for the maintenance of pauper patients has not been reduced, indeed, there has actually been a claim made by Parish Councils for supposed value of labour of the pauper inmates. The rates for pauper patients in the Royal Asylums of Scotland for the past year show that the Crichton Institution is the cheapest of all the Royal Asylums, the highest rate being for Aberdeen Royal Asylum, £32 per annum, and for Crichton Royal Institution £24 per annum, being a difference of £8 When it is considered that several district asylums specially erected for pauper patients charge more than the Crichton Royal for maintenance, and in addition assess the ratepayers for the upkeep of these institutions, it must be evident that the Crichton Board of Managers has treated the ratepayers in the Southern counties of Scotland with great consideration and fairness. Unfortunately, there has been a tendency of late years to attack Royal Asylums on the score of the rate of board charged for pauper patients, without taking into account that that rate of board covers all charges in the district, parochial and otherwise. This dispute is largely due to the desire for local government and getting the management of such institutions and the patronage which goes along with it into the hands of local busybodies, not always possessed of the highest sense of responsibility nor actuated by the highest aims for the public good of the community. There can be no question that the crusade raised by parochial administrators to get control of asylums, if successful, would be most unfortunate in its ultimate results. The whole teaching of parochial management in Scotland has shown that the policy pursued by such management is not conceived in the broadest, most liberal, or most sympathetic spirit. Mr. Carmont in his statement brings out this most important fact, that "the trustees and directors, following what they conceive to be the true interpretation of the charitable purposes of the testator, have applied the fund to the extent of £1,607 10s. in a year, in reducing to a material extent the rate of board charged for the maintenance of 75 patients belonging to this district and who are supported by friends," and therefore not pauper patients. We regret that we cannot quite agree with the next statement of Mr. Carmont's with reference to the claim made by Parish Councils for the supposed value of labour of pauper patients. He points out that "the open air labour is part of the curative system, and that, because of its inefficiency and the amount of supervision required, it is of little pecuniary value." "Indeed"—he goes on to say—"medical superintendents of undoubted experience assert that pauper patients would be more cheaply maintained if shut up in wards and airing courts than when employed in farm labour." He further observes:—"Returns from the District Asylum Boards in Scotland for the last five years show that the average profit per diem derived from their work on farms and gardens amounts only to 15s. 6d. per annum." We cannot help characterising this statement as preposterous, and we certainly think that Mr. Carmont has, in making it, been very careless in his method of calculation or been very grossly misled. If Mr. Carmont will look up the Sixteenth Report of the Board of Commissioners in Lunacy for Scotland, he will find at page 187, with reference to the Argyll and Bute Asylum, of which Dr. Rutherford, the Crichton Superintendent, was

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then superintendent, that a competent valuer estimated the outdoor work done by the patients in one year at £891; the number of outdoor patients at the date of the Commissioner's visit when this statement was made, including gardeners, road-makers, masons, and general ground workers, was 74. If £891 is divided by 74, the result is £12 0s. 10d. per patient. In addition to this, 22 patients were engaged acting as house cleaners and working with tradesmen, the total number of male patients in the asylum being 110. It is unfortunate that the treasurer of an institution over which the same superintendent presides should have been led into making this gross miscalculation. With regard to the point "pauper patients would be more cheaply maintained if shut up in wards and airing courts than when employed in farm labour," we are inclined to regard it with some doubt. That they will eat more is not likely, that they will require more attendance and destroy more property and require more medical attention is exceedingly probable. We certainly agree with Mr. Carmont that open-air labour is part of the curative system of any well-managed asylum, but we as certainly object to his estimate of its market value and the amount of supervision required, and we should like very much to have a statement from Mr. Carmont as to the proportion of attendants to patients in the Crichton Institution, for we are strongly inclined to believe that it is not greater, and it may be less, than in many other asylums. Another local complaint, and a rather selfish one, was "that a sufficient portion of the expenditure connected with the institution is not distributed among the tradespeople of Dumfries." Mr. Carmont very neatly replies to this. He says "that Dumfries tradesmen or shopkeepers are preferred when supplies are to be had from them as good in quality and as moderate in price as can be procured elsewhere, and to carry the preference further would practically amount to this, that the advantages of Dr. Crichton's charitable bequest were intended not so much for the insane as for the tradespeople and shopkeepers of Dumfries." If the proportion of expenditure disbursed in Dumfries is upwards of £20,000 a year, we think the town has not much to complain of. Under the new *régime* we doubt not that great efforts will be made to keep up the reputation of this institution. Of late years it has made for itself a great reputation, more perhaps in the direction of stone and lime extension, of land purchasing, and church building than in strictly medical work; but we hope for the sake of the insane, who ought first to be considered in this expenditure, that fuller consideration than ever will now be given to the medical, dietetic, and hygienic treatment of this unfortunate class.

The Operating Theatres.

MIDDLESEX HOSPITAL.

EXPLORATION OF PUNCTURED WOUND OF ORBIT.—Mr. ANDREW CLARK operated on a man, æt. about 30, who, he stated, was admitted ten days before with the history of having been struck in the face with the end of an umbrella, which penetrated the left orbit between the eye and the orbital plate, but the patient stated he did not know how far it went in. He was perfectly conscious and presented no symptoms whatever of injury to the brain when lying in bed in the ward. The wound was a very small one and had quite closed up. There was a little bruising round it. It was said that previous to admission some brain matter was oozing from the wound. The temperature and pulse were normal. Under these circumstances it was deemed advisable to keep him quiet in bed with a cooling lotion applied to the seat of injury. For two days everything appeared to be going on satisfactorily; on the third day he had a slight rise of temperature, and the next day he developed symptoms of cerebral irritation. When seen on the eighth day after the accident, he was lying in bed, with his legs drawn up, he was in a semi-comatose condition, but could be easily roused, and answered questions rationally. He complained of pain in the left side of the head, but beyond this expressed himself as feeling comfortable. The wound in the eyelid was perfectly healed, but a puffy swelling, about the size of a tangerine orange, had appeared. The temperature had been gradually creeping up during the last few days, and was now 101·6°. The pulse was full, and from 50 to 60 Under these circumstances, and the patient acquiescing, it was decided to explore the swelling. An incision was made the whole length of the orbit just above the swelling, and the eye carefully held downwards. On dissecting down to the depth of three-quarters of an inch, there was an escape of a small quantity of brain matter and about an inch-and-a-quarter from the front of the orbit a hole large enough to receive the tip of the little finger could be felt in the orbital plate; under these circumstances more of the bone was chipped away so as to expose a portion of the meninges fully to view; a fine needle was introduced into the anterior lobe in various directions in order to determine the presence of a cerebral abscess, but with a negative result; the parts were then washed with an antiseptic solution, a drainage tube introduced, and the patient returned to bed. Mr. Clark remarked that the prognosis was not favourable, the probability being that meningitis was extending towards the base of the brain; the fact of the needle not having hit upon an abscess did not absolutely preclude there being one; but, seeing that the needle was introduced in three different directions, the probability was much against the presence of localised pus. It may be observed that great difficulty was experienced in the administration of the anæsthetic; choroform was first used, and directly the patient was under its influence he ceased to breathe naturally; artificial respiration was employed, and it was fully fifteen minutes before natural breathing was properly re-established, ether was then substituted with a like result, owing to this it was upwards of an hour and a half before the operation was completed. All this trouble with the anæsthetic may perhaps have been caused by the inflammation extending to the respiratory centre.

We regret to say that this case terminated fatally.

ST. THOMAS'S HOSPITAL.

GASTROSTOMY FOR CICATRICIAL STRICTURE OF THE ŒSOPHAGUS.—Mr. ANDERSON performed the operation of gastrostomy on a woman, æt. 29. Six months ago the patient accidentally swallowed a quantity of hydrochloric acid; it was quickly ejected, but signs of acute inflammation of the upper part of the œsophagus became manifest. The inflammatory symptoms slowly subsided, but signs of constriction became soon evident and progressed steadily until the patient was unable to swallow even liquids in any quantity, but was able to subsist to some extent upon jellies. When admitted she was in a state of great prostration, and was very much emaciated. Attempts were made to introduce a bougie, but the instrument was arrested about the level of the cricoid

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cartilage, and all efforts to introduce the smallest size failed. As her strength was quickly ebbing, gastrostomy was determined on. Mr. Anderson made a longitudinal incision about two inches from the middle line through the rectus immediately below the cartilage of the eighth rib; the edge of the left lobe of the liver appeared on the upper part of the opening, and the stomach was seen immediately below; a portion of the viscus was drawn out well beyond the cutaneous edge and temporarily fixed to the edges of the wound by a suture on each side; the gastric wall was then incised and the finger introduced. It was found impossible to reach the cardiac orifice, but a bougie guided by the finger entered the œsophagus and could be passed upwards as far as the upper opening of the thorax, where it was arrested by the stricture. A second smaller instrument following the same route failed to penetrate the stricture, but on trying a still smaller size through the mouth the stricture was traversed, and the point of the instrument reached nearly as far as the cardial orifice, where it was arrested apparently by some kinking of the tube through the traction on the stomach in fixing it to the abdominal wall. The stomach was then united to the edges of the incision by a circle of sutures, leaving a portion of the organ projecting beyond the integumental planes; food and stimulant were then injected into the stomach, and the patient removed to bed. Mr. Anderson remarked that the operation was in this case a hopeful one; the patient was rescued from the immediate danger of starvation, and it had been demonstrated that the œsophageal stricture was single and limited to the cervical region. As soon as the patient had regained a little strength by virtue of the abundant nourishment which now could be administered, there would probably be little difficulty in dilating the stricture, and the opening in the stomach could then be closed without difficulty or danger, owing to the extent to which the organ was drawn through the abdominal wall.

Three days after, it is satisfactory to say that the patient was doing well and gaining strength rapidly.

CITY OF DUBLIN HOSPITAL.

Excision of Rectum by Para-sacro Coccygeal Method for Epithelioma.—Mr. Henry Gray Croly excised about five inches of the rectum—the last bone of the sacrum and the entire coccyx were removed. A loop of the bowel high up was secured with stout sterilised silk, which commanded the vessels; the ureters were not seen. The operation was complicated by the fact that the posterior wall of the vagina was implicated in the disease.

The patient, though still weak, is going on favourably; temperature not high.

Shorthand for Students of Medicine.

The examination in shorthand, instituted by the Society of Medical Phonographers, for students of medicine entering on their first winter session, was held in London, Edinburgh, Aberdeen, and Dublin, on October 31st. The first prize of £2 was gained by Mr. Joseph Byrne, student at the school of the Royal College of Surgeons in Ireland; and the second prize of £1, by Mr. Lawrence W. Pole, student at the University of Edinburgh.

The Academy of Science of Bavaria.

At the personal request of the Prince Regent of Bavaria, Professor Max von Pettenkofer, the eminent scientist and director of the scientific department of Liebig's Extract of Meat Co., Ltd., has consented to fill the chair at the Academy and to act as Keeper of the State Scientific Collection for a further term of three years. The Prince Regent has conferred upon him the title of "Excellency."

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 18, 1896.

THE COMING ELECTION.

The time is fast drawing near when the members of the profession will be called upon to record their votes for the various candidates for the vacant seats on the General Medical Council. Our space being limited, we have not been able to publish in full the mass of literature which has reached us upon the subject. Nevertheless, we have endeavoured to deal fairly with all the candidates, and publish as much from each as the crowded state of our columns would permit. Perhaps the most noticeable development in the contest which has occurred within the pa week or more is the active and well-organised canvass which is being carried on in favour of the candidature of Mr. Walter Rivington. Mr. Rivington, although late in the field, has already established himself as well in the "running." He has been fortunate in securing the valuable services of Mr. Timothy Holmes as chairman of his election committee, and he has many active supporters who are doing their utmost to secure his return. There is, it must be generally conceded, no one who has devoted more attention to medical politics from the reformer's point of view than Mr. Rivington. Much of his work in connection therewith has not appeared on the surface, nor has it been blazoned forth in the columns of the medical journals. But as a

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member of the Council of the Royal College of Surgeons, England, he has worked to such advantage as a reformer, and it may be said that the whole "body corporate" are indebted to him. This work has been spread over several years; and even before he was elected to the Council, mainly through the support of the Association of Fellows, he took an active part in college politics, especially advocating, consistently and with moderation, the claims of the members to a share in the government of the college. So far as the other candidates are concerned, namely, Drs. Woodcock, Alderson, Drage, Diver, Rentoul, Dolan, Glover, and Messrs. George Brown and George Jackson, it can, with truth, be said that they are all bent upon making a good fight. In the case of the majority of them their supporters are doing yeomen's service in the advocacy of their claims. Indeed, the various canvasses have yielded such good results, that to make any forecast of the election would be impossible for a prophet who was jealous of his reputation. This is precisely how the matter stands at the present time. No one can say, with probably any approximation to truth, how the election will go. The chief element of uncertainty may be relegated to the proverbial indifference of medical men in connection with such matters. As previous elections have shown, instead of taking the trouble to fill in their voting papers and return them to the office of the General Medical Council, a very large proportion of the constituency has simply done nothing. This is, of course, a very reprehensible method to pursue. The mere procedure involved of recording a vote could not be more simple than it is, so that, practically, there does not exist any excuse for those who fail to discharge the simple duty. We may fain hope that upon the occasion of the election about to be held every member of the profession will make a point of recording his vote. Unless the general body of the profession shows by this means the interest which it takes in the return of those who have seats on the General Medical Council as the direct representatives, the Council will have cause for believing that the desire for the various reforms advocated by the candidates cannot prevail to any great extent. Let this fact, then, be borne in mind by the whole constituency, and let there be no neglect in filling in the voting papers.

SOME CONSIDERATIONS ON MOTOR CARS.

THE new law permitting the free use of horseless vehicles in our streets and on our highways having only just come into force, it is difficult to say what the immediate result will be. Obviously the change of locomotion is so radical that it is not likely to become general for many years, nevertheless it is opportune to consider a few of the points that more particularly concern us as medical men. Certain critics declare that with the introduction of horseless carriages, street accidents will become alarmingly frequent, partly because the average pace is likely to be increased, and partly because eye and ear will not receive the clear warning of an advancing vehicle as is now the case. Moreover, the horse itself is an element of safety, for he usually endeavours to stop of his own accord whenever a collision is imminent. It must be confessed it is more difficult to escape the onslaught of a bicycle than it is to avoid conclusions with a milkman's cart, which seems to confirm the above warning. On the other hand, we see from the daily increased use of carrier tricycles in overcrowded streets that the absence of horses does not greatly add to the difficulties of those driving machines in judging distances. We are therefore inclined to believe that if any approach to racing is rigorously put down, street accidents should tend to decrease with the introduction of motor cars, as the danger of kicks and trampling will be diminished. Undoubtedly everything should be done to lessen the pressure in the accident wards of our hospitals. It is possible that for some classes of vehicles wheel-guards (modifications of the American "cow-catchers") may be necessary. One thing is quite certain, even if traffic increased largely, the streets would be less crowded than at present, which would be a distinct advantage. Then, again, the absence of horses would considerably lessen the roar of our cities, to the general benefit of the inhabitants. A few years ago, when omnibus drivers were good enough to go out on strike, we know what a great relief resulted from the decrease in street noise. In big cities where street cleaning is carried on with much difficulty any diminution of horse traffic must prove a boon, because the wood and stone paving and macadam would be less fouled with droppings and urine, which prove such a source of annoyance and probably danger to health in summer time. Coming now to the question of the cars themselves, it must be confessed that they are as yet far from perfect, whether we consider the steam, petroleum, or electric varieties. Steam seems to offer the fewest drawbacks, although the motors are usually rather delicate pieces of mechanism. But it is to be observed that little danger need be feared as regards explosion, for the boilers are of the multi-tubular description, and contain a comparatively small amount of water or steam, and the giving way of one small tube would result in the immediate lowering of pressure, and owing to the position of the boilers even scalding would be avoided. The petroleum motors are not over clean and smell offensively, but the chief fault of the type of cars having heavy oil motors is that they vibrate to a most objectionable degree. It is beyond dispute that the rapid succession of short, sharp shocks imparted to passengers in such cars, especially when starting or stopping, will be detrimental to the nervous system, and should be remedied as soon as possible; medical men especially will have to avoid them when on professional visits until this tendency to vibration has been successfully overcome. As regards electrically driven cars it is found that they are somewhat untrustworthy, many of them jump and vibrate before starting, and some types are apt to give their occupants slight shocks. Now, while by no means wishing to dispute the utility of electricity in therapeutics, we must hold

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that indiscriminate exposure to its "shocking" influence is to be deprecated. Where accumulators are used it is obvious that if a collision or collapse took place serious injury might result. It remains to be seen how these electric motor cars will act when crossing electric tramways. No doubt the whole industry is in the elementary stage, and as time brings experience the drawbacks we have enumerated will be successfully combated. Finally we may briefly refer to the horseless carriages in their relation to general practitioners. In these days of compulsory economy, when competition increases and incomes remain stationary or decrease, any avenue of saving deserves to receive attention. It is evident that a good motor car must result in economy to its owner. A doctor who goes in for one of these vehicles will be saved the expense of horsekeep and stabling, and the loss occasioned by illness of or accident to the animal. Moreover, the motor cars are soon got ready and can be safely used no matter what the weather may be, and the owner is practically independent of the whims or frailties of his driver. For the sake of economy and convenience they are likely to be welcomed by practitioners living in the country or the suburbs of big towns. Only it will be necessary to show discretion when choosing a machine: the ideal horseless vehicle for a medical man must not smell nasty, must not give electric shocks, or shatter nerves by undue vibration. The first parade of the "motors" took place on the 14th inst., when many of the owners of the vehicles essayed to accomplish a trip to Brighton. Several causes contributed to making the enterprise one which could hardly be deemed a success. Nevertheless it was clearly demonstrated during the course of the journey that in their present stage motors other than electrical are quite impossible for pleasurable locomotion, and are untrustworthy for heavy traction.

Notes on Current Topics.

Curiosities of Ancient Pharmacy.

A RECENT number of the *Pharmaceutical Journal* contains some interesting and amusing details of the pharmacy of 1724, culled by Mr. H. E. Matthews from a book published by John Jacob Berlu, a "merchant in drugs" of that date:—"That Adeps Hominis could ever have been part of the ordinary stock of a druggist's shop seems incredible; but this is what the writer observes concerning it. 'That fat of man,' he says, 'is gathered from those parts of men, as suet is made of other creatures and hog's lard of hogs, of which the sweetest and cleanest is to be preferred.' Of Cranium Humanum, which was mentioned in the first editions of 'Pharmacopœia Londinensis,' he observes:—'The scull of a man ought to be of such an one which dieth a violent death and never buried; therefore those of Ireland are here best esteemed, being very clean and white, and often covered over with moss.' The last blows had then been struck for the ill-starred James, and doubtless furnished ample supplies of this gruesome drug. Animal substance medication, though on different principles to that of to-day, was prevalent apparently a hundred and seventy years ago. What virtues could have been supposed to lurk in Cornu Rhinocerotis or Cornu Unicornis the writer does not mention, but speaking of the latter he attempts to correct a popular error. 'Unicorn's horns,' he says, 'are not of a four-legged creature like to a horse, but come from a fish, and therefore a sea unicorn.' Venice seems to have supplied the market with two preparations of reptiles—Scinci Marini and Trochisci de Viperis. The former are described as being 'creatures with four legs, head and a tail, like to an eft.' Trochisci de Viperis consisted of 'little round cakes, made and sealed with the mucilage of the powder of vipers.' Among the Arachnida come Scorpiones Terrestres, 'a kind of a venomous worm or insect, much resembling a cray-fish, with his tail having a sharp sting bended like a claw. They are sometimes brought over from Germany alive.' It would be interesting to know if the bird which the author calls 'Aster' is known to modern ornithologists. Speaking of it, he remarks that 'its scent is said to be so strong that fishes are drawn by it as he is flying over the river, and so taken up by him, having one leg like a hawk, the other like a duck.' 'Oleum latericum, drawn from brick-bats chymically by retort' must be the original of the 'oil of brick' still inquired for in country places."

Epidemics at Hucknall Torkard.

FOR a long time past the district of Hucknall Torkard has had an evil reputation from a sanitary point of view. Lapse of time, however, and baneful experience appear not to have enforced the lesson of wisdom upon the local authorities. An epidemic of typhoid fever, which began in the place last July, has caused twenty deaths, while some thirty patients are still suffering from the complaint. The presence and ravages of a filth-begotten disease like enteric fever should cause the residents of the district to bestir themselves. The schools are already closed because of a disastrous and widespread outbreak of measles. Hucknall Torkard has a disease record that is several centuries behind the times. Its name is weirdly picturesque and suggests all kinds of poetry and romance, but its environment spells disease and death in plain and commonplace prose. The Local Government Board has had an inspector at work in the district inquiring into the typhoid epidemic. Perhaps it would be well if his inquiry were made more general.

Bogus Medical Men in Bombay.

IT would seem that society in India suffers from much the same pests and parasites as those that prey on the public in the home country. So far as "bogus" medical men are concerned, we find the familiar picture of the ignorant and money-making quack graphically portrayed in the Bombay journals. A correspondence has been going on lately on the subject. One writer, "L.R.C.P.," quotes Section 40 of the Medical Act, "any person who shall wilfully and falsely pretend to be, or take, or use the name or title

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of a practitioner in medicine . . . shall . . . pay a sum not exceeding £20." "Why," he asks, "do not the police prosecute?" That is precisely the question everyone wants answered in the country where that curiously inefficient law was framed. The police would find with little difficulty scores of men who style themselves "doctors," who do not know one end of a stethoscope from the other, to whom anatomy and physiology are dead letters, and who flourish as green bay trees. The good people of India, however, may be reminded that the success of such charlatans is in direct proportion to the credulity and ignorance of their dupes. By the way, has the Medical Defence Union a branch at Bombay?

Coroners and Post-mortem Examinations.

A LISCARD jury last week had the courage to insist upon the necessity of a post-mortem examination in an inquiry which they were conducting. The case was a sad one, that of a young medical man whose death was supposed to be due to morphia poisoning. Upon the strength of a letter written by the deceased implying that he meditated suicide, and the finding of an empty morphia bottle, the Coroner for West Cheshire, Dr. Churton, urged the jury to agree to a verdict of *felo de se*. The foreman of the jury, however, very properly pointed out they had no testimony as to the taking of the poison, and that post-mortem evidence was desirable. With that view we unhesitatingly and emphatically agree. How is Dr. Churton, or anyone else, to say that the deceased was not murdered, and the empty bottle placed by his side? To answer that such a course of events would be improbable is no argument. It is the duty of a coroner to ascertain facts, and not to play with probabilities. In the interests of the friends of the deceased, of the medical profession, and of the public, for whose protection inquests have been instituted, we hold that a post-mortem examination should have been made. As a general rule, the exact evidence obtainable from the dead body should be forthcoming in nine cases out of ten.

The Nuisance of Sewer Ventilators.

THE system of ventilating sewers by means of iron gratings in the roadways is one which we should like to see entirely abolished. The principle is a wrong one for several reasons. In the first place, if the gratings be blocked up as they frequently are with horse refuse they cannot be held to be of any use. On the other hand, if they are open they create a nuisance by the foul odours which they evolve into the street. Moreover, sometimes during hot summer weather, at night time when the sewers are being flushed, whole streets, in the higher levels of the main drainage system, are frequently full of the stench of sewer air. In such districts we have known of the residents having to keep their bedroom windows closed all night—in the height of summer—owing to the sickening foulness of the air in the streets. In the last report of the Medical Officer of Health for the City of London, reference is made to those "abominations known as sewer ventilators." The suggestion is pointed out to abolish in the city two of these of which much complaint has been made, and to obtain the consent of the owners of the nearest houses to allow shafts to be erected against the respective properties. If this plan were largely followed, probably the nuisance would soon cease to be troublesome. Under present circumstances, however, it is not to be denied that the air of London is made very much worse than it might be for Londoners by virtue of the fact that sewer-gas is permitted to befoul the atmosphere of the streets.

A Hospital Mortuary Scandal.

THE public mind of Birmingham has been much exercised by the fact that a wrong body had been taken away by mistake from the Queen's Hospital of that city. It appears that the undertakers, who came for the remains of a young man of 30, were sent by a porter to the mortuary, where they found the body of a man of 65 awaiting post-mortem examination. This second body they removed in a coffin, which was not afterwards opened, so that the wrong body was actually buried. This unfortunate occurrence appears to have been the outcome of a series of blunders and omissions. For instance, the undertakers should not have been permitted to enter the mortuary alone. The body should have been formally identified. No certificate of death appears to have been produced by the undertaker. Indeed, so far as can be gathered from the accounts of the incident in the local newspapers, the *Birmingham Post* is quite pertinent in the following remarks: "In view of this revelation it is difficult to resist the conclusion that the claims of the dead at the Queen's Hospital do not always meet with the attention to which they are entitled at the hands, at all events, of subordinate members of the staff, and that too much is left to chance and the undertakers."

Compulsory Hospital Post mortems.

IN commenting on the above incident some of the enterprising journalists of the Midland capital have made the discovery that the bodies of all patients dying at the Queen's Hospital are subject to post-mortem examination. To a certain sentimental type of laymen this may seem an undesirable and even shocking circumstance, but the objection is purely emotional. If a sick person's friends avail themselves of the charity of an institution, the least that they can do in return is to allow the interests of medical science to be furthered by an exact examination of the body in case of death. There can be no doubt that the refusal of post-mortem inspections has robbed progressive medicine of an enormous mass of most valuable material. Then, again, the knowledge gained in such investigations is all for the benefit of the living. In the Poor-law infirmaries the friends of deceased inmates can forbid an examination of the body after death, and in this way the community loses even that slight and circuitous return for favours during life. These few remarks, which by no means exhaust the reasoning side of the question, may be commended to the careful consideration of Birmingham editors and journalists.

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Mercer's Hospital, Dublin.

The ears of the profession in Dublin are ringing just now with the rumour that the Board of Governors of Mercer's Hospital has asked the whole of the medical staff of the hospital to resign, or else—? To any resident in Dublin it is known that this fine old institution, which once commanded the confidence both of the public and the students, has been for many years in the cold shade of adversity. Wrangling of the most acrimonious sort among the medical staff carried into the board which administered the hospital, and necessarily into the everyday working of the institution, made the situation impossible years ago. Charges were made by one section against the other, and a heavy suit-at-law was tried out which ended in nothing save the maintenance of the *status quo*, the attempt to get rid of an unpopular member of the staff having then failed, because nothing but unpopularity could be proved against him. Since then we believe that there has existed an honest desire, as far as we have any knowledge, on the part of the large majority of both the medical staff and the Governors to patch up a peace and make the best of the situation, but it has been impossible to do this, at least, so as to make the hospital prosperous. If our information be correct the Governors, in despair of compounding an emulsion out of incompatible ingredients, have thrown the whole of the constituents of the prescription into the sink and mean to start again to compound a bland and effective mixture. In other words, they have cleared the ground by getting rid of the whole staff, and they reserve the right to re-elect one or other of the Medical Officers if they shall seek re-election. It (as a distinguished statesman said) is beyond the wit of man to say who is to blame and who is to be pitied. Nevertheless, it seems that the Governors have taken the wise course and brought the many wrangles within the hospital to a settlement by a strong move. It is not likely that we shall hear the last of the transaction for many a month. Every member of the staff has paid a stiff sum, some of them a tremendous sum, for his position, and the question of the power of the Governors to clear them out without a recoup of that sum will probably have to be settled (at a cost of about twice the amount) by the Court of Chancery. Most of the present holders of surgeoncies and physiciancies in the hospital are entitled to sympathy. They are the heirs and the victims of probably the most corrupt and abominable system of medical education which ever existed in Ireland. They are reaping the whirlwind for which the wind was sown by past members of the medical staff who used the hospital as a disreputable diploma-mill for many a day. Such a career cannot be pursued without a Nemesis, and the Nemesis has come, as is usual, not upon those who have reaped the personal advantage, but upon those who, to the best of their ability, have ineffectively tried to work the hospital.

Potential Vitality.

One very frequently meets with expressions and arguments in literature, medical and otherwise, which convey the idea that the vitality of the individual is a fixed and immutable quantity, which may, at the will of its possessor, be wasted in riotous living, or, by parsimonious use, be spread out, so to speak, over a term of years. This view involves a very obvious fallacy. Vitality is a potential, not an actual, quantity. The tissues of each organism possess vital properties the full development whereof is dependent upon circumstances usually very imperfectly under the control of the individual. Inaction, that is to say, partial non-use of the potential vitality, is not, in any sense an economy; indeed, methodical, reasonable exercise of the organs and tissues is indispensable to the development of their maximum energy. Excessive functional activity of particular organs or tissues, it is true, ultimately tends to a reduction of vitality; at first, local, then general, but this is not because the "stock of vitality" is thereby lessened, but that the processes of nutrition and reconstitution are interfered with. An active man is not likely to wear out sooner than, or even as soon as, one of more sedentary habits unless his daily output of energy is constantly in excess of his physiological standard. Otherwise, the man who did least in this world would live the longest, which is notoriously the reverse of the truth. One of the great drawbacks to life in a highly civilised *milieu* is the tendency to specialisation of labour and consequent disturbance of physiological equilibrium. One man cultivates more or less exclusively his muscular system, another only his brains, and the harmonious working of the organism as a whole is *pro tanto* jeopardised and finally destroyed. As the strength of a chain is only equal to that of its weakest link so the integrity of the living organism is compromised by the premature exhaustion of a single, but essential, part thereof. This does not of course affect the theoretical conception of a potential maximum for each individual organism. What we wish particularly to insist upon is that this maximum can only be approximately attained by the proper training of every set of functions and that, within physiological limits, active exercise enhances, rather than reduces, the vitality of the subject.

Clubbing of the Fingers.

It is not until attention has been called to the subject that one realises how little we know about the causation, nature and significance of the phenomenon currently described as "clubbing" of the extremities of the fingers and toes. It is, however, many years since its occurence in association with certain forms of chronic disease was first brought before the profession; nevertheless, the mechanism of its production is still a mystery. Every student is familiar with the fact that clubbing of the fingers is met with in a certain proportion of patients suffering from chronic affections of the lungs, in morbus cordis, especially of the congenital type, and, more rarely, in association with cirrhosis of the liver, purpura, &c. It is remarkable in that it does not present itself with any approach to uniformity even in persons suffering from identical diseases and the reasons for its presence in the one, and

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its absence in the other, are still enveloped in obscurity. We are indebted to Dr. Samuel West for making the darkness visible in connection with two cases brought by him before the Clinical Society. In these two instances, details of which will be found elsewhere, the condition developed in a fortnight and a month respectively, and a further point of interest is his observation of its prompt disappearance when the underlying morbid condition had been successfully treated. The clubbing sometimes affects the fingers of only one hand, as observed in a case of aneurism—indeed, it is alleged to be occasionally localised in one or two fingers. It is stated to begin most frequently in the thumb and index finger, subsequently involving the other digits and possibly extending to the toes. We are even asked to believe that it exceptionally involves the nose, a coincidence which is peculiarly apt to escape notice in the absence of a standard shape of nose. We certainly do meet with people whose noses might fairly be described as "clubbed," though this may not afford any clue to the existence or otherwise of a morbid etiological factor. Curiously enough, no one seemed able to answer Dr. Kingston Fowler's question whether or not the clubbing persists after death. The condition is obviously not one of œdema, and skiagraphic examination reveals the fact that the bones of the terminal phalanges do not share in the hypertrophy which affects chiefly, if not exclusively, the pulp of the fingers which become enlarged and flattened. These observations open up an attractive field for observation and research.

The Candidates for the General Medical Council.

WE publish elsewhere an abstract of a descriptive account of the candidates for the General Medical Council from our contemporary the *Chemist and Druggist*. Some one on the staff evidently knows the candidates, or most of them, and has taken advantage of the fact to string together various biographical notes which are not devoid of passing interest. We had no idea that retail chemists took sufficient interest in matters appertaining to the General Medical Council to care to read their biographies, were they never so smartly written. If our contemporary continues to educate its readers in this way they will shortly know vastly more about the government of the profession than medical men will ever do, as far as we are concerned, about the Council of the Pharmaceutical Society.

The Professorship of Anatomy at King's College.

DR. CURNOW, the Professor of Anatomy at King's College, is about to resign his post, and great speculation is taking place as to the appointment of his successor. Probably, the authorities will not look beyond their own College for a candidate, in which case it may be assumed that the competition for the vacancy will be limited. So far, we believe, it has been usual to give the appointment to a member of the staff of King's College Hospital, a course which will probably be followed in this instance.

The Hampstead Chalybeate Spring.

THE chalybeate spring at Well Walk, Hampstead, which it was recently proposed to replace with an ordinary drinking fountain, has had its water analysed by order of the Hampstead Vestry, with the result that it is found to contain medicinal properties. The trustees of the Wells and Campden Charity have given their consent to a basin and tap for the supply of ordinary drinking water being fixed just above the chalybeate basin. This would be maintained by the Metropolitan Drinking Fountain Association, the supply of mineral water remaining under the control of the Wells and Campden Charity. The spring, together with six acres of land, was given to the poor of Hampstead by the Countess of Gainsborough in 1702, and its flow has continued ever since, the water being always known for its medicinal qualities. Of late, however, the outflow has been very small.

Medical Reticence.

TO-MORROW (Thursday) afternoon there will be a debate at the Medico-Psychological Association, at the rooms of the Medical Society, 11 Chandos Street Cavendish Square, at which Dr. Wilks, President of the Royal College of Physicians, Sir James Crichton Browne, and others, are expected to be present. The subject is "Medical Reticence," and an endeavour will be made to fix the conditions under which medical men are bound to safeguard the secrets of their patients.

PERSONAL.

WE regret to record the death, from blood poisoning, of Mr. Allan Hood, son of Dr. Donald Hood, who was highly distinguished as an athlete.

WE understand that Dr. Sidney Coupland's report on the outbreak of small-pox at Gloucester will be issued at the end of this month as a later appendix to the Report of the Royal Commission on Vaccination.

SURGEON-MAJOR SIR GEORGE T. ROBERTSON, K.C.S.I., has accepted an invitation to a complimentary dinner to be given to him by his old fellow students and the members of the staff of the Westminster Hospital and Medical School at Limmer's Hotel, on Friday, the 27th inst.

THE Lord Rectorship of Aberdeen University was conferred on the Marquis of Huntly on the 13th inst. The other candidate for the post was Prof. Murison, of the London University. The competition was keen, and the majority only 14 out of 616 votes recorded.

AN association for the study of child-life has been established, and at the Newcastle branch last week, Dr. Thomas Oliver, Professor of Physiology at the University of Durham, delivered an address on the objects and aims of the association. The meeting was presided over by the Dean of Durham.

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THE will of the late Sir George Murray Humphry has been proved at £79,590. The executors are Lady Humphry, and one of the deceased's sons.

MR. REGINALD HARRISON, at the meeting of the Council of the College of Surgeons, England, on the 12th inst., was appointed to deliver the Bradshaw Lecture, on Wednesday, the 9th prox., at 5 o'clock, the subject of the lecture being "Observations on Vesical Stone and Prostatic Disorders."

BRIG.-SURG. V. S. GOULDSBURY, M.D., C.M.G., died in London on the 11th inst., aged 59. He was son of the late Mr. V. R. Gouldsbury, of Springfield, county Longford, and entered the Army as Assistant-Surgeon in 1863. He was Surgeon-Major in the African Medical Service on the Gold Coast from 1872 to 1877, and also acted in other capacities under the Gold Coast Government, being employed upon more than one special mission to native tribes. He was Administrator of the Government of Gambia from March, 1877, to 1884, and during this period, namely, in 1881, was in command of the expedition sent to explore the Upper Gambia. He retired from the Army in 1885, after twenty-three years' service, and in 1891, became Administrator of St. Lucia.

A CHAIR of Massage has been established in the University of Berlin with Dr. Zabloudovsky as professor. This is, we believe, the first instance in which a great university has given such recognition to this branch.

THE Graefe Gold Medal of the German Ophthalmological Society has been awarded to Prof. Theodore Leber, of Heidelberg. This medal is given every ten years, in recognition of the greatest advance made in ophthalmological science during that time. The first one to receive the medal was von Helmholtz, for his discovery of the ophthalmoscope.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

ABERDEEN RECTORIAL ELECTION.—On Saturday last the polling for the Lord Rector of the Aberdeen University took place. The candidates nominated were the Marquis of Huntly, LL.D., and Professor Murison, of London. The Marquis was elected for the third time by the narrow majority of 15 out of 615 votes. It is noted that the lady students, to a woman, voted for the Liberal candidate, and, if it be true that the majority of the lady students in Edinburgh voted for the Liberal candidate there, as has been alleged, the circumstance points to the trend of educated women's opinion in politics in despising a Conservative, even with a title, and in voting for the Liberal, commoner though he be.

AN ELECTRICAL ADVERTISING DOCTOR IN EDINBURGH.—The Edinburgh daily papers have been largely taken up for some days back with the advertisements of an Australian physician of Melbourne, William Maloney, M.R.C.S., L.S.A., who has come to honour Edinburgh for a short time, and to cure all diseases by the laying-on of hands. He appears to be on tours with a manager and a sort of variety entertainment, judging by the notices of a public meeting he is to hold shortly, where he undertakes to cure any case (carefully selected beforehand) for nothing, in sight of the audience, provided they come with a line from a minister, a magistrate, or a well-known citizen. They will be seen before the meeting, and, in all probability, the hysterical nervous paralytics chosen for treatment. Students, we notice, are not allowed admission; another and separate night is promised to them. We wish they may get it. Dr. Maloney frankly states in his advertisements that he has thrown off all the ties of medical etiquette for the good of the people. We earnestly hope that the powers that be will throw him off from a profession he has disgraced, by behaving like a mountebank at a fair, managed by an artiste skilled in the ordinary wonders of electricity, who gives a "mirth-provoking electrical entertainment" after his medical friend has treated the one or two cases selected for public advertisement. The diseases he professes to cure by means of his new way of applying electricity (imparted to him for a consideration by his manager, we believe) include all nervous diseases, piles—we hope not publicly—gout, tumours, all chronic diseases of men and women, &c. Many will probably go to his performance out of curiosity, but we would fain hope that the public in Edinburgh, generally reported to be excessively slow to rouse, will have the good sense not to believe in the antics of such a charlatan, and will unite in looking upon such a degradation of the profession with disfavour, a profession which in Edinburgh retains a high sense of the dignity of its position, and of the manners of the true physician.

THE NEW FEVER HOSPITAL FOR EDINBURGH.—The plans for the new hospital in Edinburgh have been published, but want of space prevents our noting their salient features at present. The hospital promises to be exceedingly complete, and on a par with the other medical charities of Edinburgh.

APPOINTMENT OF MEDICAL ELECTRICIAN TO THE EDINBURGH INFIRMARY.—In response to an advertisement issued last summer two applicants for this new appointment came forward; Drs. Dawson Turner and Harry Rainy, M.A., M.B., C.M. The medical managers reported at the last meeting of the Board that they had felt that it would be better to have a more experienced man for the post, and had approached Dr. Milne Murray on the subject. He had willingly promised to undertake the duties of the office, and the committee recommended that he should be appointed honorary medical electrician to the infirmary, with Dr. Dawson Turner as assistant electrician. The report was adopted by the Board.

PEN PORTRAITS OF THE CANDIDATES FOR SEATS ON THE GENERAL MEDICAL COUNCIL.

THE following good-natured criticism of the candidates appeared in last week's number of the *Chemist and Druggist*. The author is undoubtedly a medical man, and one who is personally acquainted with many of the candidates. He also appears, like ourselves, to be unprejudiced for or against any of the candidates, and as such we are pleased to give space to his amusing sketch:—

THE ENGLISH CANDIDATES.

There are ten candidates for the three English representative seats on the Council. Only one of the present direct representatives, Dr. Glover, of London, offers himself for re-election. Dr. Glover is known as the *Lancet* candidate, for it is mainly owing to the influence of that journal that he has so far succeeded in gaining and retaining his seat. He is a good representative of the general practitioner, not far enough removed from the active struggle for existence to be oblivious of the fact that, under existing circumstances, the doctor's life is not a happy one. He has a somewhat rugged way of urging his points that concords well with an expressive, if somewhat homely, physiognomy, and by his conciliatory attitude he has succeeded in preserving a measure of popularity among his fellow members on the one hand, and his constituents on the other.

Dr. Rentoul, of Liverpool, a busy practitioner, with a striking and suavely aggressive personality, by dint of persistent effort has been mainly, if not exclusively, instrumental in checkmating all attempts to create what he calls "an inferior order of midwifery practitioners" by legislative enactment. His efforts in this direction have made his name and opinions familiar. He comes forward with a "schedule of improvements" comprising no fewer than seventeen items—a pretty heavy cargo for a reformer, be he never so

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energetic. But if each reform-pellet brings down its voting-bird, the programme, from an electioneering point of view, will have been a good one.

Mr. George Brown, of London, is a Cornishman who carries the broad shoulders and sturdy unflinching oratory of his county into the arena of medical politics. He has for pretty nearly a quarter of a century been connected with medical journalism in one form or another. He was "in at the death" when the once-popular *Medical Times and Gazette* decomposed; he carried on single-handed for many years the *Students' Journal*, which has now merged into or become the *Medical Times and Hospital Gazette*. He has had a finger in the pie in pretty well every medical-defence scheme and medical-reform association which has strutted its little hour before the profession before being laid to rest. He lacks the diplomatic tact which is required to find himself always with the majority; but he is at his best with a hostile audience, when a powerful voice and dogged obstinacy are pitted against impatience or the clamour of disturbed vested interests.

Dr. Thomas Dolan is a Catholic practitioner of Halifax who has always had more or less connection with medical journalism. Long since he contributed editorially to THE MEDICAL PRESS AND CIRCULAR, but of late years his name has been more generally known as the editor of the recently-deceased *Provincial Medical Journal*. When Messrs. Richardson & Co., of Leicester, decided to desist from educating medical men by the aid of the *P. M. J.*, Dr. Dolan brought out the *Scalpel*. Dr. Dolan has the reputation of a hard-working and level-headed member of the profession. He is running on his own merits; most of the candidates are backed by associations of some kind.

Mr. Walter Rivington, a metropolitan surgeon, does not belong to the ranks of the general practitioner, though he has always displayed a keen interest in their cause—witness his attitude in the struggle of the members of the College of Surgeons for representation on the Board of Management. Though himself a Fellow of the College, he has all along taken an active part in advocating the cause of the despised members. Mr. Rivington is backed by the Association of Fellows and the Association of Members of the College, and though he did not appear in the contest until comparatively lately, his popularity is likely to secure for him a fair share of support.

Dr. F. H. Alderson, of Hammersmith, is a practitioner of over thirty years' standing, small in stature, nervous in demeanour, who has written and spoken a good deal on the grievances of the general practitioner, including the competition of the cheap dispensaries and the abuse of hospital out-patient departments. He promises to do his best to amend the Medical Acts in conformity with the requirements of the present day, and to protect the profession from the threatened invasion of midwives.

Dr. Lovel Drage, of Hatfield, is a thriving country doctor, whose programme does not differ in any essential particular from those already described; but, being a man of athletic fibre, he considers that "difficulties are but obstacles which were to be faced, and either brushed aside or surmounted." He regards the General Medical Council as at present constituted to be unworthy to govern a noble and (un) united profession, in view of the reluctance shown to make use of the penal clauses of the Medical Acts. He would like to prevent men qualifying and registering before the age of 23, instead of 21 as at present.

Dr. Woodcock, a J.P. for Manchester, states ingenuously that he personally does not seek office, but his friends feel most strongly that he ought to stand. He is ready to declare war on the vested interests "which outweigh the claims of the general practitioner," and he would try to increase the number of elected members of Council, the better to rouse to action that "august and lethargic" body. He would like to forbid the issue of certificates to midwives by the Obstetrical Society, but he concedes the necessity for doing something to train midwifery nurses.

Mr. Geo. Jackson, of Plymouth, addresses the "ladies and gentlemen" on the register. He is President of the much-touted "Incorporated Medical Practitioners' Association," and as such he is willing to do what he can "to safeguard the interests and welfare of the profession at large." He would have all members of Council elected, he would reinforce and extend the Council's powers to deal with quackery and unqualified practice, he would impose restrictions in respect of doctors serving medical aid societies, and he is adverse to the conversion of midwives into independent practitioners.

At the last moment, just before the elective auctioneer brings down his hammer on the favoured heads, another candidate is added to the list. "Lot X" is Dr. E. Diver, of Kenley (Surrey), a retired—or at any rate a retiring—practitioner who has had upwards of thirty-two years' experience as a Poor-law Medical Officer. It is, indeed, with the object of not enjoying his well-earned leisure that Dr. Diver wishes to get on the Council. He wants the number of "direct reps." raised to ten in all. He proposes several alternative plans of dealing with unqualified practice, and he would like the Council, after due consideration, to undertake, and even to advance funds for, the defence of practitioners accused of serious charges implying professional dishonour.

SCOTLAND.

The present representative for Scotland, Dr. William Bruce, offers himself for re-election. He comes from Dingwall, and is a courteous and able representative. He will have to wrestle for his seat with the redoubtable Dr. Campbell Black, that fire-eating Glasgow malcontent, whose hand is against everybody and everything, who derides the medical deities sacred to his brethren, and spurns the doctrines which tradition has endeared to them. An uncompromising enemy of everything that he (rightly or wrongly) labels "humbug," he would remorselessly smite his own brother in the interests of independence of thought and liberty of action. He openly mocks at the immortal Lister and his anti-microbial feats, and to his sarcasm there is no end. Dr. Campbell Black is a man of strong views; he has a strong voice, and an incisive pen.

IRELAND.

Mr. Thomson, the member of Council elected to take the place of the late Dr. Kidd, holds his post for five years, so that there will be no election in Ireland for three or four years to come.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

LISTERISM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I promised after my last letter not to trouble you further on the subject of "Listerism," and, really, if "Ignoramus" and "Research Scholar" represent all the scientific argument in its support, it would be totally unnecessary to do so. With your indulgent permission, I should like to add a word or two on what Dr. Bantock appropriately terms the "idiotic" procedure of sprinkling a teaspoonful or two of Macdougall's powder on the gratings of London sewers, a procedure which I am credibly informed costs the Corporation of London a few thousands of pounds sterling per annum. The Corporation might as well erect "the Bambino" in Trafalgar Square! We have it on the authority of Sir Charles Cameron, of Dublin, that according to Koch the atmosphere of a Berlin sewer contained only from three to four micro-organisms per 100 litres. Haldane detected in an unventilated sewer at Bristol 20 micro-organisms per 100 litres. In both Berlin and Bristol the open air above the sewers teemed with micro-organisms. Haldane found in a Dundee sewer less than 100 organisms per 10 litres of air; while in a school in the same town he found 1,510 bacteria and 10 moulds per 10 litres of air. The investigations of Mr. Parry Laws for the London County Council are almost identical. In the open air the organisms did not differ from those in the sewer air. No "pathogenic organisms" were found in the latter. The sewer air of Paris is reported to be exceptionally pure. Sewer air is *thus not so unwholesome as atmospheric air*. I have read your article on "Shop Wrappers and Disease," and though a Scotchman I thoroughly appreciate the joke.

I am, Sir, yours, &c.,

D. CAMPBELL BLACK

Glasgow, Nov 5th, 1896

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To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—*A propos* of the Listerism controversy in your pages, I remember, when I was a student at the hospitals, Listerism was then in its first bloom. We had elaborate spray apparatus and complicated dressings which were supposed to work a revolution in the treatment of wounds, and I may say that the greater portion of our time at the hospital was employed in getting thoroughly acquainted with the Listerian methods of treatment in all their minutiæ. These methods have since been gradually discarded, and we are now told that Listerism simply means cleanliness.

I cannot help thinking that if we had known as much at the time it would have saved many an hour which could have been more profitably employed, and which I must now look upon as completely wasted.

I am, Sir, yours, &c.,

Nov. 12th, 1896. GRADUATE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I can assure your correspondent, "F.R.C.S.," that he is entirely mistaken in supposing that it is a question of one or more grievances with those who oppose the doctrine and practice of Listerism. It is a question of hard and stubborn fact, however much he may try to obscure the issue and to draw people "off the scent."

The first grievance, in his opinion, is "that Lister has been given the credit for introducing the antiseptic treatment of wounds." Can it be that "F.R.C.S." has read the whole of this correspondence? Who has denied him this?

It seems to be necessary that I should repeat myself, so far as to point out that the essential element of that treatment is the use of a so-called antiseptic substance for the purpose of preventing the evil effects of "Ignoramus's" "germ-laden atmosphere;" that Lister has confessed to a feeling of shame at having invented the spray, and has come to the conclusion that the "germs in the atmosphere may be totally disregarded."

It is perfectly clear that Lister's disciples claim for him more than he has claimed for himself; for he has never laid any claim to the principle of cleanliness. Because, as Mr. Treves puts it, it has been "vividly demonstrated" that a great principle underlay the axiom that "an abdominal operation should be performed under strict antiseptic precautions," is it right that Lister should have the credit of enunciating a principle which he never even dreamed of, but which was left to others to discover, and to prove that the principle was only vitiated by the observance of the axiom?

I commend to "F.R.C.S." the perusal of Mr. Treves's dissertation on "The Ritual of an Abdominal Operation" (*Br. Med. J.*, Oct. 31st, 1896.) Overlooking Mr. Treves's evident desire to pay Sir Joseph a compliment, even at the expense of his own consistency, there is much common-sense subsequently displayed. I am at a loss to imagine what his object can be in using a solution of carbolic acid, "infinitely diluted with boiled water." I fear "F.R.C.S." will be much shocked at some of his expressions, as, for example, "These words, 'strict antiseptic precautions,' have been with many a kind of mystic writing on the wall;" men "will read with interest of the operating theatre built like a tank, of the glass table for the patient"—so different from his own, which is of wood and not even "bacteriologically clean"—"of the exquisite ceremonial of washing on the part of the operator, of the rites attending the ostentatious cleansing of the patient, of the surgeon in his robes of white macintosh and his india-rubber fishing boots," "the much exalted antiseptic precautions," &c., and winding up with the following sentence, "the fact that the iodoform is swarming with micro-organisms may disturb the bacterially-minded surgeon, but it disturbs neither the wound nor the patient." If "Ignoramus" desires to practise "irony, sarcasm, or even ridicule," there is an example with a vengeance. But where is Listerism or the doctrine that gave it birth? I claim Mr. Treves as being on our side.

The second grievance is that Lister "has had the audacity to make many departures from his propositions and practice in connection therewith." But these "departures" were all in the same direction, viz., with a view to the discovery of a more efficient germicide. What has been the result? This, namely, that we find him back at the point from which he started, but *minus the spray*. Must I repeat that he never has had, and does not now have, in view the principle of cleanliness!

But I have to thank "F.R.C.S." for an admirable illustration of my meaning, drawn from a comparison of the "now comical-looking Rocket" with "the magnificent locomotives which adorn our English railway systems." Here the principle was the application of steam to the propulsion of a carriage running on two lines of rails, and that principle has been adhered to. Can that be said of Listerism, either in the matter of dogma or practice. After a method of reasoning of which this is an example, we wonder that "F.R.C.S." holds "that the Anti-Listerites have failed altogether to prove in any way that Listerism is dead." If words have any meaning at all, I claim that Listerism is "as dead as Queen Ann," and that it is now nothing more than a "pious opinion," the impression left by the former observance of "a fervent idolatrous ritual."

But "F.R.C.S." goes further and maintains, without "a shadow of a shade" of justification for his assertion, that we "have failed to grasp the chief points in connection with this controversy"; "that we entirely overlook the fact that the sanitary condition of hospitals is totally different from that which prevailed when Lister first experimented with carbolic acid in the wards of the Glasgow Royal Infirmary." Dr. Campbell Black has denied, in the most positive manner, the truth of the statement now current with regard to the statistics of that institution, and his denial as yet stands uncontradicted. From Glasgow Lister emigrated to Edinburgh, where his results had to stand comparison with those of Prof. Spence. These comparative results are in evidence in the controversy between these two surgeons—a controversy from which it is evident that Lister only came out "second best." I admit, however, that in many instances a change for the better was brought about, and not too soon, for I have a very lively recollection of seeing a very eminent London surgeon in one of our great hospitals thrusting his finger into the suppurating wound following an operation for strangulated hernia, wiping his finger with a towel, and then proceeding to a similar case and doing the same. Need it excite surprise that a method characterised by careful avoidance of contamination should bring about better results? But it does not follow that the principle on which the practice was founded was right. On the contrary, experience has proved that it was wrong. For fifteen years I have used no so-called antiseptic or germicide substance in my operations. A large proportion of these have been performed in public, and the results can be verified. During one period of over three years' work in the Samaritan Free Hospital I performed ninety successive successful ovariotomies, while patients were dying of septicæmia in other wards under the Listerian method, or "full antiseptic precautions." Since 1881 I have never used anything but plain water, drawn from the hot or cold supply as required, on the ground that "what is good enough for the stomach is good enough for any operation." The late Dr. Keith did not improve his statistics by the adoption of Listerism, but may be said to have sacrificed his life in his devotion to his patients by adopting a method of practice which experience subsequently proved to him to be a mistake. Turning to Germany, we know that a marvellous change has taken place. And yet German surgeons, who adopted the principle of antisepticism with enthusiasm and carried the practice to its logical conclusion, are now the most pronounced in their rejection of it.

The letter of "Ignoramus" is scarcely worthy of notice. But lest it should be thought that I have no reply to make I challenge him to point to a single "unsupported assertion" of mine. I ask no one to accept my *ipse dixit*. I ask him to reply to what he calls my assertions and to descend to particulars.

Does he deny what I have said about the staphylococcus *pyogenes?* Lister, in his recent address, stated that the secretions of bacteria possess "poisonous qualities of astonishing intensity." Where is the evidence of secretion? Is there an example in Nature of an organism, however low or high in the scale, *living in its own secretion?* "Ignoramus" still believes in "the evil effects of a germ-laden atmosphere." But that is no longer a part of the Listerian doctrine.

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He asks me to explain the marvellous effects of the antiseptic method .... in midwifery practice. I say they are due to the adoption of the principle of cleanliness, and, on the contrary side, would call his attention to the large number of deaths due to poisoning by corrosive sublimate which medical literature affords.

Apologising for the length of this letter,

I am, Sir, yours, &c.,

GEO. GRANVILLE BANTOCK.

Nov. 14th, 1896.

THE GENERAL MEDICAL COUNCIL—DIRECT REPRESENTATION FOR SCOTLAND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg permission, through the medium of your columns to respectfully offer for a third time my services as Direct Representative for Scotland in the General Medical Council.

As long as the custom prevails that the representatives of the Queen and the licensing bodies continue to hold their seats, it would plainly detract from the influence of the direct representatives if the opposite rule held good in their case. In this view I deplore the loss of such valuable members as Mr. Wheelhouse and Sir Walter Foster, both men of great influence in the deliberations of the General Medical Council who have left their mark in the past proceedings of that body. As for myself, I continue to hold the opinions of which I gave expression in my former addresses.

The experiment of leavening the General Medical Council with direct representatives, has undoubtedly been successful. Without detracting from the merits of the General Medical Council as formerly constituted, I think we may say without flattering ourselves, that new life has been imparted into the proceedings of our medical parliament both as regards education and registration. The time for studies has been extended, and the teaching is becoming more and more practical. There is still room for improvement in the latter particular, and we in Scotland must follow the lead of the English corporations by throwing the subjects of botany, zoology, physics and chemistry, into a preliminary course; and so leaving five complete years free for the medical curriculum proper.

As for registration much greater care is now taken to purge the *Register*, and the Council has lately become alive to its own duty in taking the initiative in such proceedings.

Much, however, can still be done in rendering the *Register* more accessible to the profession and to the public by cheapening its publication, and if need be issuing it at shorter intervals. With regard to reforms in the Council itself I believe that any change would involve almost complete reconstitution of that body.

An ideal medical council should consist of sixteen members either popularly elected through each individual university or corporation, or with one-half the members of elected representatives chosen territorially, and one-half appointed by all the licensing bodies together.

With regard to other debatable matters they fortunately do not affect us in Scotland to any large extent.

On the medical aid question I sat in the committee which considered it. Much time and trouble were taken to arrive at moderate conclusions, but I am sorry to say our recommendations were not carried when brought before the Council generally. Personally, I believe the foundations of all medical clubs are rotten which are based on compounding for skilled attention, in its essence a commodity of indefinite marketable value.

On the other hand, we cannot prevent such bargaining, but we can and ought to stop men from selling their services to advertising and touting lay-more or less—commercial bodies. If clubs are to subsist at all, any connection with them must be of a distinctly charitable character.

As to midwives I think I may say that also is a question which does not touch us much in Scotland. The day is fast approaching (in my own neighbourhood it is already an accomplished fact) when every lying-in woman will have at her disposal the services of a duly qualified medical practitioner, male or female. But in the Highlands and Islands, public help will be needed to secure this result, and the State will have to supplement local resources. In large centres, on the other hand, I would look to charity doing the work by means of lying-in hospitals, or special wards in general infirmaries. I am thus opposed to any form of legal registration of midwives.

Finally, as a Poor-law Medical Officer, of thirty years' standing, I think Poor-law Medical Officers ought to have the right of appeal against capricious dismissal to the Scottish Local Government Board, and that a scheme of superannuation should be set on foot for their benefit. I have only to add that, if returned to the General Medical Council, I shall always be ready in the future, as in the past, to attend to the interests of every individual of my constituency, and that I shall consider it the highest honour of my life to be employed in their service.

I am, Sir, yours, &c.,

WILLIAM BRUCE, A.M., M.D.,
Dingwall, N.B. (Hon. LL.D. Aberd. Univ.).

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The approaching election to the General Medical Council will, I hope, be important in this—that the Council will appear for the last time in its present form and with its present imperfect and cramped jurisdiction. Not that I hold for the moment that the Council has failed in any particular in the purposes for which it was created, but because there are so many things, both in the profession and in society, where the two are particularly related, which might advantageously be brought under its direction or submitted to its purview. The tendency of our modern legislation is in the direction of delegating certain provinces of government to certain groups of men. Our county councils, district councils, and parish councils all stand in evidence of this, while the ever-growing and massive business of the realm is reserved for the Imperial Parliament. I do not believe for a moment that Parliament, suitably approached and diligently invoked, would show as much as the usual hesitancy in bestowing upon our profession that morsel of tutelary legislative power which would diminish the heap of present Parliamentary impossibilities by at least one good-sized pebble; while this pebble, when cut into shape, would prove to us, and to the public through us, a precious stone of beauty and value, if not of splendour. It is to help in bringing some such result as this about that I ask for the already unpledged support of the general practitioners of England and Wales in the election coming off next month.

I am, Sir, yours, &c.,

E. DIVER.

Kenley, Surrey, Nov. 3rd, 1896.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I am much obliged to Dr. Rentoul for the valuable information he has given on this subject in your last issue. It is quite evident that from the General Medical Council as at present constituted—five direct representatives in a Council of thirty—we need not expect any reform on this point. It behoves us, therefore, to take the matter into our own hands, and, as Dr. Rentoul suggests, go straight to Parliament for the redress of our grievance.

We have only to describe the composition of the Council to make out a strong case in our favour. It consists of thirty members—five nominated by the Privy Council, five direct representatives elected by and to represent the whole body of qualified practitioners in the United Kingdom, numbering close on 30,000, and twenty representatives of, and chosen by, Corporations, all of which are qualifying bodies, and pecuniarily interested in granting as large a number of qualifications as possible. Slightly altering the words used by you in last week's MEDICAL PRESS AND CIRCULAR in reference to the Richmond Hospital, we might say that the General Medical Council of the United Kingdom should be managed on existing lines is an atrocity, and we are much surprised that no member of Parliament with vigour and influence has passed as he would certainly do if he tried—a short Bill to emancipate the Council from such an effete system of administration. I believe it would be easy to obtain the assistance not of one, but of many able members of Parliament to put an end to such an unfairly constituted Council, and if £1,500 is required, surely among 30,000 practitioners there

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will be found 1,500 willing to subscribe one guinea each, I shall gladly be one of the number, and, in the belief that you, Sir, will be good enough to act as interim treasurer to the fund referred to, beg to enclose my guinea.

I am, Sir, youre, &c.

Angus MacPhee.

New Articles.

NEW SOAPS—MEDICAL AND TOILET.

Messrs. Allen and Hanburys have sent us samples of some new soaps—medical and toilet. Theee include the "superfatted Basic Soap," "Allenburys" Baby Soap, Carbolic Acid, Boracic Acid, and Coal Tar soaps, Terebene, Menthol and Eucalyptus, and Sulphur and Peruvian Balsam Soaps, together with a square of soap basis. From a careful examination of all the samples, we can speak highly of these new soaps. The lather is soft and pleasant to the skin, leaving a sensation of great smoothness. This is to be largely accounted for by reason of the fact that the basis of the soap is nearly neutral. Special mention should be made of the "Baby Soap," which is, as its name implies, prepared for use in the nursery. It is free from caustic alkali, strong irritating scents and all adulterants. Moreover, it is emollient, neutral and slightly antiseptic. All these qualities admirably adapt it for the tender skins of infants, which are apt to be readily irritated when coarse, badly prepared caustic soap is used. This new preparation of soap is deserving of high commendation and is likely soon to become popular among nurses and others having charge of children. With respect to the medical soaps dermatologists will doubtless be quick in finding out their advantages in the treatment of affections of the skin.

SITOZOEN.

Mr. William Hay, of the Hygeian Mills (Hull) has submitted to us samples of a new flour which he has placed on the market. The name is derived from two Greek words signifying "food" and "life," an etymological confirmation of the maxim that bread is the staff of life. This flour contains approximately 20 per cent. of the germ of wheat, and the merit of the innovation may be gauged by the fact that the proportion existing in natural wheat is only about 3 per cent. Flour thus prepared must obviously be vastly more nutritious than ordinary wheaten flour, in addition to possessing a more delicate flavour and furnishing cooked products of exceeding excellence. The dark yellow colour of bread made from this flour is due entirely to the presence of the germ wheat in so large a proportion, for unlike the so-called "whole wheat meal" Sitozoen contains none of the outside bran or skin of the wheat. We have carefully examined the samples placed at our disposal and are enabled unhesitatingly to confirm what is claimed in respect of its delectable qualities. Intelligent housewives will do well to give "Sitozoen" a trial, for we feel certain they will congratulate themselves on the result of the experiment.

Medical News.

The Annual Meeting of Fellows and Members of the Royal College of Surgeons, England.

The annual meeting of the Fellows and Members of the Royal College of Surgeons, England, will be held to-morrow (Thursday) at the college, and resolutions will be brought forward by representatives of the Association of Fellows and of the Society of Members. Owing to the regrettable illness of the President, Sir Wm. MacCormac, the chair will presumably be taken by the Senior Vice-President, Mr. N. C. Macnamara. It is anticipated that the meeting will be a large one, owing to the nature of the questions to be discussed.

Edinburgh Obstetrical Society.

The following gentlemen have been elected office-bearers for Session 1896-97:—President: Dr. A. Ballantyne, Dalkeith. Vice-Presidents: Senior—Professor A. R. Simpson; Junior—Dr. R. Milne-Murray. Treasurer: Dr. William Craig. Secretaries: Dr. F. W. N. Haultain; Dr. J. Haig Ferguson. Librarian: Dr. R. Milne Murray. Editor of Transactions: Dr. J. W. Ballantyne. Members of Council: Dr. A. H. F. Barbour, Dr. James Ritchie, Dr. A. Balfour (Portobello), Dr. J. Jamieson, Dr. J. B. Buist, Dr. W. N. Elder, Dr. Hamilton (Hawick), Dr. Fraser Wright.

Medical Freemasonry

We are asked to announce that an emergency meeting of the Rahere Lodge of Freemasons, No. 2546, was held at Frascati's Restaurant on Tuesday, Nov. 10th, Brother Clement Godson—acting for Brother Alfred Cooper, the W.M.—being in the chair. Brothers Croes, Willett, and Valérie were made Master Masons, and Brothers Keetley, Barron, and Nall were admitted to the second degree Fifty members and visitors were present, of whom forty afterwards dined together.

Direct Representatives—Dr. R. R. Rentoul's Candidature.

The following medical societies have officially adopted (at general meeting of their members and after due notice) Dr. R. R. Rentoul as their candidate for election to the General Medical Council:—(1) Preston Medico-Ethical Society, (2) Brussels Graduates' Association, (3) Incorporated Medical Practitioners' Association, (4) Irish Graduates' Association, (5) Colchester Medical Society, (6) Walsall Medical Society, (7) Bradford Medical Society, (8) Public Medical Service, Hartlepool, (9) Meeting of Practitioners at Gateshead, (10) Meeting of Practitioners at Liverpool, (11) Swansea Medical Society, and (12) Devon and Cornwall Branch I.M.P. Association. Also, the following motions have been adopted:—(13) Oxford Branch, British Medical Association:—"That while not pledging itself to support any candidate in particular, this branch hears with satisfaction the views of Dr. Rentoul with regard to medical aid associations, (14) Association of Fellows of the Royal College of Surgeons, England:—"In acknowledging Dr. Rentoul's letter the hon. sec. is requested to state that the Committee of the Association of Fellows has decided not formally to bind itself to the adoption of more than two candidates, and as two Members of the Committee are candidates for the General Medical Council, the Committee is bound to confine itself to their support. The Committee, however, notes with great satisfaction that Dr. R. R. Rentoul accepts its platform *more fully and definitely than other candidates*." Dr. Rentoul's nomination paper—as already sent into the President of the General Medical Council is signed by:—Robert Barnes, London; Daniel B. Balding, Royston; A. W. Mayo Robson, Leeds; C. H. Watts Parkinson, Mudborne; Colin Campbell, Saddleworth; Alfred Cox, Gateshead; John Robert Williams, Penmaenmawr; J. Lloyd Roberts, Denbigh; R. Thos. Jones, Harlech; Richard Heath, St. Leonards; Samuel Gourly, Hartlepool; George Brown, Colchester; William S. Porter, Sheffield; Samuel Stretton, Kidderminster; John E. Morris, Bishop Stortford; Arthur H. W. Clemow, London; William R. R. Dunn, Liverpool; Bernard E. Brodhurst, London; Oliver Pemberton, Birmingham; George G. Bantock, London; Thomas Clarke, Liverpool; Hugh Woods, London; Robert Robertson, Liverpool; Lawson Tait, Birmingham; S. A. K. Strahan, Northampton; Clement F. Bryan, Leicester. Over 1,826 practitioners have already promised to vote for Dr. R. R. Rentoul.

PASS LISTS.

Navy Medical Service.

The undermentioned gentlemen who competed on the 2nd instant, and following days, at Examination Hall, Victoria Embankment, for appointment as Surgeon in the Royal Navy, have been granted Commissions:—

Names.	Marks.	Names.	Marks.
A. R. H. Skey, M.B.	2860	L. E. Dartnell	2335
P. K. Nix, M.B.	2835	F. H. Nimmo	2224
E. S. Reid, M.B.	2487	W. Jackson, M.B.	2222
E. R. Grazebrook	2447	E. Haines.	2178
R. W. Stanistreet	2429	E. F. Power	2149
T. S. Hartley	2382	G. Gibson	2145

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Notices to Correspondents, Short Letters, &c.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. CAMPBELL BLACK.—We regret that owing to great pressure on our columns we have been unable to insert our correspondent's letter this week.

DR. ANGUS MACPHEE (Kelvinside).—We have received our correspondent's cheque for one guinea, forwarded as a contribution to the "Direct Representatives Fund," just as we go to press. Further reference will be made to this matter next week.

THE RUSSELL FUND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Before taking steps to close the Russell Indemnity Fund, I have been asked by Sir Thornley Stoker to make a further appeal to the profession on behalf of this Fund. At very considerable trouble and expense Dr. Russell fought for, and established a precedent which will undoubtedly prove of great advantage to his brother practitioners, not only in deterring speculators for legal damages from action, but also in gaining favourable decisions for the profession when attacked. A merely nominal subscription from a large number of medical men would be evidence of sympathy, and go a good way towards reimbursing Dr. Russell. I append a complete list of the subscriptions promised or received up to this date.

I am, Sir, yours, &c.,
G. JAMESON JOHNSTON, Hon. Sec.

	£	s.	d.
Vincent Scully, Esq.	3	3	0
Sir Thornley Stoker, F.R.C.S.	2	2	0
Dr. Cusack	2	0	0
Dr. Wood	2	0	0
W. Thomson, Esq., Pres. R.C.S.	1	1	0
Dr. G. F. Duffey, Pres. R.C.P.	1	1	0
Sir John Banks, K.C.B.	1	1	0
Sir Francis Cruise, M.D.	1	1	0
Sir C. Cameron, F.R.C.S.	1	1	0
Dr. S. Gordon	1	1	0
Dr. J. Little	1	1	0
Dr. Walter Smith	1	1	0
Dr. J. W. Moore	1	1	0
Dr. Wallace Beatty	1	1	0
Dr. A. H. Jacob	1	1	0
Dr. H. T. Bewley	1	1	0
Dr. J. F. O'Carroll	1	1	0
Dr. S. Mason	1	1	0
Dr. R. Walsh	1	1	0
Dr. R. A. Flynn	1	1	0
Dr. J. B. Coleman	1	1	0
H. R. Swanzy, Esq., F.R.C.S.	1	1	0
A. H. Benson, Esq., F.R.C.S.	1	1	0
C. B. Ball, Esq., F.R.C.S.	1	1	0
H. T. Heuston, Esq., F.R.C.S.	1	1	0
J. B. Scott, Esq., F.R.C.S.	1	1	0
A. H. Chance, Esq., F.R.C.S.	1	1	0
R. H. Woods, Esq., F.R.C.S.	1	1	0
Manliff Barrington, Esq.	1	1	0
Mrs. Louisa Barrington	1	1	0
Richard Chadwick, Esq.	1	1	0
Lieut.-Gen. Massy	1	1	0
Miss Massy	1	1	0
A Grateful Patient	1	1	0
Col. J. G. Cockburn	1	0	0
Dr. Hawtrey Benson	1	0	0
W. T. Wheeler, Esq., F.R.C.S.	1	0	0
Mrs. M. White	1	0	0
Miss Montfort	1	0	0
S. J. Turner, Esq.	1	0	0
C. V. Barrington, Esq.,	1	0	0
Rev. G. P. White	1	0	0
T. E. Gordon, Esq., F.R.C.S.	0	10	6
Dr. R. Travers Smith	0	10	6
Dr. A. R. Parsons	0	10	6
G. Jameson Johnston, Esq.	0	10	6

DR. A. S. B.—We have forwarded our correspondent's communication to the writer of the article, who has replied to the effect that he is much obliged for the information.

THE DUKE OF CAMBRIDGE AND ARMY MEDICAL TITLES.

SOON after the Government had decided to give official rank to the Army Medical Department, the Duke of Cambridge met a Surg.-Gen. of the Army at a dinner, and this is how the then Commander-in-Chief addressed him. "Good evening, Surgeon-General, or Field-Marshal, or what the —— they call you now; I don't know how to address you, you with your new title; I don't know what the —— I am myself; I suppose you expect me to take my —— hat off to you. What —— do you —— fellows want?"

WHITEHAVEN.—Your conclusions may be sound as to the value of soups and farinaceous foods generally. It is hardly likely, however, that the medical profession will accept the assertion that a "navvy" could be sustained for an indefinite period on a diet of tea, porridge and brown bread. Gastric irritation would soon put an end to any such experiment. Why imagine so extreme a case?

Meetings of Societies, Lectures, &c.

WEDNESDAY, NOV. 18TH.

ROYAL METEOROLOGICAL SOCIETY (22 Gt. George St., Westminster).—7.30. p.m. Papers:—Mr. W. Ellis: Report on the International Meteorological Conference at Paris, September, 1896. Hon. F. A. Rollo Russell: Haze, Fog, and Visibility.

SOCIETY OF ARTS.—8 p.m. Major-General Sir Owen T. Burne: On the Arts, Manufactures, and Commerce of India. (Opening Address of the 143rd Session.)

THURSDAY, NOV. 19TH.

SOCIETY OF ANÆSTHETISTS (20 Hanover Square, W.).—8.30 p.m. Casual Communication:—Mr. H. B. Gardner: A New Ether Reservoir. Paper: Mr. H. B. Gardner: On Two Cases with Obstructed Air-passages requiring an Anæsthetic.

FRIDAY, NOV. 20TH.

EPIDEMIOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square).—7.30. p.m. Council Meeting. 8 p.m. Ordinary Meeting.

THURSDAY, NOV. 26TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, London, W.).—8.30 p.m. Paper by Dr. Leonard Guthrie, on "Chronic Interstitial Nephritis in Childhood."

Vacancies.

Blackburn and East Lancashire Infirmary.—Junior House Surgeon. Salary £50 per annum, with board, lodging, washing, &c. Applications and testimonials to the Secretary not later than Thursday, 26th inst.

Bristol City Lunatic Asylum.—Second Medical Assistant. Salary £120 per annum, increasing by £10 per annum to £150, with furnished apartments, board (except beer, &c.), and washing. Applications with copies of testimonials to the Medical Superintendent, at the Asylum, Fishponds, near Bristol, before the 20th inst.

London Hospital, Whitechapel, E.—Medical Registrar. Salary £100 per annum. Applications and testimonials to be delivered at the Hospital not later November 27th.

London Lock Hospital, Harrow Road, W.—House Surgeon to the Female Hospital. Salary £50 per annum, with board, lodging, and washing. Applications with copies of testimonials to the Secretary not later than Nov. 24th.

Mason College, Birmingham.—Demonstrator in Physiological Department. Particulars of the stipend, &c., to the Secretary, Mr. Geo. H. Morley.

Royal Victoria Hospital, Bournemouth.—House Surgeon. Salary £80 per annum with board. Applications and testimonials to the Chairman of Committee on or before Nov. 25th.

Victoria University, Manchester.—Nine External Examinerships will fall vacant in December, each tenable for three years. For full particulars. (See advert.).

York Dispensary.—Resident Medical Officer. Salary £150 a year, with furnished apartments, coals and gas. Applications and testimonials to be sent to W. Draper, Esq., De Grey House, York, not later than Nov. 24th.

Appointments.

GILES, ARTHUR E., M.D., B.Sc.Lond., M.B., Ch.B.Vict., L.R.C.S.Ed., M.R.C.P.Lond., Surgeon to Out-patients, Chelsea Hospital for Women.

GREENWOOD, F. R., M.R.C.S.Eng., Resident Obstetric and Ophthalmic House Surgeon, Queen's Hospital, Birmingham.

GRIFFITHS, J. C., B.Sc., M.R.C.S.Eng., L.R.C.P., House Physician to the Queen's Hospital, Birmingham.

HARRIS, W., M.D., M.R.C.P., Senior House Physician to the National Hospital for the Paralysed and Epileptic, Bloomsbury.

JERMAN, A. E., M.R.C.S., L.R.C.P.Lond., Assistant House Surgeon to Westminster Hospital.

MACGREGOR, A., M.D., Assistant Physician to the North London Hospital for Consumption and Diseases of the Chest.

POWELL, J. H., L.R.C.S., L.R.C.P.Edin., Second Assistant Medical Officer to St. George's Union Infirmary, Fulham.

ROBERTS, C. D. D., M.B.Lond., L.R.C.P., M.R.C.S., Resident Medical Officer for the Children's Hospital, Birmingham.

SMITH, E. A., M.B., Ch.B.Vict., M.R.C.S.Eng., Medical Tutor and Registrar to the Royal Infirmary, Liverpool.

WILLMORE, W. S., M.R.C.S., L.R.C.P., House Surgeon at the Queen's Hospital, Birmingham.

WYLLIE, J., M.D.Edin., F.R.C.P., M.R.C.S.Eng., Consulting Physician to the City Hospital, Edinburgh.

Births.

WARBURTON.—Nov. 9th, at Hazelmere, Alsager, Stoke-on-Trent, the wife of A. Warburton, L.R.C.P.Lond., M.R.C.S., of a daughter.

Marriages.

DEVEREUX-MOORE—FISHER.—Nov. 10th, at St. Mary's Church, Orston, Reginald Devereux-Moore, M.R.C.S., of Stoney Stanton, Leicestershire, fourth son of the late B. T. Moore, J.P., of Tewkesbury, to Charlotte Mabel Fisher, only daughter of the late J. D. R. Fisher and Mrs Fisher, of Orston Vicarage.

EDWARDS—ANDERSON.—Nov. 10th, at St. Ann's, Soho, London, Gerald Dundas Edwards, L.S.A., to Sophie, only daughter of J. T. Anderson, Esq., Edinburgh.

LOWE—SMALL.—Nov. 11th, at St. Mary's Church, Tutbury, Walter George Lowe, M.D., of Burton-on-Trent, to Ellen Gertrude, fourth daughter of William Small, of the Cliff, Tutbury.

Deaths.

DALTON.—Nov 11th, at 16 Colegrave Street, Lincoln, Charles Gerald Dalton, M.R.C.S., sixth son of the late James Dalton, Fillingham Manor, Lincoln, aged 40.

LIMBERY.—Nov. 8th, at Newport, Mon., Thomas Limbery, M.R.C.S., formerly of Appledore, Devon, aged 73.

MCCALLUM.—Nov. 8th, Edward McCallum, M.A., F.R.C.S.E., aged 44.

STEWART.—Nov. 12th, at his residence, 68 Brunswick Place, Brunswick Square, Hove, suddenly, William Edward Stewart, F.R.C.S.E late of 16 Harley Street, London, W., aged 75.

YEOMAN.—Nov. 9th, at his residence, Elm Cottage, Neston, Cheshire, Christopher Wm. Yeoman, M.B., C.M.Edin.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, NOVEMBER 25, 1896. No. 22

Original Communications.

CLEANSING AND CLEANLINESS IN ABDOMINAL SURGERY.

By LAWSON TAIT, M.D., F.R.C.S.Eng., F.R.C.S.Ed., &c.

A FEW days ago I read the detailed description of an operation for the removal of a bullet lodged in the brain, the operation being performed by one of our best known European surgeons, and a pronounced follower of the school of Lister. He first removed the dressing and exposed the scalp, which looked like a large billiard ball excepting for an ominous bluish spot where the bullet had bored its unkindly way. Then he took a scalpel which was dripping with antiseptic, a precaution which had not been taken with the foregoing bullet, and deftly incising the scalp, almost all the time an assistant allowed a fine stream of warm water—sterilised by being boiled and allowed to cool to a safe temperature – to play from an irrigator upon the field of the operation. Then instrument after instrument was used, all evidently the subject of pus, for they all "dripped with antiseptic" through the track of the wound, and the locus of the infected bullet was left the prey of the germs which had been carried there and had been working at least forty-eight hours before the operation. The operator had not read Mr. Ludham Green's interesting papers on how difficult, if not impossible, to sterilise the hands of the operator, for he consistently made no attempt in that direction, and yet he closed the wound with a pellet of cotton-wool fully impregnated with corrosive sublimate. He then addressed his surroundings on the marvellous results obtained in modern times by antiseptic surgery. In the museum of the Royal College of Surgeons is a large crowbar, technically known as a jumper, which went, under the influence of a charge of gunpowder, from below the chin of the user and straight through his head and out at the vertex, carrying into the wound a lot of germs and leaving them there. No sterilised water was used about the superficial wound and no corrosive sublimate was then employed, about the end of last century, yet the patient got well and remained so for years. The museums of this country and of others literally swarm with specimens which prove the receipt of various cerebral injuries with complete and permanent recovery, so that the belief now seemingly established in the minds of surgeons for the present moment that a stream of sterilised water and a few grains of corrosive sublimate in the superficial dressings gives any greater security for recovery is no foundation in fact, and is a mere temporary mental aberration

Some few months ago I read a paper by the same surgeon as I have already quoted on the subject of he influence of germs and in the short space of a column and a half of an ordinary medical journal is used in thirteen instances and phrases as "it is now fully established," "it is beyond dispute," "it must be universally acknowledged," "Smith has proved," "Jones' remarkable observations were established," and "so a complete result of Robinson's original researches we must believe," though in not a single instance would I, for one, admit anything of any one of the single assertions. It happens that those now interested in Smith Jones and Robinson as three frequent contributors of papers on the application of the ever-advancing, ever-developing, ever-changing conclusions of the bacteriologists to the practical work of the surgeon, and such men, always anxious for secondhand novelties, forget in one week what they said the week before. In their writings, it is an easy matter to picture or detect the extraordinary phases of the evolution of the practice and principle of Listerism, though it is only fair to say that I use Lister's name here with this qualification, that he, whilst the originator and still the chief advocate of the doctrines so various and so varying, is not responsible for more than about half the nonsense which has grown round the original antiseptic religion. There have been a large number of surgical "Pauls" who have freely disseminated perplexing epistles to the various surgical churches of the world, and thereby much and very acrimonious differences have arisen.

The antiseptic generation has now sped its cycle, from 1866 to 1896, and we have come back to the figure of the clock at which we started. The time exactly embraces my own surgical life. In Glasgow and in Edinburgh I saw patients die of the same terrible infliction, no matter what had happened to them. I saw removals of breasts die with a fatality which seemed to rival that of amputation at the middle of the thigh, and yet, in my own practice during the cycle, out of many hundreds of cases of removal of breasts, how many I could not venture to guess, I think it pretty certain that the mortality has been a long way under five per cent., has probably not been one per cent., in fact, I can call to mind only two fatal cases. The crowded wards, the deficient ventilation, the one salivary dish, the one sponge in each ward, and the wants of ordinary lavatory cleanliness were the causes of the terrible results. The carbolic oil, the putty and the lac plaster may have had some countervailing influence under the circumstances of those horrible old pest houses, but in practice outside such influences they were useless. These details, together with others, which ended finally in the harmonious logic of the spray, marked the first check of the antiseptic cycle, a time during which it was devoutly believed that every germ was potent for evil and every resting spore was a surgical pest. Every germ, every spore, every scrap of harmless dust must, therefore, be submitted to a process of destruction by some potent chemical agent. This chemical agent was constantly changed. As soon as one was contrived, adopted, belauded, and trusted it was found to be wanted when weighed in the clinical balance. The chemical manufacturers were nearly wild, and many of them were ruined by the continual changes, and the antiseptic market rate for years was something more variable than African gold shares.

When the spray was introduced I was led by circumstances altogether outside my own convictions to range myself once more as follower of the chemical antiseptic school, though I did not for a moment forget or neglect my old methods. I performed a hundred consecutive ovariotomies with a full and complete adoption of all the antiseptic precautions of the Listerian school

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of the period, and I published a paper in the "Transactions" of the Royal Medical and Chirurgical Society contrasting the details of that series with those of a consecutive hundred in immediate opposition to them, and the contrast was not in favour of the antiseptic practice.

By this time I had become thoroughly persuaded as to the future progress of the antiseptic doctrines and practice, and I did so in what I called an experiment, though it was rather a satire, that is, I went through all the ceremonious observances with gradually diluted solutions until I used nothing but boiled water. and this was dispensed with. Finally, I used only ordinary tap water, and then I gave up the spray.

This is precisely what has happened all round. The poisonous solutions were mentioned, the spray abandoned, vigorous hunting for germs was advised and the antiseptic belief so modified, that it was lastly accepted that not every spore and germ was benefited, but only such as might yet be identified.

But, on the other side, we found the cubic space allowed to each patient rapidly increased, new hospitals built, and above all, the segregation of surgical patients enormously advanced by the erection of cottage hospitals all over the country. For my own part, between 1878 and 1880, I received an accommodation of about 40 beds, for the most part the occupants of which had each a separate room, in fact, practically they may be said to have all had separate rooms. The effect was at once apparent, for my mortality went down from about 30 per cent. to less than 5, and I had long runs of 50, 60, 80, and even as far as 146 consecutive operations without a death. Even hysterectomy, the most obstinate of all abdominal operations to yield satisfactory results, has within the last ten years given me runs of 30, 40, and even 45 consecutive successes. What are the explanations? The answer is that though I cannot promise anything from which I can "absolutely prove" or "make it apparent beyond doubt," or anything of the cocksure order, yet I can give basic conclusions which will be with difficulty upset, and those who neglect them will have to bear serious responsibility in the criticism of the future.

The first conclusion at which I arrived concerning abdominal operation was, and it remains the strongest now, that the more the patients submitted to them are separated, the better. For this purpose, and for the greater part of my practice, I adopted and have used a room for each patient. Sometimes with a press of work I was tempted to "pack" as we used to call it, that is, put two patients in one room after the first six or seven days, but I had so frequently to regret this that I ultimately abandoned it.

I am quite sure that there is much truth in one conclusion I have often advanced, that time has much to do with what will happen in septic infection of an abdominal section. The fourth night is the critical night with all save hysterectomies, and with them that is not to be so definitely fixed. If an ovariotomy is all right on the fifth morning the chances of her going wrong are small indeed. But if you "pack" them they will have hæmatoceles, stitch abscesses, pulmonary complications, mumps, and all sorts of secondary troubles, in proportion far greater than if you keep them absolutely one in each room. These complications do not affect the mortality much, but they prolong the convalescence in a fashion of the most annoying kind. This has been still more impressed on me during the last three years, in which I have far more widely adopted the plan of operating in the houses of the patients and leaving the subsequent treatment of them to their private medical attendants. This is now possible, seeing that I sedulously avoid anything in the shape of gratuitous work, whereas, for more than twenty years I did not get payment of any kind from more than one-fourth of my *clientèle*, and not more than costs out of pocket from one-tenth. I am now, therefore, working solely in a class where it is possible to have all that is requisite in the way of accommodation in the houses of the patients; and after the operation is over, I am seldom required to see the patients again, recoveries are so little interrupted. All this experience points out to me the extreme importance of segregation and the uniform results of the work at the Sparkhill Hospital, not in the hands of one man, but in the hands of all to whom it has been entrusted, prove this as far as proof in surgery can go, for segregation is carried out there almost as completely as it can be carried out in the best houses, whilst the perfection of the sanitary arrangements provided by the Committee of Management are almost absurd in their completeness of detail.

All this and the necessity for it enforced on my mind connected with the complete banishment of every fear of germs, either wholesale or collective, though there still remained with us the wholesome dread of certain specific poisons the nature of which I do not know, and I think I may safely say that their nature is equally unknown to everybody else and first of all of them, as deadly beyond all things known that is. the poison begot in the peritoneum and uterus of the puerperal woman, and in some cases dying after abdominal sections.

This brings me to speak of the third phase of the slowly-developing Listerism or antiseptic doctrine, when it has begun to call itself aseptic and to adopt some of the known doctrines and practices which I have been practising since 1881. All that I have been saying up till now leads me to that condition which, after segregation, constitutes my surest general condition essential for success in abdominal surgery and going a long way to explain our modern success—I mean cleanliness.

Cleanliness in surgery may be divided into general and specific. General cleanliness, such as close attention to cleaning wards and all in them, the cleanliness of all linen, bedclothing, and the personal cleanliness of the surgeon and his members of his staff, are matters, I need not waste time over, The details of specific cleanliness are matters much more in need of discussion.

For a long time in the earlier part of my practice, I allowed all properly introduced and qualified practitioners to visit my practice, and they came in great numbers, chiefly from America. But I soon had to stop this kind of hospitality and to limit admission to such as came as serious-minded students, prepared to see and understand what they saw. The reason for this was sought, the "globe-trotter" came and saw one or two operations and departed without understanding anything he had seen and, if he published, perversely misrepresenting the facts. To this mistake is due two misstatements which even now appear at intervals in the medical journals of the Continent and America. The first is that I really am a devoted disciple of the chemical germ-destroyer school, but that I have some substance, one which I will not disclose. The second is that my secret is "water sterilised by boiling," and this ridiculous misstatement recurred only a few months ago at one of the great congresses of America, and from the mouth of one of my old pupils, Dr. Ricketts, of Cincinnati, who spent six months with me.

It is now fourteen years since I have used sterilised water for any purpose save to raise common tap water to the temperature required, so that the mixture would be probably five parts common tap or well water and one part water which had been boiled and thereby sterilised. The mixture would have a temperature of about 102 deg., for my hands will not stand much more with comfort. I have yet to learn that such a mixture deserves the term of "sterilised."

My attention to specific cleanliness is as close as can

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be given. It may be divided as between the instruments and hands of the operator and the abdomen of the patient.

I hail with great satisfaction all the wonderful inventions and devices of the modern operating theatre for securing cleanliness, for that cleanliness can be secured only by the work of women, and women in themselves have not the slightest idea of cleanliness save on the surface, and unless they belong to the really well-educated classes. This is a fact which no one knows so well as he who has gone through the filthy drudgery of a gynæcological out-patient department, when fifteen out of sixteen of the patients have lice or fleas upon them, and often both. This is the material from which the great bulk of the so-called trained nurses are obtained, and with this training, unless most especially well looked after they alter their habits only in the sense of the smart cap and attractive uniform. They remain as dirty as ever, and it is therefore necessary to give them shelves and boxes of plate glass.

All instruments with sliding tubes, screw, or bended joints ought to be abandoned, every joint should be capable of being unshipped, and after every operation every instrument used should be scrubbed with raw turpentine and a brush, and then well washed with soap and water. If this be done, immersion in cold tap water for the *next* operation is all that is wanted.

Sponges—ah! they want a paper to themselves—they are, and ought to be, the terror of the operating surgeon, and I cannot stay now to say what I have to say about them, save that new sponges are bad, old sponges dangerous, and that none of them should ever be boiled. The Americans will have it that I boil my sponges, but I never did such a thing but once and that ruined the lot.

Now I come to the real subject matter of my paper, the cleanliness or cleansing of the patients.

I see that a number of superstitious observances on this subject are still recommended, such as the application of an antiseptic pad to the abdominal wall for twenty-four hours before the operation, &c., &c.,

I have never employed any such plans, being quite content with a soap and water washing of the skin to remove the dead fat and epithelium with which women are always coated and generally thickly. If there were any real poison in the skin no antiseptic pad would remove it in twenty-four hours. The real poisons known to me as absolute realities, are those of which I have spoken as occurring in puerperal peritonitis, cannot be removed by any known germicide from the hands of the surgeon infected by them. Mr. Ludham Green's experiments seem to show that it is impossible to cleanse the hands from the ordinary spores of decomposition and yet we know that nowhere is epithelium reproduced and shed at the rate it is on the hand. My knowledge of the terribly infective power of the puerperal poison, from my own experience and that of others, has been so emphatic, and the lessons so disastrous, that I am persuaded that the poison, whatever it be, permeates at least the whole epithelial layer and cannot be got rid of, save efflux of tissue and skin, and that it is not safe for anyone so infected, to operate till at least a fortnight or three weeks have elapsed. Have there not been lessons enough in the same direction by the spread of puerperal fever by the hands of the accoucheur?

I am not alarmed by the conclusions to which Mr. Ludham Green's observations point, for I do not fear the ordinary germ poisons at all. But still I take the precaution of keeping my nails short and clean, and of washing my hands in raw turpentine the last thing before performing any operation and then washing off the turpentine by ordinary soap and water. My reasons for this may be seen in the simple experiment of washing the hands three or four times in the ordinary way, and then in perfectly fresh water, repeating the process with the addition of turpentine. After the water has stood for a few minutes there will be on its surface evidence of dirt of a very convincing kind. That dirt must be either in the clear turpentine or it must be a layer of dirt removed from the hands by the turpentine which resisted the previous efforts with soap only. The latter conclusion is that accepted by me, and it accounts for my using turpentine to the patient's skin and my own, as well as to my assistant's, in the rare cases when I need one.

Thus great cleansing, and I think by far the most important of the lot, is the cleansing of the abdominal cavity during and after operation.

NOTES ON THE TREATMENT OF FÆCAL FISTULÆ. (a)

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THE three cases to which it is the chief purpose of this paper to call attention, seem to be of sufficient general interest to warrant their presentation for consideration and discussion. All of them were successfully treated by surgical procedures; one by enterectomy and anastomosis by the method of Maunsell, and the others by enterorrhaphy. There are few conditions to which patients are liable that cause them greater mental, and, at times, bodily distress than does the occurrence and persistence of a fæcal fistula. While it produces directly serious disturbance to bodily nutrition only when it is situated at some distance above the ileo-cæcal valve, it indirectly causes bodily deterioration, as wherever located it causes much cutaneous irritation and entire loss of control by the patient of the intestinal contents, rendering those so afflicted most offensive, in spite of all that can be done for them by means of pads and trusses, and limiting their usefulness during the duration of the defect.

The most frequent cause of the occurrence of fæcal fistula may be stated to be the delay in resorting to operative measures for their relief, to which patients suffering from typhlenteritis and strangulated hernia, whether it be of the internal or external variety, are too often subjected while their ailment is carefully diagnosticated. Among the other more common causes are the employment of drainage following abdominal operations, especially by means of tubes, imperfect *technique* in operations upon or about the intestines, as a result of an ulcerative process within the gut, or from gunshot or stab wounds. A recent writer on the subject under consideration stated that, in his opinion, "the best treatment for this condition consisted in its prevention, when possible, by a resort to early operation in those cases in which the occurrence of a fæcal fistula was a possible result." In this view the writer of this paper heartily concurs.

But in a case where this dread condition has followed in the train of some intestinal disorder, whatever the cause, what course should the physician advise his patient to follow to the end that he may be relieved from his distressing disability with as little risk to life and the least possible inconvenience? As is well known, many of these fistulæ gradually contract and close spontaneously, and, therefore, it is well if the fistula is of small size, with only a slight fæcal discharge, and it can be located near or below the ileo-cæcal valve, to postpone operative measures for a reasonable time in the hope that it will gradually contract and eventually

(a) Read at the Thirteenth Annual Meeting of the New York State Medical Association, October 13th, 1896. From advance proofs supplied by author.

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close spontaneously. In those more serious cases where the opening, on account of its size, location, and the fact that it is accompanied by an intestinal flexure or a growth causing obstruction to the passage of the bowel contents, fails to diminish in size after a few weeks, operative measures should unhesitatingly be advised.

On May 16th, 1896, the writer received an invitation, extended to him by reason of a vote of the Medical Board of the Hartford Connecticut Hospital, as well as a personal request from the visiting surgeon, Dr. H. G. Howe, then doing duty, to visit that institution for the purpose of operating upon two patients, each of whom was suffering from a fæcal fistula, with a view to demonstrating the method of intestinal anastomosis by invagination and suture devised by Maunsell, which the writer has advocated for several years past as preferable to, and more surgical than, that originated by Murphy, of Chicago, in the event of simple suture of the bowel opening not sufficing to remedy the defect. Accordingly, on May 17th, the writer visited the hospital, and with the kind and valuable assistance of Dr. Howe and Dr. Ingalls, the operations were performed. For the histories of the two cases the writer is indebted to the house surgeon, Dr. Naylor.

CASE I.—L. M , a male, æt. 22, a farmer, was admitted to the Hartford Hospital on August 3rd, 1894. He said that about six weeks previous to admission he had had an attack of what was diagnosticated as bilious colic, and for nine days nothing had escaped from the bowels. Under medical treatment the bowels finally moved, greatly to the patient's relief. Four weeks after the seizure, an abscess opened spontaneously in the patient's groin, near the lower end of Poupart's ligament. Four days later, another opening occurred in the right iliac region. Both openings remained patent, and discharged pus and fæcal matter freely. On August 7th the patient was operated upon. The whole layer of the abdomen above the muscle was covered with pus and fæcal matter. On opening the abdomen an abscess cavity was discovered, in which the appendix was found in a gangrenous condition. This was removed, and the abscess cavity drained. Fæces, however, continued to be discharged through the wound. On August 25th, 1894, another attempt was made to close the opening which was found in the gut. The peritoneal surfaces were approximated by means of Lembert's sutures, over which the omentum was grafted. On September 1st it was noted that the stitches had not held, and that in consequence the fistula had re-opened, and was discharging fæcal matter. On November 25th the patient left the hospital with the bowel opening still patent. He was re-admitted on May 3rd, 1896, with the local condition unchanged. He was given light diet, and, on May 17th, after the usual preparation, he was anæsthetised, and examination revealed the fact that a fæcal fistula of large size existed, the external opening being located at a point in the old cicatrix opposite the anterior superior spine of the ilium, about 2½ inches to its inner side. The peritoneal coat of the intestine surrounding the opening in the gut had united to the parietal peritoneum. The parts, including the interior of the bowel adjoining the fistulous opening, were washed with hydrozone. The foam resulting from the decomposition of the liquid and the liberation of the contained oxygen, was allowed to remain for some minutes before it was removed, after which an incision about four inches in length, was made, having the opening in the gut for its centre. The old scar tissue was excised as far as possible, and the remaining fistulous tract vigorously scraped with a sharp spoon. When the peritoneum was reached, the gut was freed by dissection from it. The edges of the opening in it were then caught and held by clamps, while the adhesions which bound down the flexed knuckle of gut were dissected and broken up. The loop of gut containing the opening was then brought outside of the abdominal cavity, which was shut off by means of gauze and sponges. It was found to be located in the lower portion of the ileum. It was laterally situated, involving a large portion of the intestinal calibre, and was so irregular in shape that it was thought wise to excise the damaged and thickened portion of the bowel, which was about four inches in length. This was accomplished after the application of McLaren's clamps to the gut at some distance from the points of incision, and the anastomosis of the divided ends was effected by means of the *technique* already alluded to, devised by the late Professor Maunsell, and described by the writer in an article entitled: "The *technique* of Maunsell's Method of Intestinal Anastomosis," which appeared in the December 14th, 1895 number of the *New York Medical Journal*. Before the anastomosed bowel was returned into the peritoneal cavity, the points of suture were well washed with a fifty per cent. solution of hydrozone in sterilised water. Some of the full-strength hydrozone was again poured over the tissues in the former site of the fistulous tract, for the double purpose of arresting the oozing, which was free, from the remaining cicatricial tissue, as well as to render the parts aseptic. After the return of the bowel into the peritoneal cavity, and the placing of a single row of silkworm-gut sutures, which included all the layers in the abdominal wall, the cavity was flushed with saline solution, some of which was allowed to remain. The sutures were then tied, thus closing the wound without drainage. The cutaneous surface about the wound was washed with hydrozone, and then freely dusted over acetanilide powder, and the usual dressings applied. The convalescence was uneventful. The patient's bowels moved four times on the fourth day, and daily thereafter. On the same day his pulse-rate and bodily temperature became normal, and have remained so. The wound in the abdominal wall united primarily, except for about one inch of the skin in the middle. On the twelfth day following the operation, the patient was allowed to leave his bed, and was given ordinary diet. At this time it was noted that the patient slept well, that his pulse was strong, that he was free from pain, and that his general condition was good.

CASE II.—W. R., a male, æt. 5, was admitted into the Hartford Hospital, during May, 1895, suffering from typhlenteritis. The abdominal cavity was opened and a large abscess was found, the cavity of which was washed out and drained without any attempt being made to find or remove the appendix. Soon after the performance of the operation, fæcal matter appeared in the discharge. During the year, several unsuccessful efforts were made at intervals to close the fistula by suture, prior to May 17th, 1896, when the following procedure was undertaken for the patient's relief.

The fistulous opening was located about one inch and a half from the anterior superior iliac spine, on a line drawn therefrom to the umbilicus. After the usual preparations, the surrounding skin was washed with hydrozone, and this was also injected into the sinus. An incision was then made on either side of the old cicatrix, and it was removed. The peritoneum was separated from the opening in the gut, the edges of which were held together by clamps. The intestinal opening, which was an inch and a half in diameter, proved to be situated in the cæcum near the ileo-cæcal valve. The head of the colon and adjoining gut were freed by dissection till that portion containing the opening could be brought outside of the abdomen. The general cavity of the peritoneum having been shut off by gauze, the gut was again washed with a fifty per cent. solution of hydrozone. The edges of the fistulous opening were approximated by a purse-string suture of silk. The peritoneal coat of the gut was then approximated by means of Lembert's sutures, and finally, after using more of the fifty per cent. solution of

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hydrozone, a portion of omentum was placed over the gut at this point, and caught down on either side by sutures, and the bowel was returned into the peritoneal cavity. The old opening in the abdominal wall was scraped and washed with hydrozone, and the edges of the abdominal wound were united by silkworm gut sutures, which included all the layers. As there had been such long-continued discharge of fæcal matter and pus, it was thought best to leave one of the stitches untied, and a narrow strip of gauze was passed down to the bottom of the cavity for drainage. The convalescence was uneventful, except for the formation of a small abscess at the point where the gauze drain was inserted. This was cleaned out with hydrozone, and healed kindly, and on May 30th, the thirteenth day after operation, it was noted that the patient was free from pain, that he had a good pulse and appetite, and that his general condition was all that could be desired.

Case III.—On May 17th, 1896, the writer was invited by Dr. Nathan Mayer and Dr. P. H. Ingalls, of Hartford, to see in consultation C. H—., a male, æt. 52, whose history was as follows :—

On the 17th of March, 1896, he had been seized with an attack of what proved to be typhlenteritis, and on March 25th, a large abscess was opened and its contents evacuated. After the cavity had been irrigated, it was packed with gauze. No attempt was made to find or remove the appendix. About five weeks after the operation, fæcal matter began to escape from the remaining wound, and a fæcal fistula developed, through which more or less of the contents of the intestinal canal passed. On examination, an artificial anus was found, situated about an inch and a half from the anterior superior iliac spine, on a line from this point to the umbilicus, and about one inch in diameter. The mucous lining of the bowel was adherent to the cutaneous tissue, and was everted and protruded. As it was possible to largely control the passage of fæcal matter through the opening by the use of pads, and the patient's condition was not considered favourable, immediate operation was not advised, but the opinion was expressed that on account of the size of the opening and the attachment of the mucous membrane to the cutaneous tissue and its eversion, it was improbable that the opening would close spontaneously. A few weeks later, the patient's general condition having improved, on account of the annoyance caused the patient by lack of control over the bowel contents, and the irritation of the skin by the passage over it of fæcal matter, it was deemed best to attempt the closure of the opening. On June 17th, assisted by Dr. Ingalls, Dr. Mayer, Dr. Shepard, and Dr. Stearn, of Hartford, and Dr. Parker Syms, of this city, at the patient's home the following operation was performed :—

After the usual preparation of the patient and the administration of the anæsthetic, the skin surrounding the opening was washed with hydrozone, some being also injected into the interior of the bowel. Then a small sponge attached to a piece of silk was passed into the bowel, plugging the opening. An incision was made on either side of the old cicatrix, having the bowel opening for its centre. Thus the old scar tissue was excised. The parietal peritoneum was next freed from its attachment to the gut, and existing adhesions were broken up and the gut withdrawn from the peritoneal cavity, which was shut off by gauze. The opening proved to be situated in the side of the cæcum, above and about an inch and a half from the point of attachment of the appendix, of which two inches and a half remained. This was removed after the opening in the gut had been closed, first by a purse-string suture, and then by several rows of Lembert's sutures. After this, the bowel surface was washed with a fifty per cent. solution of hydrozone, and the omentum was drawn over and sutured to the bowel as an additional precaution. The abdominal walls were approximated by silkworm gut sutures, which passed through all the abdominal layers ; but as there had been some loss of tissue during the continued suppuration, the fascia was approximated by interrupted sutures of catgut. Drainage was not employed. Convalescence was uneventful, aside from the formation of a stitch abscess, and the patient had remained in good health up to the present time.

The cause of the fistulous openings in Cases I and II was undoubtedly the failure in the first, and delay in the second to resort to surgical measures for their relief. In both of these cases the trouble apparently originated in an attack of typhlenteritis, to which was added, in the first case, probable strangulation of the lower portion of the ileum by a band, and which perforated after it had become shut off from the general cavity by adhesive peritonitis. In the second case, the abscess apparently ruptured into the cæcum before the external opening was made. In the third case, the cause of the opening was either the pressure on the gut of the material used to drain the abscess cavity, or it was the result of an inflammatory process within the head of the colon, as the perforation only manifested itself five weeks after the opening of the abscess. Another point of interest in Cases I and II is the fact that several previous unsuccessful efforts to close the openings in the bowel had been made. The reason why these efforts had proved ineffectual, in the writer's opinion is, that the operative measures undertaken for their relief were not sufficiently radical in character, the efforts being directed to closing the bowel opening only, and no attempt being made to restore the fæcal passage by breaking up the existing adhesions which had caused more or less intestinal strangulation, and consequently too much pressure was brought to bear on the sutures, and they quickly cut out, allowing the fistulæ to re-open. The method of closing fæcal fistulæ without opening the peritoneal cavity and relieving the obstruction from adhesions seems to be approved of by J. Greig Smith, F.R.C.S., in a paper which appeared in the March, 1895 number of the *Bristol Medico-Chirurgical Review*. Undoubtedly it is well, when possible, to close the opening in the bowel before breaking up the peritoneal adhesions, but as soon as this had been accomplished, an effort should in all cases where operation is deemed a necessity, be made to remove the existing obstruction to the fæcal current by destroying the adhesions which hold the bowel in a malposition. In fact, few cases which would not heal spontaneously will be benefited by simple closure of the bowel opening were the obstruction allowed to continue.

Ever since September, 1893, when the writer proved the value of hydrogen dioxide as an effective antiseptic, which, in proper solution, did not unduly irritate the peritoneum, when followed up by a six per cent. saline solution, he has had little reason to fear the danger of causing septic peritonitis from the accidental escape of pus or fæcal matter while operating. He employs all possible measures to prevent the occurrence of this complication, but when it occurs, it is invariably successfully met by the use of hydrogen dioxide as heretofore described. In those cases where the gut around and about the opening is much thickened and friable by reason of the long-standing inflammatory process, it is the writer's belief that it is best to resect the diseased portion of the bowel, and join the ends of the bowel by the suture method of Maunsell. With a proper understanding on the surgeon's part of the *technique* and the objects to be attained by operation—*i.e*, the restoration of the integrity of the intestinal canal, as well as the closure of the bowel opening—the operation undertaken for the relief of patients suffering from fæcal fistula should be devoid of unusual danger, and failure to succeed in rescuing these patients from their unfortunate and distressing plight should prove the exception rather than, as at present, the rule.

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POST-GRADUATE CLINICAL DEMONSTRATIONS.

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[*Specially Reported for the* MEDICAL PRESS AND CIRCULAR.]

AT a recont demonstration, among the cases exhibited was one of

HERPES OF THE NECK.

The patient was a woman, æt. 65, the left side of whose neck was the seat of an attack of herpes involving the trunk and branches of the cervical plexus. On the back of the neck the eruption was distinctly limited to the middle line. The eruption was in part papular, and by no means altogether vesicular. It was usual to describe herpes zoster as a form of neuritis accompanied by a skin eruption. The present case was an exceptional one; it was rare to see the branches of the cervical plexus involved. With regard to the character of the eruption, it was necessary to bear in mind that all cases of herpes were not vesicular; sometimes the disease became aborted. On the other hand, there were cases in which the vesicular stage was never reached owing to the severity of the attack causing the death of the patient, the neuritis being of so acute a nature as to cause gangrene of the skin involved. Thus death took place before the disease had time to pass through the vesicular stage. These gangrenous cases were by no means only seen in persons who were delicate and out of health. On examining the patient's right leg, there was seen to be a slightly marked purpuric eruption over the shin. Mr. Hutchinson suspected that this might have been due to the administration of arsenic. But on inquiry the patient denied having taken any drug. She had been much out of health of late, and her appearance was suggestive of liver mischief, and, possibly, renal trouble.

A portrait was here shown of a man whose name was Tebb, and Mr. Hutchinson mentioned this fact, inasmuch as the portrait represented a skin disease which he was accustomed to describe as "Tebb's eruption." The case had been seen and prescribed for by several dermatologists. Both Tebb and his sister suffered from the anomalous kind of urticarial eruption portrayed. The disease had begun as urticaria, accompanied by great irritation of the skin. It was a chronic dermatitis, occurring in the form of ill-marked rings; it was not vesicular, but desquamating. The probability was that the condition was associated with some heredity defect, and was not due to any constitutional cause. The disease was a remarkable one, because no one had been able to cure it. It had persisted throughout the lives of both the patients. Another difficulty was that of classifying and of giving it a name. Mr. Hutchinson stated that he could not invent any descriptive term which would accurately delineate its distinctive features. He believed that the best thing to be done under such circumstances was to call the disease by the name of the patient in whom it had first been noticed. Of course, to the majority of persons, such a plan would not carry with it much interpretation. On the other hand, it would lead to the full inquiry into the nature of the disease thus described, and prompt persons to ascertain all that they wished to know upon the subject by causing them to consult the literature relating thereto. For example, so far as "Tebb's eruption" was concerned, the literature concerning it was open to anyone who might be disposed to refer to it.

Another portrait was here shown of a similar urticarial eruption. The patient was a postman who had been under Mr. Hutchinson's observation for the past five or six years. No treatment had practically benefited the man, but the case was somewhat exceptional, inasmuch as the patient was susceptible of complete relief by change of climate. In the cold weather he was comparatively well, but in the summer he always had a relapse. In the course of his occupation the man freely perspired, and it was then that the relapses occurred. Mr. Hutchinson observed that the man attended the demonstrations last summer (1895), in consequence of the recurrence of his disorder, and it was quite likely that he would soon put in an appearance again for a similar reason. Indeed, Mr. Hutchinson asserted that he had been somewhat surprised that the patient had not already shown himself.

The next patient was a young man suffering from

DERMATITIS HERPETIFORMIS.

He presented himself three weeks ago, when the above diagnosis was arrived at. Although the eruption was now well displayed, the patient asserted that since he had attended on the last occasion he had for a time been quite well, In other words, the disease had for a definite period spontaneously subsided. In parts the eruption was vesicular, while there were many patches of an urticarial erythema. The skin of the hands was in a condition of diffuse erythema. It was an interesting point stated by the patient, that the disease first began in the tips of his fingers. That was in March last. The hot weather had made the eruption worse. The patient was quite unable to assign any cause for the affection. When the eruption was out, his state of health varied. Sometimes he felt chilly, and was apt to shiver even during hot weather. He had not had any drugs—no arsenic—for three weeks. His diet had been quite plain. He was certain that he had not eaten any shrimps. Mr. Hutchinson pointed out that there was an element in shrimps, and in other crustaceans perhaps, which was very prone to cause urticaria. Urticaria, however, was sometimes provoked by a very simple article of food. The case was mentioned of a Member of the House of Commons, who was subject to attacks of the disease, which Mr. Hutchinson believed to be due to some error of diet. Every effort was made by the patient to try and discover the cause of the attacks. At first he conceived the idea that they were due to his eating salmon. Consequently, salmon was for a long time excluded from his diet. Still, despite this, occasional attacks occurred. Then he began to eat salmon again, and sometimes the urticaria would follow, and sometimes nothing would happen. The conclusion was, therefore, that the salmon was not the cause of the disease. At length, the source of his urticaria was discovered. It was the parsley sauce which the patient had with the fish. He found afterwards that he could eat any kind of fish provided that he did not take parsley sauce. But parsley in any form would always have the effect of provoking an urticarial attack in him.

The next patient was a man, æt. 27, suffering from

LUPUS ERYTHEMATOSUS.

On his right cheek were some ring-shaped patches of the disease. The history showed that they had been tolerably persistent. At one time the disease had almost gone, but it afterwards relapsed. It was worthy of note that the skin on the left cheek was normal, save for three or four spots corresponding with the lupus patches on the right side. It could not be said, therefore, that the symmetry of the disease was here well declared. In some cases of lupus a spontaneous cure took place, and when this occurred there were usually no relapses. The diagnosis of the present case rested between lupus and syphilis. But careful inquiry showed that no reasons existed for suspecting the latter. Mr. Hutchinson pointed out that it was a good plan to remember to examine the concha of the ear in cases of lupus erythematosus, for very often it happened that patches of the disease developed in that

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situation. The opinion was strongly expressed that lupus erythematosus was associated with tuberculosis, although bacteriologists had not been able to demonstrate the presence of tubercle bacilli in lupus tissue. The patient here denied that any of his relations had died of phthisis. But it was curious to note that he admitted in earlier life he was thought to be consumptive himself. He suffered from repeated attacks of hæmoptysis and had a chronic cough. In consequence of this he had to change his business. Latterly, however, he had enjoyed good health.

The portrait was shown of a man, a native of Barbadoes, whose history was an interesting one. He had for some time before coming under notice been subject to blistering of the skin during the hot summer weather. The result of this burning was to leave large sores The portrait showed large sores upon his face, hands, and the prolabium. Ultimately the sores began to assume the form of epithelial cancer. Mr. Hutchinson cured those on his face by cutting them away, afterwards applying chloride of zinc. But the disease recurred after some months, and the man was next heard of in the St. Louis Hospital, in Paris. While the patient was in the hospital Mr. Hutchinson, who happened to be in Paris at the time, was asked to see him. The disease had then assumed large proportions. However, it was freely removed from the man's face, and he became nearly well. Despite the fact that on microscopical examination the disease was distinctly epitheliomatous, it was worthy of note that at no time during its progress could there be felt any enlargement of the lymphatic glands. In some respects the disease bore some resemblance to Kaposi's disease. But the points of difference were quite distinct. Mr. Hutchinson was not able to give the subsequent history of the patient, for he returned to Barbadoes, and since then nothing more has been heard of him. The probability, however was, that he was now dead, owing to the recurrence of the disease.

Lupus Lymphaticus.

Mr. Hutchinson showed a portrait of, and made some remarks upon, a case of lupus lymphaticus. He stated that the term was one introduced by himself, and that it had not met with acceptance among dermatologists. Nevertheless, he held that the disease was one involving the lymph spaces and the blood-vessels. Moreover, it had an infecting edge, and spread like lupus vulgaris spread, and was also cured in the same manner as was the latter disease. Again, it occurred in patients of the same age; that is to say, it was most often seen in childhood and young persons, precisely resembling in this respect the patients in whom lupus vulgaris developed. It was a very rare disease, and it was the fact that three-fourths of the number of the cases which were published had been recorded by himself.

Several other portraits were shown illustrative of multiple lupus, of coffee stains on the legs, "crateriform" ulcer (from the St. Louis Hospital in Paris), &c.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Pathology.

Meeting held Friday, Nov. 6th, 1896.

Dr. J. A. Scott in the Chair.

Dislocation of the clavicle backwards.

Dr. E. H. Bennett presentad a paper on dislocation of the sternal end of the clavicle backwards, illustrated by photographs of the specimens of this injury which he had dissected—three in number—projected on the screen by lantern slides. He also detailed the facts observed in a case which he had met with in private practice in 1890, which showed the correctness of the division made by Pellieux of these injuries into the varieties, superficial and deep. He further described the method of treatment of this case, which had proved to be completely successful in retaining the bone in place after reduction of the dislocation. He showed also a macerated fracture of the clavicle at the sternal end, in which he thought that dislocation had occurred.

Prof. Nixon observed that an interesting feature in the hunting accident case was that there was no difficulty of respiration. In these dislocations there was very often great pressure on the trachea and sometimes on the laryngeal nerves, producing recurrent spasms of so extreme a character that resection of the sternal end of the clavicle had been recommended for their relief. As to the cause of the fracture in that case, it appeared to him that the rider must have rotated as he came down and fallen, not on the point of his shoulder but on the back of it. Did Prof. Bennett ascertain what was the position of the sternal end of the clavicle with respect to the trachea?

Mr. Lentaigne said that, as to dislocation backwards, he remembered having seen one case, when he was a very young man, in which all efforts at reduction failed; the man went from hospital to hospital, and the dislocation remained unreduced. In that case there was no laryngeal or respiratory trouble of any kind, but a marked hollow could be seen.

Mr. Jameson Johnston asked, did Prof. Bennett include the fracture of the first rib in one of the specimens as part of the result of the original accident? Might not the fracture of the rib have been caused by the bending of the clavicle over it?

Prof. Bennett, in reply, said that in more than half of the cases of this kind of fracture that were recorded in the books, there was no mention of respiratory distress. In some cases it was present in a greater or lesser degree. In a case treated by Sir Astley Cooper it was a paramount symptom, and the persistent pressure of the unreduced dislocation required the removal of the sternal end of the bone; but that was the only case in which its removal was ever performed. As to the fracture of the first rib, it was impossible to doubt, from the appearance of the specimen, that it must have been produced by the same force that caused the dislocation—namely, direct pressure backwards on the sternal end of the clavicle, which carried the cartilage of the first rib with it. The man was squeezed against some projecting piece of brick. In many recorded cases the shaft of a cart striking a man had produced a dislocation of the kind in question; and in some of these a fracture of the first rib was recorded also.

Pyonephrosis.

Mr. T. Myles exhibited and discussed specimens of the above.

Dr. McWeeney said that about a month ago he saw a case which had some bearing on the points now raised. It was a fœtus of the eighth month, the subject of a miscarriage. The delivery was attended with considerable difficulty due to the swelling of the child's abdomen. On examining the abdomen he felt at its middle line a mass of almost cartilaginous hardness, and upon opening the abdomen of the fœtus, he found the urinary bladder enormously dilated, reaching up to the umbilicus, white in colour, extremely hard, and distended to the utmost degree with urine. The two ureters were symmetrically dilated to about the size of the child's small intestine, but there was no dilatation of the pelvis of the ureters. The dilatation commenced where the narrow part of the ureter passed into the pelvis of the ureter. The two kidneys were quite unaltered. The child had an imperforate urethra. Mr. Myles had said that there was nothing in the external appearance of one of the cases which he exhibited to suggest that such an enormous amount of the kidney substance had been lost. An interesting series of experiments had lately been made upon some lower animals, which went to show that after 75 per cent. of the whole weight of the kidneys had been removed, the remaining 25 per cent. not only performed the ordinary functions of the organs, but there resulted actually a hyper-secretion of urine, and a hyper-excretion of urea. The writer, who made the experiments, thought that there was an internal excretion by the kidneys which was oured into the blood, and which checked over-secretion

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of urine and over-excretion of urea by the kidneys themselves — in other words, that the kidneys possessed a self-regulating action. If the facts as to the lower animals had any application to man, it might explain why, in one of Mr. Myles' cases, the patient had not suffered what he might theoretically have been expected to suffer from the loss of kidney substance.

Prof. NIXON said that in cases of enlarged prostate, the great difficulty was to diagnose the amount of secondary disease that was present. In some of these cases both the kidneys and the ureters were enormously dilated, and an enormous amount of disease was present At the present day the fashionable operations for enlarged prostate were either castration or division of the vas deferens. The specimens now exhibited were a warning against the too precipitate adoption of either of those heroic remedies.

Prof. BENNETT asked was the specific gravity of the urine taken in those cases of Mr. Myles and Dr. Johnston. According to his experience a normal specific gravity indicated a healthy kidney.

Mr. MYLES, in reply, said the specific gravity of the urine was taken in both of the cases, but he was not able to state what it was. At the time it was taken the quantity of blood passed was very high. The student who took the specific gravity of the urine in the second case said it was about 1040. Professor Senn, of Chicago, had remarked that there was a danger of the operation of castration being resorted to for every possibly kidney affection. One of the patients in question would have been castrated but for the persistent hæmaturia.

Dr. MCWEENEY made a communication on the biological position of the tubercle bacillus. He dealt with the results obtained by Mr. Coppen Jones, of Davos, which are in brief—"that the tubercle 'bacillus' forms true branches, from which secondary branches may again be given off: that it forms true spores which are not identical with the unstained objects seen in ordinary bacilli from the sputum, and that in association with it club like bodies are sometimes found." These morphological characters inclined Mr. Coppen Jones to place the organism in the neighbourhood of actinomyces. Owing to the kindness of Mr. Vaughan Jennings, of the Royal College of Science, he was in a position to demonstrate Dr. Jones' preparations and photographs, which seemed to show conclusively that the tubercle bacillus was susceptible of greater complexity than was generally supposed. He briefly discussed the question as to the relation of yeasts and bacteria to the higher fungi.

Mr. VAUGHAN JENNINGS, F.L.S., F.G.S., said that at first he was very sceptical as to the views of Mr. Jones, but after having stayed three months with him and studied his preparations, he became perfectly convinced that those views were well founded. He could testify as to the extreme care with which all Mr. Jones's work was done, under circumstances of great difficulty. In order to decide upon the treatment of such a disease as tuberculosis it was of primary importance to have a full and complete knowledge of the life history of the organism concerned.

The CHAIRMAN remarked that the biological position of this bacillus was a matter of great importance. The more they knew on that point the better would they be able to exterminate them from the living body. For a number of years he had been familiar with small spherical bodies which stained deeply with fuchsin, and which unexpectedly turned up in tuberculous sputum. He concluded that they were spores, but of what he did not know; and for a number of years he had been teaching that whenever these bodies occurred in the sputum, the genuine tuberculous bacillus, though it might not be seen at first, would be found if the search was continued long enough. He had himself found them under such circumstances, although they had been absent at first. He did not know whether those spores were spores of the tuberculous bacillus or not. He had never seen them in connection with the rod forms indicated on the diagram.

Dr. R. G. PATTESON said he also had observed the appearances mentioned by the chairman.

Dr. MCWEENEY, in reply, said his experience coincided with that of the chairman and Dr. Patteson as regarded the occurrence of those fuchsin-retaining bodies in sputum, which was suspected to be tuberculous. Where these things—which had sometimes been supposed to be mere fragments of sputum—were found, the complete bacillus was generally detected afterwards.

The Section then adjourned.

HARVEIAN SOCIETY.

MEETING HELD THURSDAY, NOVEMBER 5TH, 1896.

Dr. WILLIAM HILL, in the Chair.

DR. LEONARD GUTHRIE showed a youth, æt. 19, who presented the following symptoms of Friedreich's disease:—(1) Nystagmus, with slight general tremors. (2) Laboured and hesitant speech. (3) Ataxy in movements of the hands, requiring precision, with commencing main-lesgriffe. (4) Lateral curvature of spine. (5) Ataxic gait, with loss of knee-jerks, wasting and diminished electrical reaction of muscles below the knee, but no definite paralysis. (6) Commencing hump-foot or pes cavus. (7) Occasional retention of urine, shooting pains, and slight gastric crises. The symptoms were of four to five years' duration, and had gradually increased until he had grown unable to stand or walk without support. His unsteadiness was increased when his eyes were closed. His parents were first cousins, and not unduly prolific. He had an elder sister, who was said to be somewhat ataxic. The symptoms indicated disease of the posterior columns of the cord, but the nystagmus and defects of speech suggested ataxy dependent upon some unknown cerebral lesions.

Mr. EASTES thought the clinical and pathological features of the case had been graphically described; but would like to hear more about the treatment that had been adopted.

Drs. Ewart, Cagney, and Hill joined in the discussion.

Dr. GUTHRIE, in reply, said there was no prospect of improvement, so far as the nervous affection was concerned. General health had improved under tonics and fattening agents. No good result had attended electricity and massage of the wasted muscles.

Dr. CAGNEY showed a case to illustrate the result of energetic treatment of infantile paralysis in the acute stage. The result, as he had uniformly found, was a satisfactory cure. He anticipated the objection that many cases when left alone ended in cure by regression, and this might be one such, but what he combated was the unfounded belief invariably inculcated in the text-books that active interference during the stage of pain and febrile disturbance was attended by injury. This he had amply disproved. He could not admit that there was any certain ground for the belief in the true, as distinguished from the speculative, pathology of the disease. Experience encouraged him in the hope of doing much by active and prompt treatment. He was convinced that if advantage were taken of precious time usually lost in the early weeks of paralysis, there would be a happy reduction in the number of cripples provided for the community.

Dr. LEONARD GUTHRIE supported the mode of treatment suggested. He asked whether there was any danger of accumulation of strychnia when injected in increasing quantities?

Dr. CALEY inquired as to the extent of the initial paralysis, and remarked that the tendency to regression in this affection must be borne in mind in estimating the effects of treatment, the permanent atrophic paralysis being usually less extensive than the initial paralysis.

Messrs. Jackson Clarke, Guthrie, and Eddowes also took part in the discussion, and Dr. CAGNEY replied.

Dr. HILL showed notes of a case of "Lupus of the Uvula and Soft Palate."

Dr. ST. CLAIR THOMSON agreed with the diagnosis of the case and with the opinion of Dr. Hill that the aspect of the uvula was quite typical of lupus. He understood that many dermatologists held that lupus never attacked mucous surfaces before it appeared on the skin. This case showed that such a view was not universally applicable. He had himself seen many cases of lupus limited to mucous membranes, and in others where it was present on the mucous surfaces and on the skin; he had frequently obtained a history of epistaxis or nasal discharge preceding the outbreak on the skin, and therefore suggesting a primary infection in the nasal cavity. This had its practical bearing, as possibly many cases of lupus of the skin

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of the nose relapsed because the interior of the cavity had not been kept under observation and treatment.

Dr. Hill replied.

Dr. Alfred Eddowes showed (1) a case of Hypertrophic Lupus of the Nose in a man. Apparently, under treatment with arsenic internally, and salicylic acid with creosote externally, the lupus tissue had greatly hypertrophied, as though treated by tuberculin injections. It attained its greatest magnitude a fortnight ago, and since then had steadily assumed a much healthier condition. He considered the appearances presented by his patient gave the cue to the diagnosis of some difficult cases which he could recollect had been looked upon by men of experience as sarcomata, carcinomata, and even syphilis (especially when the penis was the seat of the disease). (2) Photographs, taken five weeks ago, showing a general attack of Seborrhœic Eczema, which he considered typical in character and distribution. Three weeks after the photographs were taken the rash had completely disappeared under treatment with sulphur and zinc. The patient, a girl, was presented to the meeting, and stated that she had been quite well for a fortnight. (3) A marked case of Summer Prurigo in a girl, affecting both hands and wrists, as well as the neck and lower parts of the face, parts especially exposed to sunlight. It always disappeared in cold weather, to reappear in the spring and last all through summer. Such had been her experience ever since she could remember, *i.e.*, at least ten years.

Mr. John Griffith expressed a wish to hear from Dr. Eddowes whether glandular enlargement was a usual concomitant of hypertrophic lupus. The sub-maxillary lymphatic glands were certainly enlarged in the case he had brought before the Society.

Dr. Eddowes replied to the various questions asked.

RHEUMATISM TREATED BY THE LOCAL DRY HOT AIR METHOD.

Dr. Knowsley Sibley showed a young woman, æt. 26, who had been a complete cripple from rheumatism for nearly three years. The patient's mother and grandmother's grandfather suffered from the same complaint. The patient had very fair health up to three years ago, when she had pain commencing in the right little finger, then in the left great toe, right knee, and in a very few weeks, the affection spread to the other fingers, then into the hands and elbows, and finally, now over two years ago, into the right knee. She had never been laid up with fever, nor was there any cardiac lesion. The patient had been for many months under treatment at Bath, but without getting any better. She was sent up to London on September 30th, of this year. On admission, the following note was made:—"Patient has used a pair of crutches for two years, and can just manage to get about on the level with a pair of these, she cannot get up or down stairs, wash or dress herself, nor do her hair. She feeds herself with great difficulty, and only with a large spoon and fork, as she cannot get either hands within several inches of her mouth, she cannot rotate the elbows, which are really fixed at right angles. There is considerable thickening of the middle fingers of both hands, grating and limitation of movements at the shoulder joints. The right knee is anchylosed nearly at a right angle, there is absolutely no movement of any kind to be elicited, the thigh, and especially the calf muscles of this leg are much wasted, patient can just touch the ground with the tip of the toes, but is unable to put any weight on the limb, and, in fact, cannot raise it off the bed when lying on her back, there is constant pain of this joint; she wears a gutta-percha splint round it as a protection." The localised hot-air treatment was commenced on Oct. 1st. After the second application it was possible to rotate the left elbow, and after the third patient was able to see the palms of both hands, which she had not done for two years. After the sixth bath she was able to do her front hair, and after the tenth she was able to walk a few steps without her crutches, and there was distinctly some movement to be obtained in the knee-joint. She had had now twenty-seven baths, and can get her left hand all over her face, head and neck, get up and down stairs with ease. There is now a fair amount of movement in the right knee-joint, the patient can flex and extend it some few inches. All these results have been obtained without at any time putting her under an anæsthetic and breaking down the adhesions as was originally suggested, and at no time had she had any pain or effusion in any of the joints under treatment. Before and after each application of the dry air heated to a temperature of 260 degrees, Fahrenheit, the limbs are gently manipulated and massaged, she has been taking some syrup of the iodide of iron, and the bowels have been regulated with Condal water.

Messrs. Eastes, Cagney, and Gibbons discussed the case and Dr. Sibley replied.

Mr. Jackson Clarke showed a "Naso-Pharynx dissected out with the Soft Palate, &c." There was a compact mass of adenoids occupying the site of Luschka's tonsil. In order to demonstrate the anatomy of the normal naso-pharynx and that of the same part when adenoids were present he had made a number of plaster casts in the dead. A cast from an infant, æt. five months, showed the normal Luschka's tonsil to consist of four slight antero-posterior ridges placed between the Eustachian tubes on the mucous membrane of the base of the skull. A cast from an adult showed the same ridges. When adenoids were present the casts showed how they pressed on the Eustachian cushions and tended to close the tubes. Before operating, the naso pharynx should be explored by the finger to ascertain exactly the condition of the part. In an ordinary case one movement of a proper curette sufficed to remove the whole growth completely. Mr. Clarke recommended Delstanche's modification of Gottstein's curette, since it brought away the growth in a receptacle and enabled the operator to see exactly what he had done. For babies, a specially small curette was necessary. In arresting the hæmorrhage he used a pad of lint carried on a pair of catch-forceps curved at a right angle at the end.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Thursday, November 5th, 1896.

The President, Mr. Reckless, in the Chair.

Dr. Burgess showed the following cases: (1) An old man with so-called black hairy tongue. When the patient came under observation about a year ago, the tongue was coated right up to the tip with what looked like the black fur of an animal. Now the anterior part and the edge further back were free. The condition waned and waned, the cycle being about two months. On one occasion the tongue was clean, and on another there was merely a narrow dark brown ring in front of the circumvallate papillæ. (2) Double abductor paralysis of the vocal cord. There was no evidence of syphilis, and no sign of locomotor ataxy. On inspiration the cords were almost if not quite in contact, during expiration they were separated by a narrow slit. (3) Xanthoma multiplex. In addition to flat plates, large round yellow areas, tubercles at elbows, wrists, joints of fingers, &c., round yellow infiltrations along the furrows of the palm of the hand, there were nodules in the extensor tendon of the right index finger, and hard, tender deposits along the edges of the ulnæ and tibiæ.

Dr. Eastes related, for Mr. Lockwood, a case of double impacted urethral calculi, and showed the specimen.

Dr. Wilkinson read the notes of a case of ovariotomy and showed the specimen. The cyst contained twenty pints of fluid. It was universally and firmly adherent. The operation was a protracted one (three and a half hours). The patient, though much collapsed, quickly rallied, and made an uninterrupted recovery.

Dr. Ray gave particulars of a case of acute melancholia in a child. The patient was a girl, æt. 14, who had never menstruated. She was admitted to the asylum in May, 1896, and discharged recovered in October. The chief interest lay in the fact that acute insanity arising before puberty is seldom seen. Photographs showing the patient's condition on admission and discharge were exhibited.

The President, Dr. Martin, Mr. Pye Smith, Dr. Sinclair White, and Dr. Burgess made remarks.

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NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

MEETING HELD IN NOVEMBER, 1896.

MR. WILLIAMSON, President, in the Chair.

HÆMATOMA AURIS.

DR. OLIVER showed a woman, æt. 36, anæmic, alcoholic, and half-starved, whose ear was boxed a fortnight ago. On admission she had a hæmatoma the size of a walnut in each ear. Skrinkage was producing the ordinary deformity so often seen in lunatics. There was no mental disease.

OLECRANON WIRED—SKIAGRAPHS SHOWN.

Dr. A. E. MORISON showed a boy, æt. 16, who had fallen on his elbow five months before the operation. The olecranon was freely movable and was separated from the upper end of the ulna, three-quarters of an inch. There was inability to extend the forearm, and much weakness and wasting of the muscles, especially the triceps. A longitudinal incision was made over the elbow posteriorly, and the ends of the upper and lower fragments were sawn off. In doing so the elbow-joint was opened. The bones were brought into apposition by two strands of silver wire passed through a hole drilled in each, and the wound was closed without drainage. In ten days it was entirely healed. At the present time the movement of the arm was perfect, but it was still a little weak. The union was so firm that it would have been regarded as bony if the skiagraphs had not shown a clear line at the junction of the apposed surfaces. He considered that this was cartilage and would ultimately become bone.

SKIN CASES.

Dr. V. RUTHERFORD showed a boy with patches of seborrhœic dermatitis on his thighs and arms, and distinct patches of tinea tonsurans on his head; a girl with an eruption on her fingers and toes since infancy, like chilblains, It had spread slightly into the palms and soles, and two years ago a patch appeared under the left eye. The cicatricial patches present suggested that the disease should be called lupus erythematosus. He also showed three women suffering from scaly eruptions of the palms.

ACUTE BULBAR PARALYSIS.

Dr. DAVID DRUMMOND showed an old soldier, æt. 37, who, after a few days of mental depression and abstraction was in April, 1895, during sleep, suddenly paralysed in his right arm and leg. He had no speech defect. The paralysis lasted for twelve days, when he quite recovered. His memory had been bad since. A second similar attack occurred in October, 1895. The same side was affected, and the paralysis lasted for eighteen days, and he returned to duty till January, 1896, when he had a third attack affecting the right side, and had been unable to do any work since. On July 29th, 1896, a fourth attack occurred. This time the left side was affected, and he became unconscious. On the same occasion he lost his speech, and had never uttered a word since. At present his tongue, face and larynx are paralysed, and his tongue and pharynx are insensitive. Both abductors and adductors of the vocal cord are paralysed. In addition to the nerve lesions both hemispheres are probably involved. There is no optic neuritis, and the patient is not aphasic, for he can read, understand what is said to him, and can express himself in writing. He carries a pocket handkerchief in his hand as bulbar cases do. The case was one likely to be benefited by iodide of potassium.

DILATATION OF THE STOMACH DUE TO OBSTRUCTION AT THE PYLORUS.

Mr. RUTHERFORD MORISON showed a man who had been brought to the last meeting of this society, previous to operation, with a much dilated stomach. On opening his abdomen, the dilatation was found to be due to an obstruction at the pylorus. His stomach was attached to his duodenum by a tube almost half an inch in length, the size of a crow-quill. On opening the stomach, an ordinary director, which was firmly gripped, was passed through the narrow channel connecting the stomach with the duodenum. The stomach and the duodenum were then freely opened and a large communication was established with sutures between the one and the other. Though he was a well-made man, five feet nine inches high, he was much emaciated. When previously brought before the society, he weighed only 6 stones, 1 lb. He had also for a year been living on milk and beef tea, and was sick every day. He now (scarcely a month after the operation) weighed 7 stones 12½ lbs., was able to eat and enjoy anything, and was never sick. This was the sixth similar case on which he had operated. All of the patients had recovered from the operation. Four were as successful as the last two cases exhibited. Two had not benefited to the same extent.

Mr. MORISON also showed a case of "Tumour of the Face" for diagnosis.

EXCISION OF ANEURISM WITH SPECIMEN.

The PRESIDENT (Mr. Williamson) showed a man who was admitted to the infirmary in October, 1896 A small chip of metal struck him in the bend of the elbow four weeks previously, and blood spurted out. The bleeding was controlled by pressure, and in a week the wound healed. He observed nothing wrong for a fortnight, when he went to work and felt pain down the arm. A week later he discovered the swelling and came to the infirmary. All the signs of an aneurism, the size of a walnut, of the brachial, at the bend of the elbow were found. The artery was tied above and below, and the sac dissected out. The metal chip was embedded in the aneurism (specimen shown). The patient did well.

LATERAL SINUS THROMBOSIS.

Mr. WALTER RIDLEY showed a young man who was admitted to the infirmary suffering from a fœtid ear discharge, with high fever and recurrent rigors. On the eighth day of his illness an incision was made over the indurated jugular vein in the neck, and the vein was exposed and opened. It was filled with purulent fœtid clot as far down in the neck as it was possible to follow it. A ligature was tied round its lower portion and the skull trephined over the lateral sinus. A subdural abscess was opened, and a quantity of bare bone discovered. The sinus was only blocked in its mastoid portion. The temporo-sphenoidal lobes and cerebellum were explored with a hollow needle but nothing further was discovered. The patient made a good recovery except for a sinus in connection with diseased bone.

GALL-STONES REMOVED BY CHOLECYSTOTOMY.

Dr. A. E. MORISON showed a number (several hundreds) of mixed-size gall-stones removed from the gall-bladder of a woman who suffered from frequently repeated attacks of gall-stone colic. She had no jaundice and no marked distension of the gall-bladder. There were no stones in any of the ducts. He had sutured the opening in the gall-bladder and returned it to the abdominal cavity, leaving a drainage-tube in the pouch under the liver from the loin. The patient made an uneventful and rapid recovery.

Dr. A. E. MORISON also showed a "Stone Removed from the Common Duct" of a patient who had been operated on five years before. At the previous operation, five years ago, it appeared that a large number of stones had been removed from the gall-bladder, but a biliary fistula resulted, and nothing that had been tried would make it heal. At the second operation, performed by himself, the single stone exhibited was found near the end of the common duct. After its removal the biliary fistula soon healed, and the patient was restored to health and comfort, How did such a case bear on Mr. Treves's statement that gall-stones in the ducts would spontaneously escape if a biliary fistula was left by operation?

Dr. A. E. MORISON showed typical specimens of "Ectopic Gestation," illustrating different varieties of this condition. He thought it was much more common than was generally supposed, and that a fatal result too frequently followed failure to recognise it.

Dr. GOWANS showed "Uterus from a Successful Case of Total Extirpation by the Combined Abdominal and Vaginal Method" from a woman, whose vagina was so narrow and broad ligaments so tense that the ordinary vaginal hysterectomy was inapplicable. The fundus uteri was excised from the abdomen and the cervix from the vagina. The specimen was one of carcinoma of the cervix, and the patient made a good recovery.

Dr. GOWANS showed a number of gall-stones removed from the gall-bladder of a woman by cholecystotomy, who passed hundreds of enteroliths per anum. The enteroliths were at first thought to be gall-stones, but analysis had

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shown their true nature. The patient had not taken olive oil.

Dr. GOWANS showed two perforated appendicee removed for appendicitis during the acute stage from patients with acute peritonitis. In one case the peritonitis had become general, and the patient died. The other made a good recovery.

Microscopical specimens, illustrating different conditions of the thyroid gland, were exhibited by Dr. GEORGE MURRAY.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY.

GENERAL MEETING HELD ON FRIDAY, OCTOBER 30TH, 1896.

Dr. HENRY LEWIS, of Folkestone, in the Chair.

A VOTE of thanks to the retiring President was accorded by acclamation, who, in replying, said that as the Society now numbered some 230 members, its success was assured.

Votes of thanks to the Council, Treasurer, Secretaries and Auditors were carried unanimously.

Twenty-one new members were elected.

Dr. MYRTLE, the President, then delivered an address on

THE RELATIVE POSITION OF PRACTITIONERS IN HEALTH RESORTS AND THE PROFESSION IN GENERAL.

In the course of his remarks, after referring to the labours of Dr. Lewis, which had gone far to make the Society a success, he said that one of the reasons of the existence of this Society was to show the profession that in Great Britain we possess water, baths, and air of the very highest order for the treatment of a vast number of patients now sent out of this country. He referred to the scepticism of a large number of practitioners with regard to the action of the Spa waters, stating that 40 years ago he was in a similar frame of mind himself, but was soon converted when he saw the results obtained. On looking at the history of our Spas he found the most celebrated had their periods of prosperity and depression. Why were Leamington and Cheltenham now so little heard of? How was it Bath should for years have remained neglected and ignored by the profession? Fashion had something to do with this state of affairs and at the present time guided some men in selecting health resorts for their patients. Dr. Myrtle urged the necessity of patients complying with the strict injunctions of the Spa physicians as to the quantities of water to be drunk and the number and kind of baths, and pleaded that the history of cases should be sent by the ordinary physician to the Spa doctors which would guide them as to the proper treatment. He knew the Society would prove there is a wealth of natural resources in this country in many instances equal to those found abroad and that the English physicians would find they could conscientiously advise a large number of patients they have been in the habit of sending to these fashionable Spas to pay a visit to one or other of our own.

Dr. BOWEN DAVIES, of Llandrindod Wells, in proposing a vote of thanks to the President, said that the hotels at the Spas should put the daily *menu* under the control of the doctors. Referring to the Schott treatment in this country he said "let the Nauheim treatment be followed at Nauheim." Not much good could come from a system admitted to be artificial and an imitation of that at another Spa.

Dr. LEONARD WILLIAMS, Sidmouth, seconding the vote of thanks thought there was nothing definite in the so-called Subterranean Chemistry to be certain about.

Dr. WILLIAM EWART, London, supporting the motion said certain results were obtained at the Spas which could not be explained by any strict chemical argument. The fact remaining that people did get well at these health resorts after having been unsuccessfully treated at home for a long time by the most eminent physicians and the best drugs.

Dr. MOXON, Matlock, said he attributed much of the good results to climate, the conditions of the atmosphere and the stimulation of the skin by hot water and other means, as well as to the actual mineral constituents of the waters.

Dr, SNOW, of Bournemouth, had sent patients rather bulky and gouty and with weak hearts, abroad, and had been shocked by the results of the treatment there, which had been far too severe for them.

Dr. GIFFORD BENNET, Buxton, deplored the fact that certain patients took baths without advice and occasionally brought about their death, which showed the real and powerful influence of these mineral waters.

Dr. SUNDERLAND quite agreed with the President as to the folly of sending all classes of cases to the same health resort, and thought failure of Spa treatment was often accounted for by the fact that many patients, although pretending to carry out the Spa doctors instructions, overdid the treatment by having too many baths on their own account.

The PRESIDENT, replying, thanked the Society for the kind reception of his remarks and intimated that he had received a letter from the Hon. President, Sir Edward Sieveking, expressing his regret that he could not take an active part in the Society on account of his advanced age. He preferred to send some patients to the home resorts in order to secure them home comforts and the absence of worry inseparable from long railway journeys and the usual ignorance of foreign languages.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Nov. 21st, 1896.

DERMOID CYST.

M. LE GENDRE related an interesting case of a dermoid cyst opening into the bladder at the meeting of the Medical Society. It was that of a woman, æt. 48, who entered the hospital in September last with symptoms of cystitis and peri-cystitis. Micturition was painful and frequent, and the urine contained a deposit resembling pus. The temperature oscillated between 102° and 103°, while the patient complained of great pain over the bladder, and a tumour could be felt in the hypogastrium and towards the right side. The symptoms of cystitis and peri-cystitis lasted throughout the month of October, and at the commencement of the present month the patient expelled with the urine a membrane consisting of sebaceous matter and some hair. These signs indicating the presence of a dermoid cyst opening into the bladder, made an operation necessary. Laparotomy was accordingly performed by one of his colleagues, and a dermoid cyst filled with putrescent matter was discovered lying immediately behind the bladder and adherent to the intestine. The tumour was completely removed, and the patient was doing well.

EPITHELIOMA OF THE FACE.

M. de Castel spoke on the treatment of epithelioma of the face by methylene violet. For the last two years he has treated systematically at the hospital a considerable number of cases according to the method recommended by Darier and without provoking any inconvenience to the patients. The method consisted in applying every third day a solution composed of methylene violet, 20 grs. and a drachm each of alcohol and glycerine to the diseased part, and after a fortnight of this treatment, a solution of chromic acid (1-5) is substituted for a few days, after which a return is made to the methylene.

The treatment succeeds particularly where the epithelioma is superficial, but where the parts are covered with vegetations they should be scraped off in order to insure penetration of the drug. After each application of the methylene solution, collodion is applied.

JUDICIAL ERROR AND MEDICAL EXPERTS.

A case of gross judicial error in which medical experts played a very sorry part has been going the round of the press.

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Some fifteen years ago a man and his brother were found dead in their house, which adjoined a lime-kiln, after partaking of some refreshment. The wife of one of the men was accused of poisoning them both, as, when she saw the dead bodies on the floor, she became dazed and uttered some incoherent expressions which were interpreted as implying her guilt.

Post-mortems were made, and three medical men gave it as their opinion that poison had been administered, and, indeed, one declared that cantharides was the poison used, as he had found a *wing* of one of these animals in the stomach of one of the men. The woman was, in spite of her assertions of innocence, declared guilty of a base crime, and sentenced for life. (If it had been a man he would have paid the full penalty.)

A few months after the trial, the same house was let to other parties, a man and his wife, and after some weeks both felt so ill, complaining of vertigo, headache, and difficulty in breathing, that they were obliged to change their residence. For several years the dwelling remained untenanted, but finally a third family leased it and for some time nothing abnormal was remarked. However, one morning the occupants were found in an asphyxiated condition by some of the neighbours, and were with difficulty saved from certain death. A search was made as to the cause of the accident, when it was discovered that gas from the lime-kiln had filtered through the walls of the room in which the family slept. It was then remembered that it was the same room in which had been found years before the two dead men. A complete inquiry was made by Government experts, who unhesitatingly affirmed that the escape of the deleterious gas from the lime-kiln had been going on for years, and that in the state they had found the walls of the dwelling-house, it was their opinion that no crime had been committed, but that the men had been asphyxiated. The unfortunate woman, who had spent already seven years in prison, was granted a free pardon by the Government and a sum of forty thousand francs.

ANTITHERMIC POWDERS FOR CHILDREN.

Phenacetine, Sulphate of quinine,	1 gr.
Cassine, Benzoate of soda,	½ gr.

For one powder, taken every two or three hours (for a child of sixteen months).

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, November 20th.

THE NEW EXAMINATION ORDERS.

YOUR readers are already aware, that the ranks of the profession are becoming so rapidly over-crowded, that attempts have been and are still being made to stem the torrent. First of all a fifth year was added to the students curriculum, and now this has been recognised as insufficient, and still further obstacles are to be put in the way. A sixth year of study has been proposed, this to be spent in practice in hospitals or specially recognised kliniks. Although the proposal has met with a good deal of favour, as it would tend in the direction of a livelihood to those who do succeed in getting registered as medical practitioners, it is not looked upon everywhere as the one thing necessary. On opening the winter session in the Surgical Klinik of the University, Prof. v. Bergmann said he did not approve of converting kliniken into places of practice for students. Their object was to bring as many cases before the student as possible, and not to afford fields of practice for them. This would be fateful to both students and patients. He also spoke against the practical year. If students made good use of their three semesters, they were quite capable of undertaking independently any of the operations that came before the surgeon. It was, above all things, necessary that the student should come into the kliniks properly prepared. If they brought a sufficient knowledge of anatomy, physiology, and pathological anatomy with them, a reform of clinical instruction was unnecessary.

Prof. Neisser, the Director of the Skin and Syphilis Klinik in Breslau, is also in opposition. He does not think sufficient importance has been given to his specialty, and complains that it is not even placed on an equality with nasal and ear diseases. He thinks it should have a place in the Staatsprüfung.

In the Section for Obstetrics and Gynæcology at the Frankfort Meeting of German Scientists and Physicians, Hr. Freund, Strasburg, showed two patients on whom a new operation had been performed, viz.,

INSERTION OF THE UTERUS INTO THE VAGINA AS TREATMENT FOR FISTULÆ.

One of the patients shown had such an extensive loss of the base of the bladder that it could not be remedied by any of the usual methods. The other case was one of recto-vaginal fistula, and the treatment adopted was to draw down the uterus, invert it and suture it direct into the fistulous opening. The cases had been operated on two years and two and a half respectively, and the results had been so far permanent. The uterus lent itself easily to the operation. It simply atrophied, its cavity disappeared, it flattened out, the ovaries and tubes were intact, but menstruation ceased. A third case, also one of enormous prolapse of the rectum, and independent paralysis of bladder and bowel had been operated on with success.

Hr. Mackenrodt, Berlin, hoped that all fistulæ not curable by other means would be successfully treated in the manner described.

Hr. Freund did not believe the method would be sufficient to cure all cases, there would still be some for which colpocleisis would be the ultimate refuge.

In the section of Rhinology and Laryngology Hr. Stöck, Vienna, read a paper on

CANCER OF THE LARYNX.

He had come to the conclusion, as a result of collective investigation, that all statistics were valueless, as the time of operation and he skill of the operator varied so much. In his own case, with a material of 8,000 cases yearly, there had been a great falling off in the number of cases of cancer of the larynx. This was because the family attendants did not send their cases to the specialist for the reason that they had lost faith in operation. He recommended specialists to write histories of cases and send them to the general practitioner in order to revive his faith. Only the best surgeons should operate for cancer of the larynx. The diagnosis should be made early, as only then was operation possible, when the disease lay within the limits of the cricoid and thyroid cartilages. In all advanced cases the glands of the neck were affected, and in these operation had no object. The artificial larynx was only an apparent substitute. Patients could

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not breathe with it, and they would rather be aphonic than have their respiration interfered with.

Hr. B. Fraenkel also said that cancer of the larynx did not come so often before him as formerly. He had lately operated for cancer of the throat endo-laryngeally. He now took his stand on the standpoint that so long as we treated the sick, we must operate, even in the most extreme cases. Even carcinomata that had attacked the œsophagus should be operated on. The ultimate chances should be placed before the patient and his medical attendant, and the patient then left to decide for himself. The operation should be performed by the specialist alone and not by the general surgeon. In extreme cases he removed the whole larynx, without regard to the pharynx. The trachea was sutured to the skin, and then the great cavity was closed, so that only a passage for the food remained.

Mr. Semon, London, did not find any diminution in the number of cases for operation. All cases of chronic hoarseness should be examined by experts, as cancer of the larynx was permanently curable, so long as it was limited to the vocal cords. Sixty-six per cent. of his cases had recovered.

Hr. Guarnaccia, Naples, read a paper on

The Bacteriology of Rhinitis Caseosa.

Microscopically, there were long threads forming a sort of tissue, bacilli, cocci, arranged in chains of clusters; leucocytes, with highly colourable nuclei; the latter had a horny protoplasm into which micro-organism had frequently penetrated. By isolation of the micro-organism the staphylococcus, albus, aureus, sarcina lutea, bacillus sublitis, and a proteus were recognised. These were all present in other nasal diseases as well. One form was, however, seen by the speaker for the first time. There developed in agar in twenty-four hours at a temperature of 37 C. numerous yellowish rounded colonies with sharp outlines, which under the microscope showed a clear nucleus surrounded by a dark zone and constantly clear periphery. The microscopical preparations showed a central mass of threads from which a large number of threads spead out, divided, and were readily stained.

The organism developed in various media, such as agar, gelatine, fish broth, cooked potatoe, and many others. After twenty-five to thirty days the whole surface of the agar was covered with a clay-like layer with irregular prominences. The cultures gave off a characteristic mouldy odour. He took the micro-organism to be a variety of streptotrix alba. It was not pathogenic for guinea-pigs, rabbits, or dogs, as on inoculation it showed no specific action.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, Nov. 20th, 1896.

Filmogen.

At the Medical Club Schiff reported the experiments that he had performed in conjunction with Auspitz since 1879 in the investigation of different vehicles for prescribing medicine. A flexible agent for covering the denuded cuticle was introduced in the form of "traumaticin," but the drawback to its use was the burning pain which it caused when applied along with fractures in its surface when the part was bent.

Collodion had also similar objections. "Aceton" and "colasin" have been much used in France with apparent success.

Schiff now proposed a solution of nitrous cellulose in aceton combined with an oleaginous base under the name of "Filmogen." It forms a yellow-white semi-fluid body insoluble in water, flexible when dry, and causes no pain to the denuded surface. The only objection is the want of adhesion when the surface is moist. In the discussion that followed Nobel said that he had now used a good deal of "Filmogen" in his practice, but thought another serious objection against the use of it was the present high price. Schiff admitted this objection but thought it could be made cheaper if large quantities of it were used.

Blood Preparations in Leucæmia.

Kolisch exhibited a few specimens of blood preparations which he had made by using Weigert's nerve colouring agent, in which the red blood corpuscles and a large number of the white blood corpuscles were alone coloured. Among these the eosinophile granules had a characteristic deep dark blue colour, and were easily recognised, but added little to our knowledge of the nature of these granules,

The preparations were obtained by heating and hardening in Müller's fluid for a quarter of an hour, then drawn through a solution of copper sulphate followed by Weigert's hæmatoxylin solution and differentiated with potassium ferro-cyanide.

Panaritium or Paronychium.

Schlesinger showed a patient who more than a year ago suffered from severe pain in the left leg. Shortly after this panaritium developed in the toes, for which the great toe had to be amputated. The extremity felt cold, appearing blue and cyanotic, while the pulse in the left popliteal artery could not be felt. The arterial trunks were thick and hard, but had no calcareous deposit. The disease resembled in every detail the terminal arteritis obliterans of Billroth, while the symptoms had every appearance of Raynaud's disease, in which an obliterating inflammation of the arteries is also to be found Syphilis had no part in the disease, although the anatomical process resembled the morbid changes present. Antisyphilitic treatment had no effect in modifying the course of the disease. Amputation of the entire limb had finally to be resorted to, and yet in the centre of the stump the disease has again commenced.

Peri-urethral Passage.

The peri-urethral passage has an important bearing on the pathology of gonorrhœa and the biology of the gonococcus. Its position varies in different subjects, it usually ranges about 1 ctm. long around the margin of the præputium and along the frenum extending into the urethra under the mucous membrane. This subterranean passage is favourable for the growth and development of the cocci from which infection is easily transmitted. In addition to this the stagnant sebaceous glands from the inflammatory process become another source of danger. There are usually two theories advanced with regard to the peri-urethral passage. The first is supposed to be the lymphatic vessels in which the gonococci enter, develop, and accumulate, distending the vessels and finally forming fistulæ. The second is believed to be due to distension of the sebaceous glands in which the cocci commence their early growth. Whichever may be the correct hypothesis it is certain that the microbe makes the entrance by the urethra.

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Australia.

[FROM OUR OWN CORRESPONDENT.]

MELBOURNE, Oct. 13th, 1896.

THE subject of chief interest in Melbourne just now, would appear to be the doings in the capital of the adjoining colony, Adelaide to wit. The hospital ferment is still actively working, but the board appointed to investigate the matter as between Professor Watson and Drs. Napier and Shepherd, have concluded their inquiry and furnished the subjoined report :—

1. Charge I.—"Of either ignorantly or maliciously misrepresenting the facts concerning the operative treatment of the case."

This board is unanimously of opinion—

"That Professor Watson misrepresented the facts concerning the operation, and that his action in doing so was ill-judged.

"That also as an onlooker he could not be so fully conversant with the conditions which existed as the operators themselves.

"That the operation was skilfully performed by Dr. Shepherd, assisted by Dr. Napier."

2. Charge II.—"Of deliberately trying to mislead the medical men and students as to the actual facts discovered at the post-mortem, so that his previously expressed erroneous account of the case might be justified, and discredit thrown on the surgical knowledge of Dr. Shepherd and myself,"

This board is unanimously of opinion—

"Professor Watson unwisely prejudiced the case, and that the post-mortem examination fully justified the treatment by the operators."

3. "This board is also unanimously of opinion that Professor Watson's remarks have been most unjust to Dr. Napier, and that the best interests of the hospital require that Professor Watson be requested to immediately resign his position as honorary consulting surgeon and pathologist; should he not resign by Monday at 10 a.m. this board recommends his removal, and that such recommendation be forwarded to the Government accordingly"

The Government postponed the carrying out of the recommendations of the board, but as a matter of course both parties are anxious to come to some satisfactory settlement of the dispute. Everybody is weary, not to say sick, of a miserable squabble in which our profession experiences nothing but derision in the eyes of the public. The words "medical etiquette," "ethics," "traditions of our order," and the like, furnish only promptings for laughter.

There is no doubt that mischief was done in the first instance by distinctly encouraging the strike, more especially by a threat uttered by a Dr. Carter. This threat our Adelaide friends unwisely carried out by launching an anathema against the newcomers which aggravated the dispute, for then the political party took up the cudgels against the Government.

The danger of meddling with such matters was, I need hardly remind you, pointedly illustrated in the recent report of the meeting at Carlisle, and it is at least curious that the gentleman whose case cost the British Medical Association £1,300, was the founder of an Ethical Society, and in that capacity he figured as an expert in removing or in discovering motes in other people's eyes. This is precisely our experience here. Those who are the loudest in preaching the duty of ethics, are just the men whose names you will find constantly occurring in the newspapers under all sorts of pretexts. It is the old business in the pantomime.—"Here we are again!"

The question then presents itself, are medical journals the proper media in which such matters should be dealt with. Is it the legitimate function of a medical journalist to hunt up infractions of what we are assured are ethical rules? It is devoutly to be wished that the experience gained in this wretched Adelaide strike will serve as an antitoxin in the permanent cure of this ethico-mania.

The Operating Theatres.

MIDDLESEX HOSPITAL.

CÆSARIAN SECTION.—Dr. WILLIAM DUNCAN operated on a multipara, æt. 36, who was sent on to him from the Marylebone Infirmary by Dr. Arthur E. Giles. The patient was suffering from advanced cancer of the rectum which filled the pelvis, only leaving an antero-posterior diameter of about two and a half inches. The woman, when admitted, was a little over seven months pregnant, and Dr. Duncan decided to keep her in the ward and then operate when labour had set in at full term. A fortnight before the end of gestation she was seized with labour pains one morning, and the operation was performed at half-past one the same day. The abdomen was opened by an incision four inches long, exposing the uterus, which was then carefully incised in the middle line to the extent of about four inches; there was very little bleeding from the cut uterine wall. When the uterine cavity was opened, Mr. Pearce Gould (who kindly assisted) inserted a forefinger of either hand into the uterus and held it up in contact with the abdominal wall so as to prevent the escape of any fluid into the abdominal cavity; the fœtus, which was found to be lying in the first vertex position, was removed head first from the uterine cavity; the uterus was then brought outside the abdominal wall and the placenta expressed through the incision. Great care was taken to remove all the decidual lining of the uterus, then the cut uterine wall was sewn up with about half a dozen deep silk sutures inserted at an inch from the cut surface and passing through the whole of the uterine muscle, but carefully avoiding the mucous membrane. The peritoneum was then separately brought together by superficial silk sutures inserted between the deep ones; next the Fallopian tubes were each tied in two places, the ligatures being placed about an inch apart, and each tube was then cut between the ligatures. The uterus contracted firmly aided by an injection of 3 grs. of ergotine into the gluteus muscle; it was then returned into the abdominal cavity and the abdominal wall sewn up in three layers: 1st, the peritoneal edges by fine silk; 2nd, the edges of the rectus sheaths with stronger silk; and, 3rd, finally the superficial structures by silkworm gut. The operation was completed under three-quarters of an hour. Dr. Duncan remarked that in this case there was no alternative but to perform Cæsarian section, but even had the growth encroached to a much less extent on the pelvic diameters, as also in cases of cancer of the cervix, he considered the proper treatment was not to endeavour to drag a mutilated fœtus by a cancerous mass, but to let the woman go on to full term and then save the child in the manner in which it had been done in this case. He considered it was unnecessary to bring the uterus outside the abdominal cavity before opening it; he also said he was unable to state in the former cases on which he had performed Cæsarian section whether the placenta was in front or not, so that he thought the only plan was to cut boldly through in the middle line, being more expeditious if possible, should the

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placenta unfortunately be found under the line of incision. He said he always used silk for suturing the uterine wall, and he mentioned that the last case of Cæsarian section which he performed was also for cancer of the rectum, in which inguinal colotomy had been performed by his lamented colleague, Mr. Hulke; at the post-mortem examination six months later hardly a trace of the uterine incision could be seen. Dr. Duncan thought the plan of suturing the abdominal wall by three separate layers prevented the occurrence later on of ventral hernia. In the present case the Fallopian tubes were tied, more to show those present the proper method of procedure than to prevent the woman from again becoming pregnant, as, doubtless, she would be transferred to the cancer wards, and there remain until her death took place some months later on. The after-treatment in this case merely would consist in giving the woman morphia to ease the pain from which she suffered owing to the cancer. No uterine douches were to be administered unless the discharge became at all offensive; this is the practice which Dr. Duncan said he now carried out in the case of his private patients.

The child, a male, is alive and thriving, and the mother has made an uninterrupted recovery.

KING'S COLLEGE HOSPITAL.

NEPHRORRAPHY BY VULLIET'S METHOD.—Mr. CARLESS operated on a woman, æt. 28, who had for some years suffered from symptoms of intestinal irritation of which vomiting formed a marked feature, she also complained of a lump in the left side which apparently shifted its position from time to time and of considerable weakness in the left leg; there had been no interference with micturition. On examination of the left loin, no kidney could be detected, but there was a movable swelling in the iliac fossa which in all probability was that organ. An exploration was therefore determined on with a view of fixing the kidney if it were displaced and movable. The usual incision for exposing the kidney was made in the loin, the muscles were divided and the retro-peritoneal tissue laid bare; the kidney was found lying in the iliac fossa below the incision and was very freely movable. It was freed from its fatty capsule and readily replaced in its normal situation. A second vertical incision was now made two centimetres from the middle line, parallel to the spinous processes and with its centre corresponding to the first lumbar spine; the lumbar aponeurosis was incised, exposing the central muscular mass of the Erector spinæ and between it and the spinous processes the tendons of the spinalis dorsi; the tendinous slip which was inserted into the first lumbar spine was sought for and isolated from the rest; an aneurism needle was first passed beneath it, and then the forefinger, by which means traction was made upon it, so as to forcibly detach it from its superior connections; by this means 8 or 10 inches of tendon were set free, a few muscular fibres which were left at the upper end being trimmed off with scissors. A passage was now bored with the finger from the spinal to the renal wound, and through this the free end of the tendon was carried. Two small horizontal incisions were now made in the capsule of the kidney, one at the upper, one at the lower end, and a passage made between them through the cortical substance; through this track the tendon was carried, and its free end was stitched down among the muscular structures forming the lower lip of the wound; by this means the kidney was firmly anchored to the posterior abdominal wall, but for safety's sake one or two additional silk sutures were passed through the kidney and the margins of the wound above and below. The wounds were closed in the usual way by a series of sutures, a drainage tube being inserted into the larger. Mr. Carless remarked that he had already used this plan of nephrorraphy once or twice, and had been well satisfied with the results; of course, it was only needed in the more aggravated cases where the kidney was lying in the iliac fossa; in less severe conditions fixation of the kidney by one or two silk sutures was all that was called for. This plan of slinging the kidney upon a tendon taken fresh from the spinal groove seemed to him more to be preferred than the use of any animal tendon, however carefully prepared. As far as he knew, he was the only surgeon who had employed this method in Great Britain (it was introduced originally by Prof. Vulliet, of Geneva, working in connection with Dr. Poullet, of Lyons), and he felt sure that if a more extensive trial was given to it it would come into general favour.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 25, 1896.

BEATTY *VERSUS* CULLINGWORTH.

"THE plaintiff is Alice Jane Beatty, a hospital nurse, and the defendant, Dr. Cullingworth, senior obstetric physician at St. Thomas's Hospital. The plaintiff had suffered from disease of the right ovary, and during an operation for its removal the defendant found that the left was also diseased, and he therefore removed it also. The plaintiff alleged that the complete operation was contrary to her express wish and direction, and that she was entitled to damages. The defendant, on the other hand, pleaded

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that the full operation was necessary, and that the patient had left herself entirely in his hands."

"The jury immediately found for the defendant, and said they were unanimously of opinion that the action ought never to have been brought."—*Times* Report.

THE outline of the extraordinary case which last week engaged the attention of the High Court of Justice may be gathered from the above extracts. The action affords a typical illustration of the risks to which any operative surgeon is exposed at the hands of hysterical or prejudiced patients. At the trial Dr. Cullingworth admitted that the patient said to him before the operation that if both ovaries were diseased neither should be removed. He found the organ on the right side extensively diseased, and after taking it away examined the left one, which was also affected. After some hesitation, he decided upon accepting the responsibility of the double operation, which he thereupon carried out in the interests of the patient's health and life. Four years later the action was brought against him on the grounds stated. In the course of cross-examination by counsel, Dr. Cullingworth stated that he would never have operated under any restrictive condition. A precisely similar position, we take it, would have been taken up by any responsible surgeon under like circumstances. Either full and absolute confidence in the judgment of the operator or no operation at all, we imagine, would be the maxim of most ovariotomists. The judge expressed a decided opinion to the effect that the defendant had acted humanely in attempting to remove the whole of the mischief, while the jury when called upon for a verdict dismissed the action with costs. So far, the case, although interesting and dramatic, presented no features of startling novelty. There are some points, however, which deserve rather more detailed discussion. In the first place, it was announced in court that the necessary funds for this most costly litigation had been provided for the plaintiff. Further, it has been currently rumoured that this money was forthcoming from a body of persons who held the extreme view that a woman should rather die than submit to removal of the ovaries. The mere existence of an organisation holding such opinions at the end of the Nineteenth Century is a striking testimony to the fact that sentimentality is still accepted by a certain section of the public in the place of reason where scientific medical practice is concerned. The operation of ovariotomy, at any rate, now rests upon an assured basis, and may be ranked as one of the great triumphs of modern surgery. Its results are brilliant, it saves annually many hundreds of valuable lives, while the attendant mortality has been reduced to a minimum. The question of its merits, therefore, cannot at this time of day be seriously discussed, notwithstanding the fact that a band of enthusiasts, whose technical knowledge is not on a par with their zeal, are ready to back their opinion as to its immorality by a lavish expenditure of money. It may be doubted whether any member of the knot of opponents would refuse a surgical operation of this kind if such were necessary to save his own life. What difference there can be, so far as ethical considerations are concerned, between removing, say, a solid tumour or a crushed limb, on the one hand, and an ovary on the other, will not be clear to the average reader, medical or otherwise.

Another point of professional interest raised by this trial is the attitude of two medical witnesses for the plaintiff. It is difficult to understand how any medical man who had seen neither the operation nor the ovaries after removal, or who had not made a careful previous examination of the patient could step into the witness-box and deliberately swear that in his opinion double ovariotomy was not justifiable. Yet Sir Spencer Wells, whose judgment, years ago, carried great weight, gave that testimony, admitting that he based his judgment upon the defendant's notes of the case. Dr. Bedford Fenwick, with vastly less experience, gave evidence to a similar effect, also founded upon Dr. Cullingworth's records. Against these two opinions were the emphatic testimonies of a number of eminent gynæcologists. It is not our intention to discuss this lamentable exhibition further. We believe that such conduct will be condemned by medical men generally as being out of touch with the best traditions of the profession and by the dispassionate public as an uncalled for and unwarrantable attempt to damage a fellow practitioner. It would indeed add a serious element to the already existing insecurity of the career of the medical man if persecuting and irresponsible prosecutors were able at all times to command the support of more or less leading members of his own craft.

MEDICAL ABORTIONISTS.

THE annals of medicine, happily, do not contain many such sentences as that pronounced upon the medical practitioner at Swansea last week, who, on a charge of murder, was convicted of manslaughter and sentenced to penal servitude for life. The case seems to have been one of quite ordinary detail, and singularly free from any sensational incident, beyond that of the death of the unfortunate woman. It was one of procuring abortion. The medical man in question, Dr. Jones, had associated with him his assistant, and the implication of the latter in the crime was that he gave the anæsthetic while his principal performed the illegal operation. For his connection with the affair the assistant was sentenced to penal servitude for five years. Thus, by disgracing their profession and violating the laws of their country, this medical practitioner and his assistant have brought upon themselves exemplary punishment. Perhaps, however, the most noticeable feature at the trial was the strong dissent expressed by the judge against the action of the jury in finding the chief prisoner guilty of manslaughter, instead of guilty of murder. We may gather from this that the judge considered the case a very heinous one, and demanding the highest form of punishment in the power of the English law to inflict. But it is plain that the jury took a more merciful view, and that sentiment, to a large extent, swayed them in their decision. We believe that, despite the judge's dissent, the course adopted by the jury was the right one. From our point of view, the act of procuring abortion

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which may happen to have a fatal termination is only indirectly an act of murder. No one, still less a medical man, who undertakes to procure abortion does so with any intention of destroying his victim's life. Indeed, he does everything to prevent such a melancholy catastrophe. But the act which he performs is illegal, whatever its termination, and any illegal act of violence deliberately performed, which is followed by death, renders the perpetrator open to a charge of murder being preferred against him. This was the position in which Dr. Jones and his assistant found themselves at Swansea. But it is not to be supposed that either of them had the least thought of killing the woman upon whom they operated. The fact was, however, that she died as the result of what they did, and for her death they were held responsible. Of course, it may be held that had the full penalty for murder been pronounced upon Dr. Jones and the law had been allowed to take its course, the terrible example made would undeniably act as a deterrent to the commission of such crimes. But we doubt whether this would be the case. There are persons, and among them, it is sad to have to admit, some medical men, who would still practise their trade as abortionists no matter what the punishment on discovery might be. Gynæcologists admit that the procuration of abortion, if done with skill, with ordinary precautions, is a safe procedure both for the operator as well as for the woman. The harm comes when the interference is bunglingly carried out, and when there is neglect of cleanliness and care. The conclusion, then, is unavoidable that expert abortionists are careful to attend to the matters of detail which are so essential to the success of their illegal practices, and thus they escape the clutches of the law. The difficulty, of course, of bringing home guilt to these practitioners is that of proving what they have done. The law is almost powerless to interfere unless the death of the victim occurs. Perhaps, however, the police might in cases of suspected abortionists take some steps which would be effectual in diminishing the evil.

IRRESPONSIBLE CRIMINALS.

A RECENT trial has drawn public attention once again in emphatic fashion to the important question of criminal insanity. The case in point presented a typical instance of that form of partial moral mania which is known as Kleptomania. Briefly stated, a wealthy American lady, who had for some time lived with her husband in London, was convicted of stealing a number of articles of various kinds from shopkeepers and others. Her room in the hotel where she resided was packed with a perfect museum of furs, clocks, watches, fans, jewellery, opera glasses, and odds and ends of every description. Most of the things taken from shops had the original tickets still attached to them. The answer made by counsel to the charge of theft at Sessions was that of mental irresponsibility. It was clearly proved that the accused had for some time past been in a highly nervous and emotional state, that she was possessed of ample means, and that her acts of larceny were committed without adequate motive and with no attempt either to conceal or to dispose of the articles thus wrongfully taken. After a patient trial the prisoner was found guilty and sentenced to three months' imprisonment. The matter was then presented to the Home Department and the sentence speedily altered to what practically means a pardon on the ground of irresponsibility. Such were briefly the chief facts of the case. Among other things they emphasise the ridiculous attitude of our law in dealing with persons of weak mind. As if matters were not bad enough formerly, the legislature in 1883 enacted that the prisoner must be found guilty on the facts, even though the jury were convinced that he was not responsible for his acts. This is very much like the savagery of the Middle Ages that delighted to gibbet and behead the body of a person long since dead. But the community is concerned with issues far deeper and wider than any mere vagaries of the law. This question of criminal irresponsibility may at any moment closely affect the personal liberty or well-being of any individual who is open to a diseased brain—in other words, of every single subject in Her Majesty's dominions possessed of the organ in question. If kleptomania be a failing of the rich it is no less likely to be an impulse of the poor, and the question naturally arises whether both classes of offenders are equally protected by the law. To put the matter in concrete form, supposing the American lady whose case we have above considered had been poor and friendless, would she have been allowed to escape the penal consequences of her acts? Or, it may be asked, how many poor folks are let off annually in our police and higher courts for offences that are on the face of them those of individuals *non compos mentis?* How many magistrates, even in this enlightened age, would admit a poor man's plea of irresponsibility for the theft of a loaf, or a pair of boots, or some stray article chance had thrown in his way? Unfortunately, such obvious motives as want and hunger are always lying at the doors of the destitute. But we fail to recall a single instance in which a poor man has ever been pardoned in a court of justice on a plea of kleptomania. Yet it seems certain, arguing from the simplest likelihood based on the doctrine of chances, that a certain fixed proportion of poor prisoners must be kleptomaniacs. Here, then, is food for the thought of the prison reformer of to-day. Some scheme is required whereby the police magistrate, and all the higher criminal judges so far as that goes, should have within easy access an expert and authoritative opinion as to the mental responsibility of an accused person. There can be no doubt that the formation of such a body would prevent many of those miscarriages of justice which are bound to occur under the present system. No lawyer, no magistrate, no judge, however wise and however learned, can be expected to recognise the existence of mental distempers. The expert in insanity alone, after long training and experience, is qualified to form an opinion in cases admitting of any doubt. It is a skilled advisory committee of such men that we would urge upon the legislature to create. By such a

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step much of the scandal of conflicting so-called "expert" medical evidence would be banished from our law courts. Let the ordinary police magistrate mark what is necessary to investigate before arriving at a conclusion regarding a case of partial moral mania. Is he prepared to consider the following points, which are simple fundamental guides to correct diagnosis? First, the previous history of the individual, with especial regard to temperament and character. Secondly, the presence or absence of motive. Thirdly, the proceedings of a man both before and after his alleged offence, such as his disposal of property or concealment of circumstantial evidence. These and other more or less essential technical medical points are, so far as we may be allowed to judge, clearly out of the ordinary judicial grasp. Nevertheless, the daily reports of police and other criminal court proceedings disclose what with all respect for our English bench, we cannot call anything but a spirit of reckless arrogance in dealing with persons whose conduct is in the highest degree suggestive of mental unsoundness. That system must indeed be faulty which releases the wealthy kleptomaniac while it refuses to recognise the possibility of the existence of such an irresponsible offender among the poor.

Notes on Current Topics.

The Annual Meeting at the Royal College of Surgeons, England.

THE annual meeting of the Fellows and Members of the Royal College of Surgeons was held on the 19th inst., at the college in Lincoln's Inn Fields, and there was a large attendance. The senior Vice-President, Mr. N. C. Macnamara, was in the chair, in the absence, through illness, of the President, Sir William MacCormac. The report of the Council for the past year was presented and taken as read, and the Chairman gave a short address dealing with some of the main features of the report. Mr. Holmes then moved a resolution to the effect that the Council be asked to consider the question of contributing a substantial sum from the funds of the College towards the defence of the rights of Mr. R. B. Anderson—these being the common rights of the Fellows and Members which the College, under Bye-law XV, has undertaken to defend. Dr. Morton seconded the resolution, and a long discussion ensued, in the course of which several members of the Council spoke, namely, Mr. Rivington, Mr. Morris, Mr. Marsh, Mr. Tweedy, and Mr. Bryant. The speeches throughout were greatly in favour of Mr. Anderson, although, of course, on the side of the Council the matter was discussed by the members thereof, only as individuals, and unofficially. The only opposing voice among the body corporate present was that of Surgeon-Major Ince, who characteristically protested against the suggestion contained in the resolution. However, the resolution was carried by the overwhelming majority of 47 votes to 2. The next matter on the agenda was a resolution brought forward by the Society of Members expressing regret at the decision of the Council against the question of the direct representation of members on that body. On being put to the vote this was also carried, although a large number of those present did not express any opinion, one way or the other. The last resolution was: "That the Council be requested to instruct the representative of the College on the General Medical Council to forward in every way which seems feasible the promotion of the principle, 'that every representative of the licensing body should effectively represent the interests of its Graduates, Fellows, Members, or Licentiates.'" This was duly proposed, seconded, and carried. The proceedings lasted upwards of two hours, but many of the Fellows and Members had left before the last resolution was put. A vote of thanks to the Chairman completed the business.

The Art of Administering Chloroform.

SLOWLY, but let us hope surely, the principle of administering chloroform by means of an apparatus enabling the anæsthetist to control the amount of vapour passing into the lungs is gaining ground. The greatest opposition to their use in the past has come from professional anæsthetists whose experience enables them, without greatly enhancing the risk of anæsthetisation, to dispense with the safeguards which, in the hands of the comparatively inexperienced, afford the only certain guarantee against disaster. For years past Dr. Dudley Buxton, among London anæsthetists, has objected to the use of a regulating apparatus, but he has apparently become a convert to the more scientific plan, inasmuch as he now proclaims himself the inventor of a modification of Junker's inhaler which differs only in minor and comparatively unimportant points from the apparatus which has for years been on the market. The modifications introduced by Dr. Dudley Buxton consist essentially in discarding the feather indicator which is a salient feature of the apparatus manufactured by Messrs. Krohne & Sesemann and substituting for the vulcanite mask one in celluloid, an advantageous change inasmuch as it allows the anæsthetist to watch the face of the subject. We do not presume to dictate to professional anæsthetists what particular apparatus, if any, they ought to use, but it cannot be too strongly insisted upon that in the hands of the tyro, and most general practitioners are tyros in this sense, the so-called "open method" is inseparable from a tangible danger of overdose. We have never been able to understand why the principles of exact measurement which is universally applied in the dispensing of medicines should be thought superfluous in dealing with so potent and lethal an agent as chloroform. Meanwhile, there is much joy over one sinner who repenteth.

A Muscular Abstainer.

FROM an account in a leading temperance journal some interesting details come to hand regarding a medical man of Boston, Dr. Winship, to whom the pleasures of the wine-cup were foresworn. It relates how the doctor, who was a small man, cultivated gymnastics when at school for the purpose of foiling the

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bully of the academy. The cultivation of physique begun in this way, was carried on through life, in fact, it appears to have developed into a sort of monomania When 22 years old he began lifting weights. "By attaching a rope to a barrel filled with stones and ravel," says the narrator, "looping the rope and inserting a hoe handle in the loop, then standing astride with body upright, he raised over 400 lbs. weight from the ground. After a few days he added to the above a few more pounds, and presently lifted over 600. By continual practice he was able five years later to lift by his hands twelve hundred pounds." This number was finally increased to 2,700 lbs. The doctor abstained from tobacco and alcoholic drinks, but could not manage a vegetarian diet. We are hardly surprised to hear that Dr. Winship died at the early age of 42, a victim to his misguided monomania. From a philosophical point of view, a man may just as well die from dram drinking as from an unwise worship of the cult of Sampson.

A Record "Lapsus Linguæ."

IMPROMPTU speeches have often been the medium for the expression of remarkable statements. For the most part the latter have proved to be highly humorous, but not in the sense of which the speakers have had much reason to be proud. The House of Commons, as is well known, has many records of confused metaphors, and aphoristic comicalities, as the product of nervous and inexperienced speakers. This subject has been recalled by the wondrous *lapsus linguæ* to which a speaker gave expression at the meeting last week of the Fellows and Members of the Royal College of Surgeons. Surgeon-Major Ince, whose combative qualities are well known at the annual meetings of the British Medical Association, rose from his seat for the purpose of opposing the motion asking the Council to grant a sum of money from the College funds for the defence of Mr. Anderson. In the course of his speech, he said that "one of Mr. Anderson's judges was dead, and the other was also bankrupt." Surgeon-Major Ince has always the faculty of smiling benignly when he has raised a laugh against himself, and upon this occasion the roars of laughter which greeted his utterance in no way disturbed his composure. After all, public meetings, as well as individuals, are always appreciative of humour, whether unconscious or otherwise and if Surgeon-Major Ince would try and make a point of cultivating the comical side of his nature, a warm welcome would undeniably greet his appearances as a public speaker.

The Women's Question at the College of Surgeons, England.

THE Council of the College of Surgeons, England, have rightly rescinded their refusal to admit the press to the general meetings of the "Body Corporate." But it is quite evident that if the permission to be present be extended to the representative of any lay journal who may desire to attend, there is no saying what may not appear subsequently in the newspapers. An instance of some ignorant over-zealous lay pressman's handiwork occurred last week, in connection with the annual meeting at the College. Many of the leading lay journals contained an announcement to the effect that at the meeting in question the Vice-President intimated that the Council, after refusing to admit women to the examination for the College Diplomas, had recently passed a resolution conceding that privilege—an absurdity, of course, which would not be likely to deceive anyone conversant with college politics. But no doubt the public, or some portion of it, have accepted the report as true, and, quite possibly, the officials at the College have been called upon to answer many inquiries with respect to it. The lay pressman, of course, must have turned up the page in the report of the Council, where the matters relating to the women's question were discussed, and seen that a resolution favourable to the women was passed at the meeting of the Fellows in January last. Then he must have sapiently concluded that this was the decision of the Council. In view of the erroneous reports about the College that are likely in this way to be published in the newspapers, we trust that the Council will consider the expediency of excluding from the meetings at the College all representatives of the press who have not been sent on behalf of the editors of the medical journals. It is degrading for the College to be made the subject of *Star* paragraphs, which have not even the merit of being true.

Company Promoting in Drugs.

THE names of Hooley and Rucker have come to be familar as household words in connection with the financing of cycle companies It would appear that they have cast the eyes of affection upon the proprietary medicine market as a promising field for further company promoting. Some weeks ago we announced that they were buying up Bovril, and were about to resell it to the public for £2,500,000. The prospectus is now out, and it returns the profits of the old company as having steadily increased from £22,000 three years ago to £150,000 this year. Messrs. Hooley and Rucker, we understand, have also bought up "Carter's Little Liver Pills" at a capital cost of a million, but the arrangements are not quite completed. THE MEDICAL PRESS AND CIRCULAR is not a stockjobbing circular, and has no function to advise investors even if it had the trustworthy information. If anyone thinks that proprietary medicines will in the long run bear the strain of enormous capitals and expended working expenses, he will, no doubt, buy the shares forthwith. But the picture lessons of Warner's Safe Cure and "Sequah" are calculated to inculcate caution.

The "Echo" on the Cullingworth Case.

THE *Echo* quite surpassed itself in its usual diatribes against the medical profession in an article last week upon the Beatty *v.* Cullingworth case. Of course, it takes the side of the "poor, but not altogether friendless nurse," and sapiently asserts that the verdict was just as most people of experience expected. It is kind enough to admit that the jury were "naturally" influenced by the weight of medical opinion laid before

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them, but qualifies this admission by asserting that medical opinion is the most unstable thing in this changing world. This is the only defence which our contemporary can urge in favour of its contention that the verdict should have been given for the plaintiff. It appears from the *Echo* that medical men, without the obligations of Freemasons, stick together more closely than Freemasons, "and that when their order is in any way in question, what one medical man will say another will endorse." All this information is quite refreshing. We may now assume that the *Echo* knows as much about Freemasonry as it does about the medical profession. But our contemporary is a complete paradox to us. Almost every month the newspapers announce that its proprietor—Mr. Passmore Edwards—has just built and endowed a cottage hospital in some part of the country, and almost every day his paper contains a virulent article against the medical profession. This remarkable confliction of deeds and words supplies a conundrum the solution of which is entirely beyond us.

"One Man" Medicine Companies.

A JUDGMENT of no small importance, which we shall endeavour to explain, was given recently in the London Court of Appeal. Starting with the fact that an individual, either in England or Ireland, is forbidden to dispense, or sell poisons, or to keep open shop for such a purpose unless he possesses a qualification from the Apothecaries' Halls or the Pharmaceutical Societies of these divisions of the Kingdom, these Bodies have, from time to time, tried to enforce the law against unqualified persons. They were met, first, by the question, What is a "person"? Is a Company, such as the Army and Navy Stores, which keeps a qualified pharmaceutist to cover all sales of medicines within its walls, a "person." The law, so far as it has expressed an opinion, says No, and consequently Public Companies cannot be touched by the law. Then arises the question, What is a Company? and it seems to be now settled by the solemn decision of the High Court of Appeal that anything is a Company and is therefore beyond the reach of Pharmacy law. In this way, certain traders engaged in dispensing and drug selling without any qualification, and they were prosecuted and convicted and fined for a palpable breach of the law. To pass the needful examinations and pay the needful money to become Licentiates of either the Apothecaries or the Pharmaceutical Societies was impossible, but another road for escape was open. They formed themselves in detail, into individual Companies, capital £10,000 in £1 shares of which £9,980 were taken up by the trader himself and £20 by his wife, sons, daughters and other relatives. Being thus advanced by formal registration to the dignity of a Company the trader proceeded to sell what he pleased to any one without fear of prosecution. One of this class was brought to book and Mr. Justice Williams decreed that he was not a Company and, therefore, still remained liable to the same penalty as if he were a unit. He took the question on to the Court of Appeal and that court has decided that he is a Company and not liable to any one. Unless the House of Lords again decides that he is *not* a Company (which is quite likely) this trader will be triumphant and the law of Pharmacy in England collapses.

Mango as a Medicine.

WE are told that a determined effort is to be made in the wholesale fruit trade next year to bring the Indian mango to London in sufficient quantities to be of commercial consideration. Its introduction would undoubtedly be the signal for its use as a medicinal agent. The rind of the fruit (*Garcinia Mangostana*) contains a volatile principle, allied in action to pure terebene, and a better crystallisable substance to which the name of "Mangostin" has been applied. A decoction of the fruit is commonly employed in tropical climates as an astringent, and is found useful in sore throat, nasal catarrh, and other allied conditions. Mango chutney is used as a condiment, and is found efficacious in the treatment of many forms of dyspepsia. Dr. Murrell, who has obtained a small supply of the fresh fruit from India, finds that it may be given with advantage in the treatment of chronic bronchitis and winter cough.

The Meeting of the British Medical Association at Montreal.

THE work in connection with the meeting of the British Medical Association at Montreal next year is actively progressing. All the necessary local committees have been appointed and are busily engaged. There is, says the *Dominion Medical Monthly*, a unanimous desire on the part of the members of the Montreal Branch of the Association that the meeting shall be regarded, not as a local event, but as a welcome to the Association from the whole Dominion. The Branch in question, however, finds itself in a position of some little delicacy with reference to the presence of American practitioners. The members would be quite willing to invite the latter to join the Association, but a recent Bye-law has laid down that none but British subjects can become members of the Association. It is stated that to amend the Bye-law for the forthcoming meeting at Montreal would lay the Association open to the charge of attempting to promote a rival *réunion* to that of the International Medical ongress at Moscow. But we cannot think that this can rightly be deemed to be the case. The Congress at Moscow is not likely to suffer from anything which may transpire at Montreal, and chiefly for the reason that the two meetings will be patronised by practitioners drawn from entirely different parts ef the world.

A Medical Anti-Vaccinationist Fined.

THE Bournemouth magistrates recently heard several cases of non-compliance with vaccination orders. One of the defendants was a member of the medical profession, Dr. Tebb, well known for his active opposition to the Act involved. His reasons for not having the operation performed upon his child were, first, that vaccination caused a definite risk to life and health; and, secondly, that no lymph could be guaranteed pure.

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In support of these contentions he made numerous quotations from the Report of the Royal Commission. The prosecution, on the other hand, brought forward the statement of the Commission that they were not prepared to recommend that the State should cease to require vaccination, and trust entirely to a voluntary adoption of the practice. After a patient hearing of the case the chairman, in fining Dr. Tebbs 5s. and 7s. costs, said that the magistrates had to administer the law as it stood. A medical man who thus persists in his non-acceptance of the deliberate verdict of practically the whole of his professional brethren, appears to be in a position of some temerity. Would he form his own opinion in a similar way on all other accepted canons of medical practice. The evidence on which the law of compulsory vaccination is now enforced, be it remembered, is the result of an enormous mass of scientifically tested observations, extending over many years.

Pasteur's Monument.

THE monument at the Pasteur Institute is nearly finished. It consists of a sarcophagus constructed of two massive blocks of Scotch granite, polished, and bearing the legend—"Pasteur. 1822-1895." The wall, floor, and ceiling are covered with mosaics, into which the figures of the dogs, silk-worms, vines, sheep and fowl, whose diseases were the subject of the great investigator's work, are introduced. The dates of his discoveries are inscribed on veined marble in the cupola, which is also decorated by frescoes from the skilled hand of M. Merson.

Quack Medicine Manslaughter in Dublin.

A MOST distressing fatality occurred in Dublin ten days ago by which a young clergyman lost his life. It came out at the inquest that he had suffered from neuralgia, and one of those busybody friends who abound everywhere, undertook to cure him by a nostrum which someone told him that some other person had heard was efficacious in someone else's case. Having procured this stuff he gave it to the servant girl, without instructions, written or verbal, as to its use, and she left it on the supper tray where the victim found it and swallowed it, dying within a few minutes from poisoning by the aconite which it contained. In this transaction there was nothing but the familiar elements of the average patient who is stupidly willing to swallow any nostrum that an equally stupid and ignorant friend extols. But the facts disclosed are worthy of thought. The vendor of this dangerous stuff is a very old man in London named Wallace who calls himself a "Professor" and rides the vegetarian hobby. The medicine is put on the market by a Mrs. Wallace, possibly his wife, who circulates a pamphlet of eulogy of its virtues. Neither he nor she nor any one concerned pretends to know anything whatever of medicine or disease, or to have any qualification, or to be authorised in any way to sell drugs. The perilous stuff is sent out without any poison label or any sufficient instructions. If the homicide of this poor clergyman was not a case of manslaughter we fail to comprehend what it was. Every act of the drama was in palpable violation of the law, and if there ever was a case for public prosecution this is it.

A "Specialist" in Neuralgia.

A PARAGRAPH in the *East Dorset Herald* calls attention to an advertisement in the same newspaper by one Davenport. The individual in question is alluded to as "the well-known specialist in neuralgia, rheumatism, sciatica, paralysis, fits, gout, and nervous diseases." It further states that he is in possession of a large number of testimonials as to the efficacy of his treatment, and that he may be consulted on and after a certain date at such and such an address. The appearance of an advertisement of the kind claiming the immediate relief and cure of a number of more or less serious ailments by an unqualified person affords an emphatic testimony to the inefficacy of the Medical Acts to protect the public against quack practice. We notice that the same journal inserts announcements of nostrums for female irregularities and male loss of energy. Right in the thick of these disreputable and objectionable advertisements is a statement from which it may be inferred that the proprietors of the newspaper are the agents of the British and Foreign Bible Society. Mr. Davenport's testimonials date so far back as 1855, and he appends what appears to be the Royal Arms to his statement that he has attended members of the Royal Family. These facts may be commended to the notice of the Medical Defence Union.

Direct Representation.

THERE are ten candidates gone to the poll this week for the three vacancies on the English branch of the General Medical Council. Of the ten candidates, six are Scotch Graduates, or Licentiates, with some appended English qualification. There are only three of the ten who are English Graduates, or Licentiates. On the other hand, 60 per cent. of University registered practitioners have English qualifications, whereas only 26 per cent. are Scotch. The Scotch Graduates can, therefore, scarcely establish the present claim to regulate and control English education and examinations.

Doctors' Drugs and Purloining Patients.

A CURIOUS and dramatic incident came to light in the course of an inquest held last week in London. The circumstance that gave rise to the inquiry was the death of a lady, staying in a well-known hotel, who was found to have poisoned herself with cocaine. It was proved that she obtained the drug, to the extent of 50 grains, from a drawer at the residence of her medical attendant. Considering the ease with which, in many instances, patients might purloin poisons from consulting rooms, it is a wonder that occurrences of the kind are not more frequent. Some years ago, the plot of a play, produced in the Metropolis, hinged upon the theft of a bottle of morphine from a doctor's library table. From time to time a criminal in the law courts obtains the essential weapon for his crime

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from some convenient surgery. Most men, moreover who have had a long experience of general practice could tell some tale in which abstracted drugs formed a leading feature. For all that, however, we fancy such incidents must, on the whole, be rare. The obvious moral of the hotel case is that a doctor should not leave dangerous drugs within the reach of his patients.

THE last Report of Dr. Visser, Sanitary Medical Officer of Johannesburg, to hand, is not altogether encouraging to health emigrants to that city. He says that, taking the population at the latest estimate, the death-rate is 32 per 1,000 of the population, which he says is the highest ratio of any civilised town in the world.

PERSONAL.

DR. WM. DYSON has been unanimously elected President of the Sheffield Medical School, *vice* Mr. Favell, deceased.

SIR WILLIAM BROADBENT, M.D., has been elected Consulting Physician to the Victoria Hospital for Children, Chelsea.

SIR WM. MACCORMAC had paracentesis thoracis performed upon him last week, and is progressing as well as can be expected.

MR. HERBERT ALLINGHAM operated on Dr. Jameson, in Holloway Gaol, on the 19th inst. The latter is now, we understand, free from pain, and is showing steady improvement.

DR. GILLES DE LA TOURETTE has been appointed Chief Medical Officer to the Paris Exhibition, to be held in 1900. There will be an exhibit of objects pertaining to medicine and surgery.

BY the death of Dr. Patrick Fraser, of Stoke, Surrey, last week, the oldest known member of the profession has passed away at the patriarchal age of 92. He was formerly physician to the London Hospital, and was, at the time of his death, a director of the Prudential Assurance Company, in which he took a deep interest.

MR. EDWARD KELSALL LEVER, L.R.C.P.Lond., and M.R.C.S.Eng., of 12 Church Street, Southport, died at his residence after a brief illness last week. Deceased, who was about sixty-one years of age, had a large private practice, and also held an appointment as local Medical Officer under the Factory Acts.

SURGEON-MAJOR-GENERAL J. JAMESON, Director-General Army Medical Department, will distribute the prizes of the Volunteer Ambulance School of Instruction at Crosby Hall, on Saturday, December 12th, at 7.30. Past and present members of the school can obtain tickets from Mr. H. J. Bussell, 13 Gower Street, W.C.

SURGEON-MAJOR F. FOAKER died at Putney on the 12th inst., in his 86th year. He joined the Army Medical Service in 1838, and served throughout the Crimean campaign. He was present at the battles of Alma and Inkerman, and at the siege and fall of Sebastopol. He also took part in the Kinburn expedition. He retired in 1860.

DR. LUYS, of the Salpetrière Hospital, Paris, has presented the Faculty of Medicine with his collection of 2,200 brains, carefully prepared and catalogued. The collection is the result of thirty years' investigations, and includes the brains of idiots, of blind persons, of persons who had undergone amputations, and of those whhad suffered from various forms of mental disorders.

THE Army has lost another distinguished soldier in Surgeon-Major-General Markey, C.B., principal Medical Officer of the Southern District, who expired suddenly last week at his apartments in the Queen's Hotel, Southsea. General Markey, who was only fifty-nine years of age, joined the Medical Staff in 1859, and became Surgeon-Major General last year. The deceased had seen a considerable amount of foreign service, being engaged throughout the campaign in Afghanistan in 1879-80, when he was present during the action at Saif-u-deen, the advance on Khelat-i-Ghilzie, and the battle of Ahmed Kheyl. He accompanied Sir Frederick (now Lord) Roberts in his famous march to Candahar, and took part in the subsequent battle at that place. In the Nile Expedition of 1884-85, General Markey had charge of the movable field hospital with the Desert Column, and was for some time chief medical officer at El Gubat.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

CLINICAL HOURS AT THE EDINBURGH ROYAL INFIRMARY.—At the last meeting of the Board a letter was read from Dr. Lockhart Gillespie, honorary secretary to the Staff, suggesting, on behalf of the Staff, a change in the hours for post-mortem examinations, which was deemed to be advisable owing to an alteration in the hour of the pathology lecture in the University. Emeritus-Professor Struthers remarked that the University authorities seemed to be playing fast and loose with the facilities for clinical instruction. Prof. Rutherford, the University representative on the Board, took exception to his remarks. The truth seems to be that the former hour for the lectures on pathology (3 p.m.) was rather late, and students by that time of the day, after uninterrupted lecturing from 9 a.m., were rather tired. To suit their convenience, the Professor of Pathology changed the hour to 11 a.m. The course taken, however, in thus altering his lecture hour without consultation with others concerned, has led to a good deal of friction, and rather reflects on the University authorities by reason of its sudden and unnotified adoption. No doubt if the different parties involved had been consulted beforehand, the change might have been sanctioned without this ill-feeling, but it is felt that a Professor rather exceeds his functions when he suddenly begins to lecture to students at a time which has been, after much trouble, set apart for hospital work. The

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matter was remitted to the Medical Managers, who will report on it at this week's meeting.

Medico-Psychological Association.—A meeting of the Scottish Division of this Association was held in the hall of the Royal College of Physicians, Edinburgh, a few days since, and was well attended. Dr. MacDowall, Northumberland County Asylum, was in the chair. Dr. W. Ford Robertson, Royal Edinburgh Asylum, showed and described microscopical preparations illustrating the structure of the neuroglia, and in connection therewith discussed Weigert's views regarding the relationship of the cells and fibres. Dr. Urquhart, Murray Royal Asylum, read notes of a visit to the department for Nervous and Mental Diseases in the Communal Hospital, Copenhagen. A paper by Dr. Campbell Clark, Lanark District Asylum, on "Changes and Complaints in Asylum Service" was read, and led to an animated discussion.

The Australian Quack in Edinburgh.—The Australian electrical physician, Dr. Maloney, of whom we made mention last week, has not fared so well in Edinburgh as he probably expected to do. His two public meetings, though crowded with curious sight-seers (admission was free), proved to be rather of the nature of fiascoes. At each there was a large contingent of students, who made themselves conspicuous by shouts of "Quack," "Etiquette," and the like, and who afterwards accompanied him home and pelted his temporary lodgings with eggs and other missiles. The selected cases for cure did not appear to recover as rapidly as they were expected to do, especially one man, who was said to be deaf, and who evidently forgot when he was to begin to hear. By far the cleverest part of the performance was the electrical display given by the Doctor's bear-leader, or "Manager," who seems to be a very ingenious electrician.

The Late Dr. A. Marshall Roy.—We regret to announce the death of A. Marshall Roy, M.B., C.M., who died at Dundee of acute pneumonia, last week, at the early age of 35. Dr. Roy was a graduate of Glasgow University, (1892), and acted for some time as an Assistant Police Surgeon in London. After resigning this post he settled in practice in Dundee, and was rapidly developing a large connection. A severe attack of pneumonia two years ago undermined his strength and this second attack proved to be more than his system could withstand.

Dr. McNab Dysart, has been appointed Medical Officer of the Local Poor-house in room of the late Dr. Goodenough, and also Medical Officer for the Burgh under the Factory and Workshops Act, while Dr. W. F. M. Wallace has been elected to the post of Medical Officer and Public Vaccinator for the Eastern District of the Parish, rendered vacant by Dr. Goodenough's death.

Manchester.

[From our own correspondent.]

Hospital Extension.

A want of "sweet reasonableness" seems to have led to a break down in the negotiations, which have been in progress during the last three years, between the David Lewis Trustees and the Joint Committee of the St. Mary's and Southern Hospitals. The following occurs in the course of a recent communication:—"The Trustees feel compelled most reluctantly to abandon the scheme for building a hospital for women and children out of the funds at their disposal under the David Lewis bequest. They abandon the project with the greatest regret, believing that a new hospital with modern appliances and conveniences would have rendered the work of St. Mary's and the Southern Hospitals more efficient, while the amalgamation of these two hospitals, by reducing the cost of management and maintenance, would have enabled the work to be more economically performed." The Dean of Manchester, Dr. Maclure, has written a strong letter to the papers urging the necessity for a creditable settlement of the differences which now seem to threaten the loss of a benefaction of some £70,000, and as he says: "The community will anxiously await some settlement of this crucial question." Numerous letters are appearing, and some go so far as to suggest that professional jealousy is accountable for the present deadlock. Much of the difficulty seems to arise from the objection to comply with certain obligations to the Owens College, the authorities of which are willing to grant land on the Whitworth Hospital Gardens site. The College authorities desire the inclusion of one Professor and one Lecturer on the staff of the Hospital, with power to teach students at a certain number of the beds.

Public Shelters.

Our English climate is, to say the least, uncertain. Manchester weather is almost proverbially bad. Philistines say "it always rains in Manchester." It may candidly be admitted that amidst mud, rain and fog, the outlook is often deplorable. A recent article in the *City Press* recognising that the weather can neither be mended nor ended, suggests a mitigation of the misery by the establishment of public shelters. Artistic and serviceable structures might easily be placed in suitable positions where pedestrians might shelter from a sudden downpour or await tram, omnibus or cab. There can be no doubt but that such would prove of great convenience, especially to the poorer members of society, and would be of extreme benefit to the health of the community.

The following appeared in the *Manchester City News* for Saturday, Nov. 14th:—

Child Mortality in Manchester.

Of 2,819 deaths in Manchester for the September quarter, 975 were those of infants under one year of age, and 433 of children aged from one year to five. The deaths of children under five years were therefore equal to fifty per cent. of the deaths of all ages. The rate of infant mortality was 231 per thousand, against 156 per thousand in the preceding quarter; 267 out of every thousand children born dying in the Manchester township. Such simple diseases as measles and whooping cough, which are not under the Infectious Diseases Notification Act, and are therefore neglected, carried off respectively 113 and 67 little ones. Scarlet fever accounted for 50, and 298 children under one year died of diarrhœa—the result mainly of improper feeding. Fourteen infants were suffocated in bed, often by drunken parents.

THE INTERNATIONAL MEDICAL CONGRESS, MOSCOW, 1897.

We are officially informed that the following changes have been made in the list of officers:—1. President of the Committee of Organisation: Prof. N. N. Sklifassowski. 2. Vice-President of the Committee of Organisation: Prof. J. F. Klein (President of the Executive Committee). 3. Secretary-general: Prof. W. K Roth.

THE GENERAL MEDICAL COUNCIL.

The Autumnal Session of the Council takes place during

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the present week when several important questions will be considered and the disciplinary clauses put into motion. This is, moreover, the last meeting at which the existing "Direct Representatives" for England and Scotland will be present, unless re-elected. As, however, Sir Walter Foster and Mr. Teale are not candidates, this remark only applies to Dr. Glover, and Dr. Bruce. The following re-appointments of members of Council have been made since the last meeting:—Dr. Lombe Atthill, C. R. Tichborne, Esq., Sir Wm. Turner, and Dr. Leech. Dr. Bennett now takes the seat so long occupied by Dr. Haughton as representative of Dublin University.

MEDICAL SOCIETY OF LONDON.

THE meeting on Monday evening last, November 23rd, opened with a paper by Dr. Mantle, of Halifax, who read detailed notes of two extremely interesting cases of "Sensory and Motor Aphasia."

Dr. Haig followed with a paper on "The Uric Acid Diathesis," in which he combated the view that the excessive formation of uric acid is the result of a "diathesis." He claimed that this excessive formation could be effectually controlled by excluding articles of food rich in this substance. His researches, indeed, tend to prove that uric acid swallowed by man gets into the blood and eventually appears in the urine in direct proportion to the quantity ingested. He urged that if the introduction of uric acid could be efficiently controlled, which his experiments and observations showed to be the case, the diseases due to the excess of uric acid in the blood and body could likewise be controlled. This he claimed was borne out by the results obtained in practice, it having been found possible permanently to rid sufferers of their symptoms. Freedom lasted only so long as there was complete absence of introduction and the moment uric acid in any form is taken the toxic symptoms reappear. The author concluded by expressing the opinion that when these facts have been sufficiently demonstrated the "uric acid diathesis" will be looked upon as a myth.

In the discussion which followed the reading of this paper, Dr. Raglan Thomas contested the assumption that uric acid could ever be completely got rid of, though he cordially endorsed the general truth of the author's principles as borne out in his own person as well as in many of his patients.

Dr. Fortescue Fox asked how it was that infants excreted large quantities of uric acid irrespective of diet, and he suggested that the author was really confusing two conditions, one which was the result of diet, and could be readily cured by abstaining from articles of food containing uric acid, and another condition in which there was a hereditary predisposition to excessive uric acid formation in the tissues.

Dr. Vaughan Harley pointed to the excessive excretion of uric acid in patients suffering from leucocythæmia as evidence that it was possible for uric acid to be formed in excess within the body. The same increase was observed in malignant disease, in spite of the fact that the alkalinity of the blood was diminished.

Mr. Ewart pointed out that while some persons who consumed large quantities of nitrogenous food never excreted large quantities of uric acid, others who consumed little or none fell victims to the symptoms engendered by the presence of an excess of the acid in the tissues.

Dr. Freyer asked how it was that the natives of India, who lived almost exclusively on milk, cheese, pulse, rice, &c., suffered so commonly from stone.

Dr. Haig, in reply, pointed out that uric acid was always secreted, even in the healthy individual, in the proportion of one to thirty-five of urea, and as infants excrete proportionally a much larger quantity of urea they also excreted a proportionally larger quantity of uric acid. He maintained that certain populations in India consumed large quantities of meat. He believed that in leucocythæmia even, the excretion of uric acid could be reduced by uric acid solvents such as salicylate of soda.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

LISTERISM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It is not a little significant that of the henchmen of Sir Joseph Lister, in this discussion, not one has had the courage to append his name to his contribution to the debate. No doubt such a professionally exalted personage as a "F.R.C.S." might feel ashamed of the elementary knowledge of logic, and the ignorance of the simplest rules and laws of evidence which his effort shows. I leave with confidence to your impartial readers whether I have indulged in "vituperation." I have nothing whatever to do with the personality of Sir Joseph Lister, and neither in this, nor in any other controversy, have I ever, I contend, soiled my pen with personalities. I have discussed "Listerism" in its scientific aspects, and its practical bearing. I am familiar with the question and its kaleidoscopic transformations for the past quarter of a century, and I have no hesitation in characterising it as the greatest scientific fraud (with the exception of "Pasteurism" *in re* Hydrophobia) of the Nineteenth Century. The letter of "F.R.C.S." is an excellent example of the self-adjusting argument, which is so dear to half-instructed people. For example, he says that I, and those who think with me, "entirely overlook the fact that the sanitary condition of hospitals is totally different now from that which prevailed when Lister first experimented with carbolic acid in the wards of the Glasgow Royal Infirmary. In these days it was a question of pathogenic germs, virulent, and ubiquitous, dogging the surgeon at every step." Now, supposing I admit, *causa argumenti*, that the first portion of this extract is true, in what sense does it conflict with what I have consistently maintained throughout this discussion? Germs exist, is my contention, wherever organic matter is in process of change; and undue accumulation of organic matter is *par excellence* the result of insanitary conditions; germs exist there *in consequence;* but, as Dr. Hiller has conclusively demonstrated, they are *not the causes* of putrefaction, but they perform a salutary part in expediting the transformation of organic matter to its ultimate compounds.

Improved sanitary conditions will certainly, in this manner, diminish the number of germs, for they will have no pabulum in which, and on which, to live; but that they are the causes of putrefaction every particle of scientific evidence unmistakably shows to be wrong. It is *not alone* the diminution or disappearance of germs that is accomplished by improved sanitary conditions; and that the health of patients may, and does improve through improved sanitary conditions and the consequent disappearance of germs is only the purest coincidence. I submit that I have already proved that germs and putrefaction do not stand in the relation of cause and effect; and that the Listerian treatment of wounds, has given (for the past tense must be used) results inferior to simple cleanliness, which I repeat is not, and has never been allied to "Listerism." The complicated ceremonial of "Listerism," as Dr. Granville Bantock has already admirably shown, was based upon the belief that suppuration and decomposition were due to the presence of germs, and, to prevent these untoward consequences, agencies had to be applied to the wounds, and otherwise used to kill these germs. This nonsense, termed "Listerism," was soon abandoned; and at its heels came its near relative asepsis, which in turn has also been abandoned. Now, if language mean anything at all, the germ theory is entirely abandoned, and all that remains of this strange fetish is the application of carbolic acid to wounds. But as my critics seem so ill-informed on the question at issue, let me quote the words of the antiseptic hierarch himself. In his recent address at Liverpool, which I rate as a very sophistical contribution to medical or any other science, Sir Joseph Lister remarks, "I was led to conclude that it was the *grosser forms* of *septic mischief rather than microbes* in the attenuated condition in which they existed in the atmosphere that we had to dread in surgical practice." Hence Lister finds out, after all his multiform modes of attacking microbes, that *atmospheric microbes*

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are not to be dreaded. It was in a fight against microbes that he was engaged at Glasgow, and whatever the alleged results of his treatment were, his theory, according to his own showing now, was utterly baseless. But what, it may surely be asked, are "the grosser forms of septic mischief?" If they are what is vulgarly termed "dirt," then we are all agreed that to remove dirt (not, however, by killing it) and to keep wounds clean is perfectly scientific and proper treatment, but it is certainly not "Listerism" as I have interpreted it for a quarter of a century. This was the practice of Liston. It was the practice of Borland, of Kilmarnock, to whose remarkable successes I referred in my last letter; but I am not aware that any man of sense and knowledge of "Listerism" as a surgical creed ever dreamt that these surgeons followed the ceremonial or practice of "Listerism." "Further," says Sir Joseph Lister in the address quoted, "the irritation of the wound by antiseptic irrigation and washing may, therefore, now be avoided, and Nature left undisturbed to carry out her best methods of repair, while the surgeon may conduct his operations as simply as in former days, providing always, that, deeply impressed with the tremendous importance of his object, and inspiring the same conviction in all his assistants, he vigilantly maintained from the first to last, with a care that once learned becomes instinctive, but for the want of which nothing else can compensate, the use of the simple means which will suffice to exclude from the wound the coarser forms of septic impurity." Now, if Nature is to be left undisturbed "to carry out her own best method of repair," why apply carbolic acid, or any other foreign body, to a clean wound? If this oracular and portentous paragraph can be construed into simple English it means, "keep the wound clean and Nature will effect her own cure without any pseudo-scientific peddling whatever"—the practice of Liston and of Borland, and all other sensible surgeons. The funeral knell of "Listerism" has been raised by its own author, and steam-engines, gauzes, calicoes, "putties," and cyanides drop into the gutter like a frost-work of an autumnal morning.

Just one other point, and I shall not trouble you further in this discussion. Sir Joseph Lister remarks (*loc. cit.*) "One fruit of it (the germ theory) in Koch's own hands was the discovery of the microbe of cholera in India, whither he went to study the disease."

"Bacteriologists are now universally agreed that although various *other conditions are necessary* to the production of an attack of cholera, besides the mere presence of a vibrio, yet it is the essential *materies morbi*." If, "other conditions" *be necessary* for the production of an attack of cholera, what can the presence of the vibrio be but a coincidence or a consequence? Has Sir Joseph Lister ever heard of a case of undoubted Asiatic cholera reported in Paris, in which unusually sudden death took place, and in which the cholera microbe could not be discovered, *simply because it had not time to be produced?* Has Sir Joseph Lister ever read the report of the "Government Inquiry into the Etiology of Asiatic Cholera," published in 1865? If not, and as in all probability "Ignoramus" knows nothing of it, let me quote the following, "the two statements of Koch, viz., the first in his full report, and the second recently made, as to the production of cholera by comma bacilli in animals, are in direct opposition, and it is quite impossible to reconcile them" (p. 21). "While on the one hand there is direct evidence to show that the cholera evacuations *do not and cannot contain the active virus*, there is also this evidence that organisms like the comma-bacilli and the small straight bacilli, constantly occurring in the mucous flakes can have nothing definite to do with disease, it is impossible to maintain that the evacuations of a person affected with cholera contain actually or potentially the cholera poison *in the shape of an organism*, and from this, it follows, that the direct cause of cholera is not an organised ferment, which has found entrance into the body of the patient, which there multiplied and passes out again in enormously increased numbers" (p. 33) Now, in the face of this report from thirteen of the most distinguished scientists of their day, six of whom were Fellows of the Royal Society of London, Sir Joseph Lister, in 1896, and *without any additional evidence*, states to a presumably scientific audience, that Koch has discovered and isolated a microbe which is the cause of cholera and that "if bacteriology had done nothing more for us than this it might have well earned our gratitude!"

Bacteriology has, I fear, irremediably obfuscated Sir Joseph Lister's reasoning faculty. He has now for nearly thirty years manifested a credulity in regard to German and French fads which seem to me strangely at variance with the scientific caution to be expected of the President of the Royal Society of London. But, as this may be "vituperation," I conclude with an expression of thanks to you for the space you have afforded me in my humble efforts in the cause of scientific truth.

I am, Sir, yours, &c.,

D. CAMPBELL BLACK.

Glasgow, Nov 18th, 1896.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Granville Bantock challenges me to point to a single unsupported assertion of his. I proceed to point to several.

In his letter of September 25th (MEDICAL PRESS AND CIRCULAR, October 7th) he writes: "No one has ever seen a germ; and if he believes in germs he has no means of proving their presence or absence." In the same letter he asserts that "the various forms of bacilli are the result, not the cause, of disease." This belief Dr. Granville Bantock states he has long maintained, but he cannot suppose that his belief and a vague reference to some undescribed experiments by Dr. G. Stoker form scientific support for his dogmatic assertion.

In the MEDICAL PRESS AND CIRCULAR, Nov. 4th, Dr. Bantock publishes the following unsupported assertions. "All the observations on which the doctrine of bacteriology is founded have been made upon dead animal or vegetable matter, and conclusions have been drawn from them and applied to living tissue." He denies that the specific virus of rabies has been isolated; asks "Has the number of deaths from rabies been diminished" by Pasteur's treatment, and answers "Certainly not"; and asks us to accept these assertions apparently on the ground that similar assertions have been made by an unnamed French writer.

Dr. Granville Bantock (MEDICAL PRESS AND CIRCULAR, Nov. 18th), asks whether I "deny" what he said about the staphylococcus pyogenes (in his previous letter, MED PRESS AND CIRC. Nov. 4th). I do not feel called upon to affirm or "deny" what he said; but I am quite certain he has not produced anything that will be accepted as scientific support for his assertion that "these bacilli play a very important *rôle* in the economy of nature, not as destructive, but as *beneficent* agents—in other words as scavengers" (MEDICAL PRESS AND CIRCULAR, November 4th).

If Dr. Bantock can furnish adequate support for these specific assertions and for others implied which affect the foundation of bacteriology, he will have gone far to establish for himself a reputation as a man of theory as distinguished as that which he has deservedly won for himself as a man of practice.

I am, Sir, yours, &c.,

IGNORAMUS.

November 19th, 1896.

A GOOD SUGGESTION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It has been currently reported that the new Lord Mayor of London will signalise his year of office by taking steps to raise £800,000 to £1,000,000 in order to free the Metropolitan hospitals from debt. The idea is an admirable one, of course, despite the fact that it may seem to be somewhat transcendental. But why should such a sum not be raised? Even if it were to beat the record in philanthropic enterprise, the fact should not be forgotten that next year will be a record one in many ways, owing to the national rejoicings which will take place in connection with the record established by her Majesty in her glorious reign. Most persons, I believe, will hold that the Lord Mayor should not be dissuaded from attempting this enterprise, in aid of the hospitals. He has, if anyone, the means, the ability, and the influence to carry such an undertaking to a successful issue. His

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efforts, perhaps, will naturally swamp those of the lesser lights of hospital philanthropy whose begging qualities enable them to reap a rich harvest of reflected renown. But no consideration of the kind should be allowed to interfere with the promotion of the supreme effort which report has associated with the name of the Lord Mayor. It may be conceded, without fear of contradiction, that all the true friends of hospital charities in London will be prepared to warmly support the suggestion.

I am, Sir, yours, &c.,

Nov. 21st, 1896. HOSPITAL SURGEON.

Obituary.

SIR BENJAMIN WARD RICHARDSON, M.A., M.D. ST. AND., F.R.C.P.LOND., F.R.S.

THE death, early on the morning of the 21st inst., of Sir B. W. Richardson has removed from the world one of the best known medical men, both within the profession and outside of it. The cause of death was apoplexy, and the daily press has given a full and minute descriptive account of how Sir Benjamin was found by his son on the evening of the 18th lying unconscious on the couch in his consulting room. Just previous to this he had finished correcting the proofs of a new work, called "Memories and Ideas," and added the title page. Sir Benjamin was born at Leicester about sixty-nine years ago, and from an early period of his life displayed that capacity for science which in maturer years was destined to raise him to a distinguished position. As long ago as 1854, or forty-two years, he gained the Fothergillian Gold Medal of the Medical Society of London. This was the year in which he took the degrees of M.A. and M.D. of the University of St. Andrews. In 1865, he gained the Fellowship of the Royal College of Physicians, London. He was also a Fellow of the Royal Society, and a Fellow of the Society of Arts. As showing the capacity for hard work, and diligent application, he secured the somewhat unusual honour, in 1856, of the Astley Cooper Prize, for his Essay on "Coagulation of the Blood." His contributions to medical literature are almost innumerable, the variety of the subjects upon which he wrote was remarkable, and despite his labours in this direction, he found time to devote himself to many other pursuits, in which he took much interest. To mention only some: He was, as scarcely needs to be said, an ardent temperance advocate, whose presence was always sought for upon any special occasion, when the cause was being promoted. He wrote largely and lectured extensively upon the principles of teetotalism to which he pledged himself from an early period in his career. Another hobby was that of hygiene and sanitation, in connection with which his creation of the "City of Hygeia" will be well remembered. Again, latterly he became an ardent advocate of cycling. Of this pastime he may be said in some measure to have been a pioneer. When it was held that cycling was injurious to those suffering from certain bodily ills he fearlessly insisted upon his patients adopting it, regarding the exercise as a means of avoiding dyspepsia, stoutness, and the nervousness, which he considered was the appanage of advancing civilisation.

In 1893 he received the honour of knighthood. Sir Benjamin was the author of the phrase "the devil in solution" as applied to alcoholic beverages.

By the express wish of Sir Benjamin his remains will be cremated at Woking, the funeral will probably take place to-morrow (Thursday), and a memorial service will be held at the Parish Church, St. Marylebone, at which Canon Barker, the vicar, will officiate. Sir Benjamin has left a widow and two sons, one of whom is a solicitor and the other an artist.

Literature.

LOCKWOOD ON ASEPTIC SURGERY. (a)

THIS book is the reprint of the series of articles on aseptic surgery contributed by the author to the *St. Bartholomew's Hospital Journal*. The subject is divided into four parts:—(1) The principles upon which aseptic surgery is founded, including a short account of the commoner bacteria. (2) The distribution of bacteria, with special reference to surgery. (3) The means at our disposal for destroying bacteria, and for preventing their growth. (4) A brief account of the way in which we apply the foregoing to surgical practice, and some of the results. In the latter part we notice that the author heads one of his chapters "Surgical Technica." With regard to this title one may assume that Mr. Lockwood has been reading some American medical periodical, and has been inspired in consequence. The word "technica" is objectionable and unusual in scientific literature. A more elegant heading would have been "Surgical Technique." While upon the subject of terminology attention may be drawn to Mr. Lockwood's use of the word "tubercular." On page 5 he says, "I have been asked whether I should call a wound which contained tubercle bacilli 'septic.' No! I should call it 'tubercular,' thus placing it in its proper class." We beg to differ with the author. We should call such a wound "tuberculous." The word "tubercular" is now only being applied to the physical aspect of a disease, as for example, "tubercular," leprosy, while "tuberculous" has a specific bacteriological significance in relation to disease whose origin is solely due to the presence of the tubercle bacillus. Precision in such a matter is important, especially among those to whom students are likely to look for guidance and help. Passing over the first few chapters of the book in which the principles of aseptic surgery are dealt with, and a good readable, and, from the student's point of view, popular, account given of the commoner bacilli, we may turn to the views held by the author respecting the use of the most largely employed chemicals in the treatment of wounds. In the first place he has not much to say in favour of the bichloride of mercury. "Sublimate," he describes as a treacherous disinfectant and antiseptic, "because, as Laplace and others have shown, it combines with albumen to form an insoluble albuminate of mercury which is inert." The biniodide of mercury, on the other hand, he expresses complete satisfaction with, so much so that during the past two or three years it has supplanted the perchloride salt in his surgical work. The advantages which it possesses are stated to be as follows: "It does not seem to combine with albumen, at all events, no visible combination takes place. When a wound is washed with a solution of one part in one thousand parts of water it does not acquire that pickled appearance which carbolic acid and sublimate impart, but looks the same as if it had merely been washed with water. Moreover, when biniodide lotion is mixed with blood no precipitation occurs. The mixture does not become opaque with coagulated albumen, but remains clear and translucent, except when the blood is in excess, and there is no precipitate. For this reason the sisters and nurses prefer the biniodide lotion for rinsing the soiled sponges. The non-coagulation of albumen also makes the biniodide of mercury a safer disinfectant and antiseptic for a variety of purposes, especially for washing out septic cavities," because no albuminate of mercury is left behind. In addition to these advantages, it is claimed for the biniodide that it has twice the germicidal value of sublimate. Lastly, the author adds, "I have had much better results in the disinfection of the skin since I began to use the former, and wounds have certainly done better." After this expression of opinion, interest is centred in what the author has to say upon the subject of carbolic acid. We learn that he alway uses a five per cent. carbolic gauze as a dressing next to the wound, but that he seldom uses carbolic acid for disinfectant purposes, inasmuch as it seems to have but little power in effecting this object. "Even pure carbolic acid," he asserts, "has not given me good results. On the other hand, carbolic acid is an efficient antiseptic, and dilute solutions seem to have but little action upon cutting instruments. Therefore I use a 5 per cent. solution to keep sponges in after they have been disinfected by other means. Also a 2½ or 2 per cent. solution is used for the immersion of the instruments, silk, fishing gut, and drainage tube during the operation." So the popular carbolic acid is not deposed altogether from the environment of the author's operations. Iodoform is the next

(a) "Aseptic Surgery." By Charles Barrett Lockwood, F.R.C.S., Hunterian Professor, Royal College of Surgeons, England; Assistant Surgeon to St. Bartholomew's Hospital; Surgeon to the Great Northern Central Hospital. Edinburgh and London: Young J. Pentland. 1896.

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chemical with which he deals. Few drugs, it is stated, have been so extravagantly praised as this, but there can be no doubt that for certain purposes it is a valuable remedy. It possesses, however, peculiar characters about which much remains to be learnt, and although its disinfecting properties are so feeble, its antiseptic value is not to be despised. For example, no bacteria will grow in the presence of dry iodoform, and consequently the author is accustomed to dust finely powdered crystals of the drug over the skin which underlies the dressings, and into any folds, chinks, or crevices in the neighbourhood. But the wound is left free from the powder, inasmuch as the author claims that otherwise it is apt to remain as an insoluble foreign body and prevent repair. Iodoform, again, has valuable soothing and anodyne properties, and prevents the dressings from causing dermatitis.

We have perused Mr. Lockwood's pages with interest. We think that he has done well in republishing his articles, and withdrawing them from the obscurity to which they would otherwise have been condemned. He may be congratulated upon the arrangement of his facts, and upon the conciseness with which they have been laid before the reader. His book should be read by all dressers in surgical wards, and many operating surgeons might glean from his pages facts which it would profit them to know.

DOYNE ON THE EYE. (a)

THIS is a small book, consisting of 47 pages, but it might have been smaller—better still, it might never have been written. The author hopes that his notes may be of some service to medical men who have been many years in busy practice, and who have only seen a relatively small number of illustrative eye cases. We regret that we cannot share the author's sanguine expectations. Busy practitioners, under the circumstances described, had far better leave the treatment of diseases of the eye to those that understand the subject, rather than attempt to take any guidance from a work such as that under discussion. But the confession must be made that the perusal of Mr. Doyne's work has been a most diverting task. Its colloquialisms, its slip-shod expressions and slovenly English, altogether make it a remarkable book. We subjoin a few selections of these. On page 6 occurs the following sentence: "When it is considered necessary to shade the eyes from light a patch (*sic*) over one eye should be avoided." Evidently the author does not believe in "patching" eyes up. Again, on the same page occurs the following: "The margins of the lids are often found to be red, irritable, scurfy or caked with discharge. An error of refraction is often the prime cause through excessive use." (*sic*) This is the first that we have heard of the margins of the lids ever being the victims of over-use. On page 8 we read as follows: "A constant tear in an eye which trickles over the cheek." This sentence is well adapted, we think, from its poetic sentiment, for forming the nucleus of a first volume of poems by a young author. On page 11 the author observes, "Inflammation of the conjunctiva of the lid is obvious on everting it." We cannot stop to argue the matter, but it is by no means obvious to what the author is referring. In the next sentence he says, "In this affection the patient usually presents himself with pricking (*sic*) and a feeling of sand in his eye." If this really represents the facts, the author has clearly the advantage of other surgeons in the kind of patients that come under his notice. On page 14 there is a most profound observation. We learn that "the eye discharges freely the following day, which need not cause alarm." We must here distinctly join issue with the author. Most persons, we apprehend, would have much cause for alarm if an eye did any such thing as that which the author attributes to it in this sentence. Just before writing page 16, the inference is that the author had been making some meteorological observations, inasmuch as he speaks of "clouds in the cornea." The expression is quite a new one to us, but, upon the whole, we prefer the usual one, namely, "opacities." Space does not permit us to refer further to this book. We have said enough to show that, in our opinion, it would have been much better had the author refrained from venturing upon such a task.

(a) "Notes on the more Common Diseases of the Eye." By Robert W. Doyne, F.R.C.S., Surgeon to the Oxford Eye Hospital; Ophthalmic Surgeon to St. John's Hospital, Cowley, and to the Bourton-on-Water Cottage Hospital. London: H. K. Lewis. 1896.

Medical News.

Parish Doctor for a Lord's Mansion.

THE Lutterworth Board of Guardians have got into conflict with the Local Government Board on a very singular question. In July, 1895, the Local Government Board called upon the Guardians to appoint a medical officer to afford relief in the parish of Westrill and Starmore. The Guardians did not do as they were bidden, because there is not a single dwelling in the entire parish of 1,620 acres except the demesne of Stanford Hall, which is the seat of Lord Braye. The Local Government Board, however, have again returned to the charge by inquiring whether the Guardians had complied with the instructions given, and the latter have now decided to tell the Whitehall people that they intend to do nothing at all.

PASS LISTS.

Triple Qualification Examination in Edinburgh.

THE Quarterly Examinations of the Royal College of Physicians of Edinburgh, Royal College of Surgeons of Edinburgh, and Faculty of Physicians and Surgeons of Glasgow, for the Triple Qualification, took place during October with the following results:—

First Examination, Four Years' Course.

Of 10 candidates entered, the following 6 passed:—

Henry Vaughan Mayne, William Ritchie, Robert John Morgan, William Dunseith Dickson, Daniel Patrick O'Sullivan, and Edgar Hepworth Alton.

First Examination, Five Years' Course.

Of 36 candidates entered, the following 15 passed the examination:—

Fanny Wood, James Edward Ratcliffe, Prudence Elizibeth Gaffikin, Andrew Graham, Marcus Henry Lynch, John Noonan Meade, George Robertson, William Donovan, Harry Edmond Colquhoun Keith Murray, Frederick William Kerr Tough, Elgar Emrys Evans, David Patrick Johnstone, William Charles Massy Burnside, John Thomas Moore, and George Kee.

Four candidates passed in one or two divisions.

Second Examination, Four Years' Course.

Of 49 candidates the following 21 passed the examination:—

Louise Blanche Smith, Samuel John Brookfield Fox, Philip Heywood Hadfield, Nicholas Cullinan, William Edwin Heal, William Berkeley Kenneth Richards, Pieter Hermanus du Plessis, Edmund Balmer Anderton, James MacRae, David Wilson, John James Scanlan, John Sandison Crabbe, Alexander Elmslie Crabbe, Rupert Henry Hunter, Robert Vincent Donnellan, Henry Norman Barnett, Alexander Galloway, Benjamin Richard Roberts, Charles Alexander Mateer, Robert Donald Campbell Rose, and Robert Francis Huston. Five candidates passed in one or two divisions.

Second Examination, Five Years' Course.

Of 29 candidates entered, the following 14 passed the examination:—

Alexander Mein Hardie, Michael King, Ernest Hill, Duncan Macpherson Macgregor, George Deane Bateman, Ernest Leon Maunsell Hackett, David Campbell, William Denness, John Thomas Moore, Paul Johannes van Coller, Jessie Jane Graham, Lizzie Beatty, John Buckley, and Emma Bond.

Third Examination, Five Years' Course.

Of 10 candidates entered, the following 5 passed the examination:—

Henry Stewart Anderson, Ernest Frederick Lionel de Jersey, John Dick, Cecil Charles Murison, and Rosalie Berthon. Three candidates passed in one or two divisions.

Final Examination.

Of 112 candidates entered, the following 41 passed the examination, and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P.S.G.:—

Alfred Newton Davies, Robert Stenhouse Williams, David Louis Spillane, John Hancock Busteed, Ernest Hosking Birchall, Marshall Hall, Ernest Dodds, Charles Wakeham Holmested, Janet Gertrude Horwood, Edmund Frost, John Dunlop, Angus John Grant, John Roche, William Hawkins Irwin, Emily Frances Chestnut Fitz-Simon, Thomas MacDowell, Alexander Buchanan Hood, Barry Exell, Michael Higgins, Charles Herbert Thackrah, Alexander Glencorse Hays, James Cathcart Hamilton, John Ferguson M'Fadyen, Frederick George Henderson, William Scot, Bertwine Goldsmith Roscoe, Edward Wright, Samuel George Arthur Jeffs, John James Williamson Campbell, Frederick Edward Bissell, John Kennedy, Walter Latham, Sydney Baker Gay, John Raynor Hatfield, Louise Blanche Smith, John Alexander Preston, Maniketh Appu Menon, Herbert William James Joseph Goodricke Cattell, James Law Brownridge, Michael Louis Neylon, and Ernest Blair.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

"RUSSELL" INDEMNITY FUND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following subscriptions were accidently omitted from the list published last week.

I am, Sir, yours, &c.,
G. JAMESON JOHNSTON, Hon. Sec.

	£ s. d.		£ s. d.
J. K. Butler-Lowe and friend . . .	2 0 0	J. W. Murphy, Esq. .	1 0 0

DR. TRANT (Valentia).—We hope to have space for your "Case of Acute Traumatic Malignancy" in our next.

DR. WATSON is thanked for note; our attention had also been drawn to the subject by another correspondent who sent us a marked newspaper. Both will see we have dealt with the matter in another column.

DR. DUPLAY'S on "Pseudo-coxalgia" has been received from our French correspondent, and is herewith acknowledged.

MR. J. B. SMITH (Dulwich).—Your communication is under consideration, and a note will be sent you in due course.

DR. P. LETTERS' paper on "Quick Methods of Estimating Animal Pollution of Surface Waters" is marked for early insertion.

F.R.C.S.—We could only publish impersonal comments on a matter of such private interest. As the man repaid the excessive charge the matter might well be allowed to remain there. He has had a good lesson.

A DOCTOR'S WIDOW.

YOU had better send a full statement of facts, including qualifications of deceased husband, to the Secretary of the Medical Benevolent Fund. The amount of help given is in relation to urgency of case and to surplus funds available. Nothing is made public.

DR. R. R. RENTOUL (Liverpool).—Owing to the extreme pressure on our space at the present time we have found it impossible to insert our correspondent's letter. Moreover, the necessity for doing so does not seem to arise, inasmuch as the letter in question has already appeared in the *Lancet*.

THE ETHICS OF MEDICAL ADVERTISING.

A CORRESPONDENT sends us an advertising pamphlet issued by a druggist at Weston-super-Mare, in which, *inter alia*, appears a list of medical practitioners and quacks who practise in that town. He calls our attention to the fact that the members of our profession share with homœoquacks and massage professors, both male and female, the honour of the notoriety of this pamphlet, and he asks whether we consider it in accordance with medical propriety to allow one's name to be placarded in such a connection. We do not assume that our Weston *confreres* have wittingly allowed their names to be thus dragged through the dirt, but, if any of them have, we are distinctly of opinion that they are no better in feeling or principle than the quacks and masseurs with whom they are thus publicly associated. In Dublin recently a similar list was issued by a firm of chemists, whereupon the Fellows and Licentiates of the College of Surgeons whose names appeared thereon were called upon by their College for an explanation. Everyone of them repudiated any knowledge whatever of the proceeding. We must, therefore, conclude that the Weston practitioners are in the same position, but we hope they will say so in some unmistakable form, or else they must be content to be classed with the advertising traders with whom the chemist has been so obliging as to group them.

DR. G. A.—You certainly have a grievance, but we are not in a position to advise on its legal aspects. Think twice, and then, if still of the same opinion, consult a solicitor.

A. G. S.—We thank you for the cutting, extracts from which appear in the current number.

NEMO.—We do not desire to raise a discussion on "medical cycling" just now, and the time is hardly yet ripe for your article on "The Medical Aspects of the Motor Car." What interests the public most just now is the surgical aspect.

Meetings of Societies, Lectures, &c

WEDNESDAY, NOV. 25TH.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus).—8.30 p.m. Dr. A. Davies: Notes on the Treatment of Chronic Bronchitis.—Dr. Cotman: The Value of a Coroner's Inquest.

THURSDAY, NOV. 26th.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Dr L. Guthrie: On Chronic Interstitial Nephritis in Childhood. The Annual Dinner at the Cafe Monico (International Hall), the President (Mr. J. Knowsley Thornton) in the chair.

FRIDAY, NOV. 27TH.

CLINICAL SOCIETY OF LONDON.—8.30 p.m. Clinical Evening. Living Specimens. Dr. A. T. Davies: A case of Myxœdema treated by Thyroid Extract.—Dr. F. Little: (1) A case of Dystrophy of the Nails; (2) Three cases of Primary Muscular Atrophy from the same Family; (3) Patient who has Worn a Tracheotomy Tube for Twenty-three Years.—Mr. A. P. Gould: A case of Spontaneous Disappearance of Secondary Cancerous Growths.—Mr. H. Marsh: A case of Suture of Ruptured Ligamentum Patellæ.—Mr. R. J. Godlee: A case of Perforation of the Floor of the Acetabulum by the Head of the Femur.—Mr. T. H. Openshaw: Congenital Dislocation of Right Shoulder with Deformity of Skull.—Dr. J. W. Carr: A case of Splenic Anæmia in a Boy. And other cases.

THURSDAY, DEC. 3RD.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.)—8.30 p.m. Dr. W. F. Cleveland: Induction and its Association with the History and Progress of Medicine. First Harveian Lecture.

FRIDAY, DEC. 4TH.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.).—8.15 p.m. Mr. W. Arbuthnot Lane: On the Applied Mechanics of the Nose and Pharynx. Mr. Ernest Clarke: On Detachment of the Retina, illustrated by specimens.

Vacancies.

Albany General Hospital, Grahamstown, South Africa.—House Surgeon. Salary £150 for first year, £200 second year, £250 third year. Three years' agreement. First-class passage provided. Applications to Dr. Macphail, Rowditch, Derby.

Clayton Hospital and Dispensary, Wakefield.—House Physician. Salary £60 per annum, with board, lodging, and washing.

County Asylum, Whittingham, Preston.—Assistant Medical Officer, unmarried. Salary commencing at £100 a year, with apartments, board, and washing.

North-Eastern Hospital for Children, Shoreditch.—House Physician for six months. Salary at the rate of £60 per annum. Also Junior House Physician for six months. Board and lodging, including washing, provided. Applications to the Secretary, City Office, 27 Clement's Lane, Lombard Street, London.

Suffolk General Hospital, Bury St. Edmunds.—House Surgeon. Salary £100 a year, with board lodging, and washing.

West Bromwich District Hospital.—House Surgeon, unmarried. Salary £80 per annum, with board, residence, and washing.

Windsor Royal Infirmary.—House Surgeon, unmarried. Salary commencing at £100 per annum, with residence, board and attendance.

Appointments.

COATES, W. H., M.B.Durh., L.S.Sc., L.R.C.P.Lond., M.R.C.S., Medical Officer of the Workhouse. Patrington Union.

GRIFFIN, A. E., M.A.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., House Physician to the Hospital for Consumption, Brompton.

MALLAM, H. G., L.R.C.P., M.R.C.S., Assistant House Surgeon to the Sussex County Hospital, Brighton.

MILLIGAN, W. A., M.A., M.B., C.M.Aberd., Junior House Surgeon to the Stanley Hospital, Liverpool.

NEWLANDS, J. D., L.R.C.S., L.R.C.P.Edin., Junior House Surgeon to the Birkenhead Borough Hospital.

PEARSON, H. C., M.B., C.M.Edin., Senior House Surgeon to the Birkenhead Borough Hospital.

PHEAR, A. G., M.D.Cantab., M.R.C.P.Lond., Assistant Physician and Pathologist to the Metropolitan Hospital, Kingsland.

QUINLAN, P. J., L.R.C.P., L.R.C.S.Irel., Medical Officer for the Athenry District of the Loughrea Union.

SCOTT, A. E., M.R.C.S., L.R.C.P., Assistant Resident Medical Officer to the North-West London Hospital.

SHACKLETON, W., M.B., B.Ch., B.A.O. Trin. Coll., Dub., House Surgeon to the Wolverhampton Eye Infirmary.

SLOCOCK, R., B.A.Oxon., M.R.C.S., L.R.C.P., Assistant House Surgeon to the Royal Portsmouth Hospital.

STEPHENSON, W. A., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Helvertoit Sanitary District of the Rugby Union.

SWAINSON, E. A. C., M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., Resident Medical Officer to the North-West London Hospital.

WALLS, E. G., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Reevesby Sanitary District of the Horncastle Union.

Births.

COLLIER.—Nov. 20th, at St. Mary's Entry, Oxford, the wife of William Collier, M.D., F.R.C.P., of a daughter.

HEELIS.—Nov. 13th, at Church Street, Lenton, Nottingham, the wife of R. Heelis, M.D., of a son.

MINNS.—Nov. 20th, at Alexandra House, Thetford, the wife of Allan Minns, L.R.C.P.Lond. of a daughter.

PEDLEY.—Nov. 14th, at Tweedy Road, Bromley, Kent, the wife of G. Aston Pedley, M.R.C.S.Eng., L.R.C.P.Lond., &c., of a daughter.

RUSSELL.—Nov. 13th, at Romford Road, Forest Gate, the wife of John H. Russell, M.R.C.S., L.S.A., of a daughter.

SPENCER.—Nov. 22nd, at 4 Maxilla Gardens, North Kensington, the wife of M. H. Spencer, M.D., of a daughter.

WILLIAMS.—Nov. 15th, at Dunstaffnage, Brockley, S.E., the wife of Chisholm Williams, M.R.C.S., L.R.C.P.Lond., L.S.A., of a son.

Deaths.

GORDON.—Nov. 18th, at Harting Vicarage, Petersfield, James Gordon M.A., M.B.Oxon., aged 35.

HALLOWES.—Nov. 14th, at Checkley, Redhill, Frederick Blackwood Hallowes, M.R.C.S., L.S.A., aged 61.

SNAPE.—Nov. 14th, at Lambrooke House, Wiveliscombe, Somerset, Charles Snape, M.D., aged 83.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, DECEMBER 2, 1896. No. 23.

Paris Clinical Lectures.

ON PSEUDO-COXALGIA.

Delivered at the Hôtel-Dieu,

By DR. SIMON DUPLAY,

Professor of Clinical Surgery at the Medical Faculty of Paris; Surgeon to the Paris Hospitals.

[FROM OUR FRENCH CORRESPONDENT.]

I WISH to bring to your notice a group of diseases which are not usually considered together, viz.: the various affections which simulate morbus coxæ, in the absence of any suspicion of tuberculous lesion of the hip-joint.

We have an excellent example in the patient now in the Notre-Dame ward, who is 43 years of age.

On July 15th, she began to complain of an ill-defined sensation of pain in the right hip, causing her to limp. This pain disappeared when at rest. For two or three months the disease gradually progressed until she presented her present condition. Though the pain is not very severe she is quite unable to walk. Her medical man diagnosed tuberculous disease of the hip, and as no improvement was obtained under treatment she came to the hospital.

On examination of the patient in the dorsal decubitus, with both limbs parallel, we find neither abduction nor flexion of the thigh on the pelvis, but only outward rotation. She is able by her own effort to flex the thigh to some extent on the pelvis and to increase the outward rotation, but inward rotation is impossible. All other movements are more or less completely interfered with, and every attempt to induce them determines excruciating pain. There is but slight, if any, spontaneous pain; but there are several spots at which it may be determined by pressure. Two of these are distinctly localised, viz., one over the great trochanter, and the other internally to this point, in the obturator depression.

The inguino-femoral region is the seat of a tumour of the existence of which the patient was ignorant, and she can give us no information about it. This tumour, obviously indolent, is the size of a large hen's egg. It extends above as far as, but not beyond Pouparts' ligament, its lower limit being three or four fingers'-breadths lower down. It is not subcutaneous, but sub-aponeurotic, and its deep origin is obvious from the fact of its displacing the femoral artery, which can be felt near the surface at the inner edge of the growth. Between the tumour and the skin there is a tolerably thick layer of fat, and a few enlarged glands. The tumour is completely irreducible, neither muscular effort nor coughing exerts any influence on its consistency, and it is indistinctly, but unquestionably, fluctuating. The patient is very much emaciated and debilitated, though there is no organic lesion to account for her condition.

At first sight the diagnosis of hip-disease appears to be justified. We do not, however, find any of the tender spots usually met with in tuberculous disease of the hip-joint, nor the pain in the knee which is so eminently characteristic of this affection, nor is there either abduction or flexion of the thigh on the pelvis. Moreover, on examination of the patient under an anæsthetic we find that all movements can be executed, except perhaps inward rotation, which is limited. It is evident, therefore, that the hip-joint is healthy, or but slightly involved.

What we do find in this case is an inguinal tumour, associated with a syndrome which suggests hip-disease. If we endeavour by a cursory examination to determine the nature of this tumour, we are enabled to assert in the first place that its contents are liquid, seeing that there is obvious fluctuation, a conclusion which, moreover, has been confirmed by aspiratory puncture, as I shall explain later on. There is no sign of pulsation, a fact which enables us to exclude aneurism. It does not communicate in any way with the abdominal cavity, and this disposes of the possibility of its turning out to be a burrowing abscess or a hernial tumour. It might, of course, be a glandular or osteitic abscess, but the former hypothesis appears to me improbable, because the tumour evidently springs from the deep regions. Nor do I think that it is an abscess originating in the bony frame of the pelvis, considering that there is no tender spot to indicate its presence. The tenderness over the trochanter does not appear to be in any way related to the tumour. I did think for a moment that it might be an abscess springing from the neck of the femur, but I soon rejected as impossible all thought of an osteopathic cold abscess, on account of the entire absence of the lardaceous area usually surrounding such formations.

We arrive by exclusion at the diagnosis of a serous collection of some kind, a hernial or glandular cyst, a hygroma of the bursa mucosa of the psoas, or a hydatid cyst. Were it a hernial cyst, the patient would have a history which is altogether wanting, and the limits of the tumour would, moreover, be sharply defined. Glandular cysts are situated lower down, and their evolution is so slow that, in such an event, the patient would have been aware of the presence of the tumour; moreover, the nodulated outline and usually superficial situation of such tumours are strikingly different from the appearances presented by the lesions under consideration.

In view of the deep situation of the tumour and its diffuse form, it must be either a hygroma of the bursa mucosa of the psoas or a hydatid cyst. I should be prepared to admit the theory of hygroma of the bursa of the psoas, which would satisfactorily account for the characteristics of this growth, were it not that in this affection the thigh is usually flexed on the pelvis, which is not the case here. The hypothesis of a hydatid cyst appealed to me at once, for I remembered having seen, about twenty years ago, at the Saint-Antoine Hospital, a woman supposed to be suffering from hip-disease, who in reality presented spontaneous fracture of the neck of the femur, due to the development, under my own observation, of a hydatid cyst, which ultimately necessitated disarticulation of the hip-joint.

To settle this point, we recently resorted to aspiratory puncture, withdrawing a slightly blood-stained serous fluid, in which no hooklets could be found At the same time, I may remind you that these are sometimes absent even in fluid from a hydatid cyst. On

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the other hand, the fluid proved to be markedly albuminous, as are usually the contents of hydatid cysts when the hydatids are dead.

Now, this patient, who is suffering either from hygroma of the bursa mucosa of the psoas, or from hydatid cyst of the neck of the femur, was admitted to hospital with the diagnosis of tuberculous hip-disease.

I would point out that it is of considerable importance in practice to be able to recognise pseudo-coxalgia, when such a case presents itself

Cases may be divided into two principal groups :—The first comprises cases in which, as in the patient before us, the hip-joint is sound, though a more or less obvious lesion exists in the neighbourhood of this joint. To the second group belongs a form of pseudo-coxalgia which possesses even greater interest from the fact that, not only is the hip-joint sound, but no lesion can be discovered in the neighbourhood thereof.

Cases belonging to the first group differ widely from each other. As a rule, they are associated with inflammatory lesions of the bones, either of the pelvis or of the upper end of the femur, more particularly the region of the great trochanter. I remember a young man in whom tuberculosis of the hip-joint had been diagnosed, who in reality was suffering from osteitis of the great trochanter; he recovered completely after operation. Another similar case was that of a child from Melbourne, in whom some of the most eminent medical men of Australia had diagnosed coxal tuberculosis, an opinion from which one of my former pupils, Dr. Crivelli, dissented. He had come to the conclusion that it was simply a case of epiphyseal osteitis of the upper extremity of the femur, and on examination of the little patient I was enabled to confirm this diagnosis. Recovery was in fact obtained without a trace of claudication. This case of pseudo-coxalgia is the more interesting from the fact that, a year or two later, the child had a relapse while at Lille, and was examined by the foremost surgeons of that town, who unhesitatingly arrived at the diagnosis of tuberculous disease of the hip-joint and advised recourse to the usual treatment. A few months later, however, the patient had completely and definitively recovered, and on examination, I found the hip-joint perfectly sound.

At other times the bursæ mucosæ in the neighbourhood of the hip are diseased. I have, for instance, had under my care two cases of direct, purulent infection of the bursa mucosa of the gluteus maximus, in which the clinical picture was exactly that of tuberculous disease of the hip-joint. Such cases are by no means rare, as I have shown in a clinical lecture on Periarthritis of the Hip. A thesis has also been published under my direction, in which several cases of suppuration of the bursa mucosa of the gluteus maximus, simulating genuine tuberculous hip-disease, were brought together. The same may also be true of inflammations of the bursa mucosa of the psoas, from which this patient is possibly suffering.

Lastly, there may be a neoplasm of the pelvis or the upper extremity of the femur, simulating tuberculous disease of the hip.

All these various periarticular affections determine reflex contractions, especially of the pelvic-trochanteric muscles, resulting in vicious attitudes which suggest the existence of hip-disease.

In endeavouring to arrive at a differential diagnosis of these affections, you will observe, in the first place, that something is wanting to complete the symptomatology of true hip-disease. In the patient under discussion, for instance, there is no abduction, no flexion of the thigh on the pelvis, no lordosis. On the other hand, you may find symptoms which are not usually associated in tuberculosis of the hip-joint. If you are in doubt, anæsthetise your patient, so as to obtain complete relaxation of the muscles, and, if the joint be sound, you will then be able to execute movements in every direction without the least grating.

The prognosis and treatment in cases of pseudo-coxalgia depend upon the nature of the disease simulating tuberculosis of the hip.

Passing on to the consideration of the second group of cases of pseudo-coxalgia, in which, in spite of the fact that the patients present symptoms of hip-disease, no lesion is detected either in the joint or its neighbourhood, I may mention that Brodie, in 1837, called attention to cases of this kind, which he described under the name of *spasmodic coxalgia* or *articular neuralgia*, but these terms have generally been replaced by that of *hysterical coxalgia*. Verneuil and Charcot have thoroughly investigated this peculiar form of pseudo-coxalgia. It is principally met with in women, though cases have also been reported in men. It may occur at all ages, but preferably in young subjects, especially at puberty.

The onset of the disease is usually sudden, the determining cause being insignificant, and there is often a history of nervous disturbances, sometimes amounting to confirmed hysteria. In some cases the onset of the affection coincides with slight traumatism or effort, and is occasionally the result of imitation. Paget, for instance, has reported a case, frequently quoted by medical authorities, in which a young girl developed hysterical coxalgia from being a good deal with her brother who was suffering from genuine tuberculosis of the hip.

The principal symptoms of hysterical coxalgia are : pain, muscular contraction, resulting in vicious attitudes.

The pain may resemble that observed in true coxalgia. It may exist spontaneously in the hip and in the knee, as in tuberculous hip-disease, but in hysterical coxalgia the seat of this pain is not constant, the patient sometimes feeling it in front, at other times behind. Moreover, there is often more or less cutaneous hyperæsthesia, and pressure on the sensitive areas may even give rise to nervous crises.

In tuberculous hip-disease the tenderness to pressure is deep-seated, rather than superficial, which is exactly the opposite of what is observed in hysterical coxalgia, in which, as Brodie pointed out, the pain is much more severe when the skin is pinched than on firm pressure.

In either case, contraction of the pelvi-trochanteric muscles may give rise to exactly the same vicious attitudes, including forward tilting of the pelvis and lordosis. In tuberculous coxalgia, it is true, flexion, abduction, and outward rotation are usually observed, whereas in hysterical coxalgia there is almost invariably flexion with adduction and inward rotation. This sign however is insufficient to enable us to formulate a differential diagnosis, because both positions may occur in either affection.

The distinguishing feature of the contractions in hysterical coxalgia is their persistence. In tuberculous hip-joint disease, especially in its early stages, the contraction may be overcome in a measure by patience, slight movement of the joint being obtained, but this can never be done by hysterical coxalgia.

In the latter affection, moreover, the gait is characteristic. If the patient is made to stand, the shortening of the lower limb due to its vicious attitude persists, but there is no pain, and he is able to walk by hops or by supporting himself on the furniture. If, on the other hand, the patient is affected with tuberculosis of the hip-joint, the slightest movement causes excruciating pain, so that walking is out of the question. This is a very important sign, on which too much stress cannot be laid.

The differential diagnosis of hysterical coxalgia can, as a rule, be arrived at by careful examination of the patient. In hysterical coxalgia, even when it has existed for some time, one seldom meets with the muscular atrophy which is one of the most important signs of tuberculous arthritis, nor with the constitu-

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tional disturbances, especially hyperpyrexia, which is often associated with tuberculous coxalgia.

It must not be forgotten, however, that in the early stages of tuberculous coxalgia, slight movements can sometimes be executed in the diseased joint, and that, on the other hand, old-standing hysterical coxalgia has occasionally been found to be associated with slight lesions of the hip-joint. Such cases are fortunately rare.

The reappearance of the pain after anæsthetisation is of great importance from a diagnostic point of view. According to Charcot, in hysterical coxalgia, cutaneous sensation is the first to make its appearance, whereas, in tuberculous disease of the hip-joint, muscular sensation reappears first, so that in this case an attempt to move the joint determines pain while cutaneous anæsthesia still persists.

In respect of the prognosis, hysterical coxalgia, except in rare cases, is a benign affection, from which recovery is always, and sometimes suddenly, obtained. The object to be aimed at, in fact, is immediate recovery, but it sometimes takes months and even years to effect a cure. Bear in mind, however, that recurrence is the rule, and that under the influence of excitement of some kind the symptoms may reappear *in toto*.

Cases of hysterical coxalgia do occur in which, in spite of all treatment, the vicious attitude becomes more pronounced, while simultaneously the joint undergoes changes resulting in such looseness of the joint that spontaneous dislocation occurs without the least trace of granulation. It is doubtful, however, whether these are really cases of hysterical coxalgia. Judging from two of them under my notice, I am inclined to think the patients were really suffering from a myelic affection.

In the matter of treatment everything has been tried, from the most active interference to empirical measures without any special value, and, on the other hand, sudden recoveries have been obtained without any treatment whatever. Hence Charcot arrived at the conclusion that drastic measures must be carefully abstained from and that recourse should be had merely to the administration of bromides and sedatives in general, and more particularly to measures calculated to impress the imagination, such as the use of magnets, a simple seton placed beneath the skin, and suggestion, which has often been attended with success in such cases.

Generally speaking, I fully agree with Charcot as to the necessity of proscribing all severe measures, such as powerful irritants, continuous extension and fixed apparatus; but when there is a marked and persistent vicious attitude we must bear in mind the possibility, already alluded to, of secondary changes taking place in the joint. By adhering strictly to Charcot's line of treatment under any and all circumstances, there is always a risk of some patients becoming crippled for life, though cured of their hysterical coxalgia. A typical case of this kind recently came under my notice, the patient being a girl in whom the vicious attitude of the limb was such as to seriously interfere with the cleansing of the external genitals. I insisted upon the necessity of straightening the limb under an anæsthetic, and gained my point, though Charcot was of the contrary opinion. After complete relaxation had obtained by chloroformisation, I was obliged to use considerable force to overcome the resistance of the retracted muscles and fibrous tissues, and I felt distinctly something break under my efforts, as in an old-standing dislocation. If her limb had not been straightened in this manner, the patient, who recovered suddenly a few months later, would certainly have remained a cripple, in spite of her recovery from the coxalgia.

At the onset of the symptoms, when there is no marked vicious attitude, Charcot's injunctions should be strictly followed; but if the affection dates from several months and the vicious attitude is pronounced, straightening under chloroform should be resorted to, followed by some degree of mechanical fixation. This treatment, however, must not be continued indefinitely, for it would be better to let the vicious attitude become reproduced and again have recourse to chloroformisation, if necessary, than to subject a patient suffering from hysterical coxalgia to prolonged fixation of the affected limb.

Original Communications.

CLEANSING AND CLEANLINESS IN ABDOMINAL SURGERY.

By LAWSON TAIT, M.D., F.R.C.S.Eng., F.R.C.S.Ed., &c.

(*Concluded from page* 541.)

A careful search through the records of abdominal operations, particularly those for the removal of ovarian and other tumours, has not revealed any but the slightest and most casual allusions to any cleansing process till we come to the work of Charles Clay and Baker Browne, who freely mopped out the pelvic cavity with sponges through their bony incisions. One of the most interesting recitals, for many reasons, is that of the first ovariotomy of which we have any record, that by Houston, of Glasgow, when he removed the glairy contents and cystic fragments of a ruptured and half digested tumour with gelatinous contents. He makes no allusion of any kind to a process of cleansing, and yet it is certain that the contents of this ruptured cyst must have spread themselves throughout the peritoneal cavity, and have coated every viscus contained within it, as I have seen on many occasions. In my earlier experience I thought such a case was that, of all others, which required a full peritoneal *toilette*, and it was to one such, in the year 1875, that I owed the initiation of the process of washing as largely a substitute for, and certainly a great addition to, the process of sponging. Now I am quite sure that this cleansing is not required for the reason that the gelatinous cyst contents are not dead material, but endowed with such degree of vitality as to be able to resist the germs of decomposition, unless overdosed with them, just as Lister's blood clot did. In a properly aseptic operation, therefore, as Houston's must have been, the peritonium will absorb what is left with perfect safety, and here it is that sponging is most especially dangerous and washing particularly safe. The moment a sponge touches such material the surface of its framework is clogged and it will not absorb, whilst the gluey material is readily soluble in warm water. In the same way, coagulated blood is not dead so long as it is safely locked up in living tissue, and protected by it from the access of the germs of decomposition, when it speedily dies, decomposes and becomes a source of danger. Clot adherent in layers become slowly organised, and after a period of weeks or months comes to have a system of full nutrition progressing in this direction till removed or so altered as to be recognised with difficulty from original tissue. This is fully proved by the history of clot-layers in cases of recurrent hæmorrhage, in ruptured ectopic pregnancies, and in the process of cure of aneurism by arrest of the current through the sac. Bearing the fact in mind, therefore, that the displaced substances we have to deal with in cleansing the abdomen have different degrees of vitality, and therefore different degrees of resisting power, it will help us much in deciding not only how much cleansing is required, but as to the particular method by which the process should be carried out. These at least are the principles on which I have worked for

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over twenty years, and there has not yet been heard any utterance of weight against the almost uniformly admitted fact that my methods of cleansing have not only materially assisted the surgeon in his work, but that they have greatly diminished this mortality.

My early publications on this subject were met with claims for priority by others, as by Keith, who did not however, advance any evidence on the subject, nor did others. But it would not matter if it were the fact, as it very likely is, that some one else, or many others, had poured out a jug of water into the peritoneal cavity before 1875, but certainly no one made any attempt to systematise the processes of peritoneal cleansing until I did so, or to show how best it could be done and which methods to choose under particular circumstances. All this I reviewed in a paper published in the *British Gynæcological Journal* in August, 1887, and therefore I need not repeat it here.

First of all let me say that if an operation, such as the removal of an ovarian tumour, has been conducted so well and so fortunately that nothing has entered the peritoneal cavity, the wound ought to be closed at once without sponge or anything else entering it. If on the contrary a mess has been made inside it must be cleansed out and the question is to decide on the best method, and the weight of argument should always be against the use of sponges, they are so inherently dangerous, yet their use is often essential. Thus in separating adhesions of the omentum to a tumour, nothing displays the ability and dexterity of a surgeon so much as the rapid folding up of a dry sponge in the damaged apron. Or if the adhesion of the appendages to the pelvic wall bleed freely, the pelvis must be packed and the packing will probably remove much dirt with it. Until two years ago, I always used sponges for this purpose and would often have six or eight sponges squeezed tight down in the pelvis. Now I use iodoform gauze for this purpose. Who it was who led us into this important advance, I do not know, but it is one of real value, for iodoform gauze stops oozing from parietal and visceral surfaces in a way that nothing else will do save perchloride of iron, if, however, a ligature has cut through a rotten pedicle, or a vessel has escaped the forceps and ligature and cannot be found, these washings out with a stream of clean water will speedily display the source of the bleeding and enable the vessel to be secured. I do not combine the two processes if I can help it, for they do not generally aid one another.

As I take it that pus is a substance already dead and generally decomposing, as Miller very characteristically defined it from his common sense surgical pathology "effete matter—a foreign body." I take the utmost care to cleanse it all away, or anything which from my view, more or less imitates it, such as loose blood-clot and blood in solution. The method to be employed in this case is the continuous stream. The handiest method to serve this purpose is simply to reverse a stream of common tepid water through one of my ovariotomy trocars, and I use a large or small one according to whether I wish to dislodge and wash out loose clots by means of a large volume of water issuing from a large tube; or, on the other hand, if I want to wash carefully every inch of the peritoneal surface, I use a small tube with a gently flowing stream. If the tubes are not handy, and in our worst emergencies like ruptured tubal pregnancy they may not be, a very efficient substitute is to open the wound as widely as possible, pull up the pedicle, and to pour in with cautious violence one or more jugsful of tepid water, insert the right hand into the abdomen, and with the left close the wound round the wrist as closely as possible. The process of washing may then be carried out as fully as is considered desirable.

If a tube of any kind can be obtained it is better to use it, for it can be carried into everyone of the complex interstices of the peritoneum, and the washing be thereby made most thoroughly. But let me caution the inexperienced operator against using a double tube for entrance and exit, as has recently been recommended in the *Lancet*. This is no new proposal, and when such is used the stream does not get spread, but returns at once, short-circuited, as the electricians say, and without doing much cleansing. Care must be taken to have the temperature of the water stream not lower than 100° and not higher than 103°, and it must be borne in mind that few women, and none whatever of the nurse type, have any sense of temperature in their hands. To them "blood heat" may be anything between 75° and 120°.

The further or secondary cleansing of the peritoneum is secured by the use of the drainage tube, to be considered at length in another chapter. So far as I have gone I have laid down the lines on which have been developed the wholesome and aseptic surgery of the peritoneum, a system which I have been advancing for over twenty years, for which persistence my reward is now coming in seeing that it is being accepted all over the world and my former opponents of the Antiseptic School are finding shelter under its roof from their former extravagances.

CHRONIC INTERSTITIAL NEPHRITIS IN CHILDHOOD. (a)

By LEONARD G. GUTHRIE, M.D. Oxon., M.R.C.P. Lond.,

Physician to the Hospital for Epilepsy and Paralysis.

THIS paper is mainly based on records of seven cases of fatal interstitial nephritis in children, aged between five to fourteen. The diagnosis was confirmed in these by post-mortem examination. Further details were obtained from other cases as yet incomplete. Granular or small red contracted kidney I hold to be the last stage of primary interstitial nephritis. The latter may run its course and continue for many years without definite symptoms, or may prove fatal before the condition of extreme contraction is reached.

The physical signs attending the disease were:—

(a) Progressive emaciation and anæmia with dryness, absence of perspiration, coarseness and often pigmentation of the skin. Special attention was drawn to pigmentation as a valuable diagnostic sign.

Instances were given and its causation was discussed.

(b) Cardio-vascular hypertrophy, which was generally present and was believed to be directly antagonistic to dropsy.

Because dropsy is for the most part conspicuously absent in interstitial nephritis, in which disease cardio-vascular hypertrophy is most perfectly developed.

(c) The *modus operandi* of cardio-vascular hypertrophy in preventing dropsy was believed to be the delivery of smaller quantities of blood at a higher rate of speed than normal into the capillary area.

Stagnation in the capillaries was thereby lessened, and also transudation through their walls, the nutrition of which was lowered, and the permeability increased by circulation of impure blood.

(d) Hypertrophy of the muscular coats of the arterioles was held to be due to the exercise of constant muscular contraction in order to reduce the capillary blood supply.

Hypertrophy of the heart to the effort to overcome the resistance in front caused by contracting arterioles.

If the heart failed to meet the demand, backward pressure in the veins and capillaries occurred and dropsy was the result. (These views were chiefly based on Sir Geo. Johnson's researches.)

(a) Abstract of Paper read before the Harveian Society, on November 19th. The discussion will be found under the head of "Transactions of Societies."

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The symptoms of chronic interstitial nephritis were enumerated under the headings :—

Cerebral, including headache, vertigo, vomiting, convulsions, tetany, amaurosis and cerebral hæmorrhage.

Gastro-intestinal, consisting of easily excited attacks of vomiting and diarrhœa, not necessarily uræmic, constipation, epigastric and abdominal pain, peritonitis.

Urinary symptoms, including polyuria, often associated with thirst, and sometimes with enuresis.

Low specific gravity of urine, albuminuria and hæmaturia.

Pulmonary symptoms, such as dyspnœa, bronchial catarrh, pulmonary œdema, and asthma.

Cardiac symptoms, such as præcordial distress, pain and dyspnœa.

Dropsy was held to be extremely rare, but it occurred incidentally, and slightly, in the course of the disease, and also in the last stages.

The ætiology of the affection was discussed under :—

(1) Parenchymatous origin, (2) scarlatinal, (3) origin as an ascending or secondary nephritis dependent upon obstruction of the ureters or cystitis, (4) origin in irritation by uric acid or oxalates, (5) origin as a primary acute interstitial nephritis.

Instances of the latter in children, aged between two and a half months and two years were quoted from Emmett Holt, and it was held that chronic interstitial nephritis, and even the extreme condition—granular kidney—might be dependent on attacks of primary, acute interstitial nephritis occurring in infancy or early childhood.

But each of the other causes enumerated might also lead to the disease.

The differential diagnosis was discussed. The insidious character of the physical signs and symptoms was dwelt upon, and the importance of recognising the disease in its early stages was urged. Its earliest indications were held to be—progressive wasting and anæmia, dryness and pigmentation of the skin, high arterial tension leading to cardio-vascular hypertrophy, polyuria with low specific gravity of urine, but not necessarily albuminuria and sometimes enuresis. The early symptoms were gastro-intestinal disturbances, periodic attacks of headache and vomiting, mostly occurring in the early morning, slight dyspnœa and præcordial pain or distress, and sometimes extreme thirst.

The prognosis largely depended upon the rapidity with which the renal mischief advanced, but also upon the degree of cardio-vascular compensation present. Excess of high arterial tension and cardio-vascular hypertrophy might cause headaches, and hæmorrhages in the brain, constriction of pulmonary arterioles might determine dyspnœa or asthma, and lead to dilatation of the right heart, venous engorgement and dropsy. Constriction of systemic arterioles might produce dilatation and incompetency of the left heart, again resulting in dropsy. Whilst constriction of renal arterioles might lead to actual anuria instead of polyuria, and thus give rise to uræmia.

The immediate prognosis in such cases rested on our ability to aid or thwart as might be necessary, Nature's attempts at compensation.

Treatment :—When arterial tension was high and the heart threatened to give way under the strain, vascular depressants, such as nitrites and nitrates, were valuable when associated with diaphoretics and active purgation. Similar treatment was necessary in extreme cases of cardio-vascular hypertrophy when headaches, hæmorrhages, and anuria were imminent.

On the other hand, when the whole system of cardio-vascular compensation seemed about to fall through, treatment by cardio-vascular excitants such as digitalis, squill, citrate of caffein and strychnia became necessary. These drugs were not only powerful cardiac tonics, but also acted as vascular constrictors.

They were used also in cases of parenchymatous nephritis (when cardio-vascular compensation was slow to occur), in combination with citrates and acetates of potash, which acted also as vascular constrictors when converted into alkaline salts in the primæ viæ.

The general conduct of the case aimed at prevention of complications arising from chill.

Special symptoms, such as anæmia, were to be treated by iron. Dyspepsia by bismuth, arsenic, and prussic acid.

Eclampsia usually yielded to inhalations of chloroform, and injections of bromides and chloral.

Venesection was considered dangerous in the late eclampsia of interstitial nephritis. But dry cupping was useful in pulmonary œdema, pleurisy, and pericarditis.

Headaches were best treated by free purgation.

Finally, the guiding principle in all cases of nephritis, whether parenchymatous or interstitial, should be to watch the heart and pulse.

Clinical Records.

A CASE OF HÆMATO-METRA AND HÆMATO-SALPINX. (*a*)

By Christopher Martin, M.B., F.R.C.S.Eng.,
Surgeon to the Birmingham and Midland Hospital for Women.

Mr. Martin showed the uterus and appendages from a case of retained menses, due to congenital occlusion of the vagina. The patient was æt. 19, and was single. She came complaining of (1) a steadily increasing tumour in the abdomen ; (2) of severe colicky pain in the abdomen ; and (3) of total absence of menstruation. Although she had never menstruated, she had had, since the age of 16, monthly attacks of abdominal pain, and for nearly twelve months, she had noticed a tumour, which month by month grew larger, rising out of the pelvis.

On examination, Mr. Martin found the vulva normal, and the hymen normal, but the vagina ended blindly one inch above the hymen, the anterior and posterior walls fusing together. On passing a sound into the bladder and a forefinger into the rectum it was evident that bladder and rectum came into contact above this point of fusion for three inches. Above this point, high up, there could be felt by the finger in the rectum the lower pole of a large cystic swelling.

On examining the abdomen this same swelling could be felt rising up to the level of the umbilicus. It had many of the physical characteristics of a gravid uterus : it was a pear-shaped median cystic swelling, which contracted intermittently ; on auscultation a bruit could be heard over it. Above and to the left of this mass was a second one, about the size of a man's closed fist and freely mobile. It could be pushed up into the left renal region and down into the left iliac fossa, and physically resembled a movable left kidney. No direct connection could be made out between this mass and the tumour rising out of the pelvis. To the right of the median tumour was a similar smaller mass about the size of a hen's egg.

Mr. Martin opened the abdomen, and found, as he expected, that the median tumour was the uterus distended with menstrual blood. It was quite as large as the uterus at the sixth month of pregnancy. The masses on either side proved to be Fallopian tubes distended with blood (hæmato-salpinx). That on the left side was distended at its abdominal end into a globular mass four inches in diameter, and connected to the uterus by a very long pedicle.

The upper fourth of the vagina was also distended with retained menstrual blood (hæmato-colpos). Mr. Martin first incised the uterus in the middle line and evacuated a large quantity of thick treacly blood. The cavity was then irrigated and sponged out so as to remove all the thick glairy fluid that remained. The broad ligaments were ligatured external to the ovaries and tubes and divided as in abdominal panhysterectomy. The uterine

(*a*) Specimen shown by Author at the last meeting of the British Gynæcological Society. See page 573)

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arteries coursing up the lateral borders of the uterus were then tied on each side. Having thus controlled the circulation in the uterus, it was amputated by a horizontal incision at the level of the internal os, and removed together with both ovaries and tubes.

There still remained in the wound the cervix (widely dilated) leading into the dilated portion of the upper end of the vagina. As it was evident that this could not safely be extirpated, it was decided to drain it through the abdominal incision. Accordingly the cervix was fixed by eight silkworm-gut sutures into the lower angle of the incision, the internal os being flush with the level of the skin. The sutures were passed in such a way as to securely shut off the peritoneal cavity. Each passed through the abdominal wall from skin to peritoneum, then through the peritoneum and muscular substance of the cervical wall, and then back through the abdominal wall from peritoneum to skin, and emerging half-an-inch from the point of entrance. A glass drainage tube was passed through the gaping cervix down to the bottom of the sac, and the rest of the abdominal wound closed in the ordinary way.

The patient made an excellent recovery. There was no shock and no untoward symptoms during convalescence. The cervical canal now opens at the lower end of the cicatrix by a small mucous fistula. This exuded a little glairy mucus, but does not in any way trouble the patient.

Mr. Martin expressed his great indebtedness to Mr. J. W. Taylor (who suggested to him the above method of treating the stump) and to Mr. Jordan, and Dr. Edge, who ably assisted him during the operation.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, NOV. 27TH.

The President, Dr. BUZZARD, in the Chair.

CLINICAL EVENING.

DR. A. T. DAVIES showed a man who was brought before the society in 1887 as one of myxœdema. He was again shown in 1892, after having been three and a half months under treatment by injections of thyroid juice which had been commenced in December 1891. The thyroid treatment has been continued up to the present time, the patient now taking only one or two tabloids weekly, his health remaining in a satisfactory condition.

PERFORATION OF ACETABULUM BY HEAD OF FEMUR.

Mr. GODLEE showed a man who in April last fell some twelve feet, striking the left great trochanter. There was apparent shortening of the limb to the extent of two inches, but no real shortening, the pelvis being tilted. A bony mass could be felt above Poupart's ligament and also *per rectum*. The patient suffered a considerable amount of pain without exertion both in the anterior crural and sciatic nerves. He raised the question what operation ought to be done.

Mr. BOWLBY suggested an osteotomy below the trochanter as for a child with ankylosed hip, the limb being then fixed by an apparatus.

Mr. GODLEE did not think the pain was all due to pressure by the bony mass, but probably also to the pressure of the back part of the femur which was abnormally near the middle line.

A CASE OF DYSTROPHY OF THE NAILS.

Dr. FLETCHER LITTLE showed a woman with an affection of most of the nails of the hands and feet which had been variously diagnosed as psoriasis, eczema benigna and dystrophy. There was nothing in her history to throw any light on the nature of the affection. All the nails of the right hand were affected, and all the nails on the right foot. The thumb, index finger, and ring finger on the other hand were similarly affected, together with the big and little toe-nails on the corresponding foot. She had taken iodide of potassium with mercury, but was obliged to discontinue this treatment.

Dr. SAVILL thought it was probably psoriasis in that it did not affect the root of the nail.

A CASE OF SPONTANEOUS DISAPPEARANCE OF SECONDARY CANCEROUS GROWTHS

Mr. A. PEARCE GOULD showed a woman, æt. 43, who was admitted on January 17th, 1892, into the Cancer Ward at the Middlesex Hospital with the following history:—In 1885 she received a blow on the left breast, and occasionally had pain there until, in 1888, she noticed a small lump which grew in size and became painful. In May, 1890, the breast was amputated, but in 1892 she came back with a lump in the left axilla, which was taken away. In February, 1894, she returned with lumps in the scar of the first operation, and also one above the right breast. A third operation was performed and all these lumps were removed, but in December, 1894, she come to Dr. Collins with some small lumps round the scar, and at this time she presented some difficulty of breathing. She was advised that no further operation was desirable, and was advised to enter Middlesex Hospital. He had seen her on her admission to Middlesex in March, 1896. She was then sitting upright in bed being unable to lie down on account of the difficulty in breathing. She had a troublesome cough and free expectoration, which on at least two occasions was tinged with blood. She was so ill that her death was daily expected. On exposing the chest there were seen a number of scattered hard tubercles near the scars, exactly like ordinary secondary recurrences in the skin. There were considerable masses of enlarged glands in the left axilla and over the clavicle. There was a nodule in the centre of the scar of the second operation, with enlarged glands in the right axilla and above the right clavicle. The right chest was dull up to the spine of the scapula, but there was no perceptible enlargement of the liver. She had been complaining of pain in the left thigh, and, on examination, she was found to have one inch shortening, and below the trochanter there was a large growth, apparently of bony consistence. She was then thought to be in the last stage of malignant disease. He did not see her again until June 15th, when she was evidently much better; the lumps on the chest wall had all disappeared, except one tiny nodule (since gone). The glands in both axillæ and above the clavicles had gone, and there was no longer any dyspnœa. There was then no dulness on percussion, except at the extreme edge of the right base. She was able to stand on the left leg, and, though there was more shortening than before, the swelling had markedly diminished in size. She had steadily improved, and the enlargement of the femur had practicaly disappeared. There was pain below the great trochanter which is greatly raised, but the head of the bone appeared to be in the acetabulum. Microscopical examination of portions of the growths made at the Temperance Hospital were reported by two competent observers to be typical scirrhus cancer. He pointed out that even if it were conceded that the exact pathology of the pathological character of the growth was open to doubt, in the absence of the sections which had been mislaid, the clinical history of this case was exactly that of scirrhus of the breast. There was no treatment which might conceivably have influenced the growth.

Mr. JOB COLLINS confirmed what Mr. Gould had said as to the history. There was absolutely nothing in the history to suggest that the case might possibly be anything else than an ordinary scirrhus of the breast. He observed that as long as the pathology of cancer remained so much a matter of doubt they must not be surprised if cases of this kind occurred, and the case showed, moreover, that it was prudent to give a guarded prognosis even in what appeared to be well-marked cases.

Mr. BOWLBY thought there could be no doubt that this was a case of cancer which had undergone spontaneous disappearance, and he mentioned a somewhat similar case. Nine months ago a lady consulted him with reference to a growth in the breast which had already been operated on. There were three separate nodules in the breast, and these had all the characters of a scirrhous growth. They were subsequently removed by Mr. Willett, the nodules being of a considerable size, and implicating the subjacent muscles. Later on nodules appeared in the neighbourhood, some of them having broken down, and there were open wounds which extended until the condition resembled that described as cancer *en cuirasse*. Six months ago the patient became emaciated, the liver became enlarged and she became jaundiced. Matters went on thus until

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about four months ago. She was now in the country and her medical man states that all the lumps in the skin in the neighbourhood of the original wounds have practically disappeared, that the liver is no longer enlarged, the jaundice has disappeared and she is gaining in weight. Though at present premature to say that this case was going to follow exactly the same course as Mr. Gould's, there had certainly been a subsidence to the extent of nine-tenths.

Dr. Savill said he remembered two cases of sarcoma of the skin which had subsided. One of them was recorded in the *Transactions* of this Society by Dr. Stephen Mackenzie. The growth involved the skin of both feet and one foot was amputated after which the other growth underwent retrogression. The other was shown by Dr. Crocker at the Dermatological Congress. There were widely diffused nodular growths all over the body involving skin and presenting under the microscope the giant cells of sarcoma. He remarked that the author's patient had been given iodide of potassium, and one at least of these had also been so treated at the time when the retrogression began.

Mr. Gould added that the patient had not menstruated since a fortnight after her admission to Middlesex. It did not attract much attention at the time but was possibly not without significance.

Mr. Golding Bird related the case of a gentleman, æt. 60, whose testicle had been removed three years ago for sarcoma of the right testis of which he had microscopical sections. Three weeks later the stump fungated and a large mass appeared there so he dissected up the cord as far as he could reach. In another three weeks on removing the dressings there was an infiltration all over the skin in the neighbourhood with much local inflammation of a kind he had never seen. Mr. Malcolm Morris saw the case and unhesitatingly pronounced it malignant, but suggested arsenic in rapidly increasing doses. The arsenic was pushed, reaching poisonous doses in ten days. That was three years ago and the patient was still in good health.

Mr. Bowlby added that this patient had taken no drug of any kind.

Dr. G. H. Makins said he had seen more than one instance of the disappearance of sarcomatous growths, and he recalled the case of a growth in the pelvis of a man presumably sarcomatous, causing intestinal obstruction which ultimately cleared up. Another case was a sarcoma of the jaw which he had operated on, but it was followed by recurrence, when he judged further operative measures useless. That was twelve years ago, but the patient had only recently died of sarcoma. That case was scored to the credit of the Mattei treatment. He did not believe that drugs could have anything to do with these cases.

SUTURE OF THE LIGAMENTUM PATELLÆ.

Mr. Bowlby showed a patient, æt. 32, who had slipped off the kerbstone and ruptured the ligamentum patellæ, the patella being displaced three inches upwards. A week later he cut down and sutured the tendon, freely opening the joint, which was filled with blood. The ligament was not merely torn across but was split up into a lot of tags which were very difficult to bring together. The patient said he now could walk as well and as far as before the accident, though as a precautionary measure he still wore a knee-cap.

SPLENIC ANÆMIA IN A BOY.

Dr. Walter Carr showed a boy, æt. 10, who has always been delicate and had always been of a yellowish tint, and for some years past had complained of shortness of breath. He presented marked ricketty deformity of the chest and a deformity of the back of the head, which was associated with rickets or syphilis. On admission his spleen was found to be greatly enlarged, the red corpuscles were only 50 per cent. of the normal, and the hæmoglobin 20 per cent. There was no excess of white corpuscles. The spleen presented curious variations in size, being smallest in the afternoon. He asked whether, other treatment failing, this case would be thought suitable for splenectomy.

Dr. Davies said he had tried bone marrow in two boys, æt. 12 and 15 respectively, with marked improvement.

MULTIPLE FIBROMATA.

Dr. H. Townsend, on behalf of Mr. Openshaw, showed a man, æt. 33, who presented numerous symmetrical lumps of firm consistence on the face, arms, &c. These had formed very rapidly. Both hands were swollen, but did not pit on pressure. He had been married two years, and had had one child alive and healthy.

The President observed that the symmetry of the tumours placed the case at once outside the category of syphilitic manifestations. He suggested that it might be a case of fibro-neuroma, as described by Pierre Marie.

Dr. Turney mentioned a very similar case in a man of 40. The tumours did not apparently follow the course of any particular nerve or nerves.

BRITISH GYNÆCOLOGICAL SOCIETY

Meeting held Thursday, November 12th.

The President, Clement Godson, M.D., in the Chair.

Mr. Christopher Martin (Birmingham), showed

(1) HÆMATO-METRA AND HÆMATO-SALPINX WITH ABSENCE OF VAGINA—ABDOMINAL HYSTERECTOMY WITH SUTURE OF THE UTERINE STUMP TO THE ABDOMINAL WALL, (which will be found under the heading of "Clinical Records.")

(2) A TROCAR DILATOR FOR THE EVACUATION OF PELVIC ABSCESSES.

(3) WOODEN PROBES FOR MAKING INTRA-UTERINE APPLICATIONS AFTER CURETTING.

Dr. Heywood Smith asked what was the thickness between the external and internal pouch of the vagina; he thought it might be an advantage in such a case to dissect up to the distended sac from below, and then remove by laparotomy the distended tube, leaving the uterus, and one tube and ovary.

Mr. Skene Keith said that, when in New York, he had seen a similar case, similarly treated. The patient was operated on by Gaillard Thomas, and it was found that the distension occurred in one-half of a double uterus. He believed it was treated by being stitched to the abdominal wall; but no sac was removed.

Dr. Purcell did not see why the stump should have been brought up to the abdominal wall; he thought it would have been better to make it an intra-peritoneal operation.

Dr. Granville Bantock observed that the case seemed to be unique, and therefore laid down no rule for the treatment of menstrual retention. As a rule, such cases were better treated by restoring the natural passage. But here it was a fortunate thing that the condition was attacked through the abdomen; had it been undertaken through the vagina, the cyst would have been left behind. He thought Mr. Martin had done quite the best thing in the case; though there was the difficulty that a sinus lined by mucous membrane was left behind.

Dr. Shaw suggested that it might have been possible to establish a communication between the uterus and vagina by means of the canula which Mr. Martin had shown them.

Mr. Martin, in reply, said this was the seventh case he had had of menstrual retention, the other six of which he had lately published. In one case there was tubal distension; he opened through the vagina, and the tubes became septic, with a fatal result. In another case, he opened the abdomen at once, and the patient recovered. With reference to Dr. Heywood Smith's remarks, he thought that when the vagina was absent, and the genital organs were disorganised, as they were in these cases, it was better for the patient that she should not have an ovary left. Here, three inches of dissection would have been needed, and it would have been very difficult to keep the passage open. That was why he opened the abdomen and removed the uterus and appendages. Intra-peritoneal treatment of the stump would have been folly; because there was a sac below the uterus, which would probably have become the seat of suppuration. The patient still had a sinus, with a little mucus coming away; but it caused her no inconvenience. If he had used the trocar, as suggested by Dr. Shaw, he might have injured the bladder or rectum; dissection would be preferable.

MIXED-CELL SARCOMA OF THE BLADDER.

Dr. Macnaughton-Jones showed portions of a tumour

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removed from the bladder. The patient had suffered for some time from symptoms of cystitis, and for the last three months from severe hæmaturia. She had been treated on the Continent for cystitis. After her return home, the growth was first discovered *per vaginam*. It was located in the immediate neighbourhood of the neck of the bladder, and occupied the base and posterior wall of the viscus. Particles brought away after exploring and washing out the bladder did not on examination throw light on the exact nature of the growth. It was determined to dilate the urethra and remove it. This was done satisfactorily, and no bleeding occurred subsequent to the operation. Unfortunately septic symptoms set in, followed by suppression of urine, death occurring on the sixth day after operation.

Mr. TARGETT, of the Clinical Research Association, reported the tumour to be a mixed-cell sarcoma, very vascular, with thin walled vessels, its surface covered with granular matter due to ulceration and sloughing of the sarcomatous tissue. Giant cells were present in every section, but not numerous enough for the growth to be called "myeloid."

Mr. W. D. SPANTON (Hanwell), showed a

PAPILLATE FIBROMA OF CERVIX UTERI.

Mrs. R—, æt. 63, sent to me by Dr. Parkes, August 31st, 1896, healthy-looking, had had a large family and difficult labours. Uterus was prolapsed and os covered with papillate growths with a hard eroded base. Os uteri patulous, bleeding readily where eroded. She suffered great discomfort, so I excised the cervix. The microscopical section made by Dr. King Alcock longitudinally through one of the main papillæ shows thus (card). The walls are fibrous and the cysts are lined with flat epithelium. The cutaneous surface is normal, with no trace of epithelial in- or out-growth. The specimen is of interest in connection with the question of malignancy—some of the naked eye appearances pointing to it, while the microscopic report shows none.

Mr. W. D SPANTON also showed a specimen of

TUBAL GESTATION—LAPAROTOMY.

Miss L—, æt. 25, sent to me by Dr. Johnson, June 10th, 1896, a healthy young countrywoman. Catamenia were perfectly regular up to beginning of March. In April she had an attack of "ovaritis" with faintness, and since that metrorrhagia more or less constant. She had much pain in right side and about pelvis. Uterus felt normal. To right of it and behind, a hard mass was felt firmly connected with it, which was diagnosed as either a myoma or an extra-uterine gestation. Operation performed in the ordinary way. I found the mass densely adherent to uterus, the right ovary closely connected and also adherent. The whole was removed, and the patient made a rapid recovery. The specimen seems to show an apoplectic ovum, constituting a tubal abortion. How it came there is the mystery.

The PRESIDENT asked whether there were any bleeding on touching the cervix in the first case? (Mr. Spanton: Yes.) This was a point which always raised the suspicion of malignancy.

Dr. HEYWOOD SMITH thought the first case seemed analogous to a hydatid form of growth; such growths might attain a large size, and yet not be malignant.

Dr. SCHACHT suggested that the second specimen should be referred to the standing committee for further examination; for there were only three or four such cases on record, and it would be useful to have this one for reference.

Mr. Spanton assenting, the President referred the specimen to the committee mentioned, with the addition of Mr. Spanton.

Mr. WM. ARMSTRONG, J.P., read a paper on

THE LATERAL GOUT OF THE MENOPAUSE.

He had noted patients presenting at the time of the menopause some or other of the following symptoms:—1. Increasing stoutness, with muscular flabbiness. 2. Puffiness of hands and feet. 3. Mental and bodily lethargy. 4. Shortness of breath on exertion, with cardiac debility. 5. Irritability and restlessness. 6. Broken and disturbed sleep. 7. A feeling of weariness on rising in the morning. 9. Various neuralgiæ, especially of back of head and neck. 10. Lumbago and vague muscular pains. The quantity of urine was often diminished, containing often urates, and almost always excess of uric acid, with a high specific gravity. He regarded these symptoms at first as neurotic; but seeing how often they were present in neurotic forms of gout, he decided to try treatment adapted to gout. The objects of his treatment were:—1. To eliminate the waste products from the blood. 2. To disturb and disperse the morbid products in the lymph spaces, lymphatics, and muscles. 3. To improve the state of the nervous system. For the first purpose he ordered the drinking of hot water, or thermal waters; and the hot vapour-bath. For the second purpose he used massage, or the Aix douche, or mud-baths; or, if these were contra-indicated, resisted Swedish exercises. For the third purpose he recommended especially electro-massage. The general treatment included regulated exercise and a selected diet, carbohydrates being eliminated as far as possible. In some cases the Salisbury diet gave good results. Local pelvic treatment should be carried out when required. He had been much surprised and gratified by the results of this treatment.

Dr. MACNAUGHTON-JONES said that the corelation of lithæmic conditions and affections of the pelvic viscera had been specially insisted on by different authorities. Dr. Matthew Mann had made it the subject of his Presidential Address before the American Gynæcological Society in 1895. It was in such associated conditions that we often found those reflex irritations which we call neurotic. Apart from all the local disturbances due to uric acid and unhealthy states of the urine, these constitutional errors, proceeding possibly from dietetic causes, were of importance to the gynæcologist. As regards diet, what between the extremes of exclusive vegetable and starchy diet on the one hand, and the complete restriction to animal food on the other, they were "between the devil and the deep sea." The apprehension of a lady patient on whom he recently operated was all directed before operation not to the risk of this step itself, but to the chance of her gout being increased by the fluid animal nourishment which she might have to take after it, having had nothing for some time of this nature save a little milk and an egg daily. Another patient who had been under the opposite regimen thought that in her particular case bread was poison. Whatever benefit might be derived from baths, electricity, and massage, it had to be remembered that this treatment was often persevered in for a length of time to the detriment of the patient, if not to the actual risk of life. Local diseased states were temporised with, and the last state of the woman was worse than the first, when she came to be operated upon.

Mr. ARMSTRONG, in reply, said he had come to the conclusion that as regards diet they must in bad cases keep to one kind of food or the other; it was the mixing of dietaries that was bad; and when nerve-force was wanting, he thought a course of carbo-hydrates was dangerous; in neurotic gout much nitrogenous food was required, and the Salisbury diet was then worth consideration. As regards the interference with local treatment, he had stated that if any gynæcological lesion were present, it must be treated; his remarks were mainly intended for cases in which there was no local trouble.

HARVEIAN SOCIETY.

MEETING HELD THURSDAY, NOVEMBER 19TH, 1896.

Dr. E. W. ROUGHTON, V.P., in the Chair.

Mr. J. SEFTON SEWILL on

TWO CASES OF TRIGEMINAL NEURALGIA, AND DISEASES DUE TO LOSS OF TEETH.

An almost unrecognised condition in which owing to absence of grinding teeth, there is loss of normal relationship between the articular surfaces joining the temporo-maxillary articulation. Consequent upon this, arise reflex symptoms of a neuralgic type, usually severe and probably due to irritation of the branches of the temporo-maxillary nerve supplying the joint. Two cases were described, both recovering under treatment; the latter being directed to restoration, by artificial means, of the lost bicuspid and molar teeth.

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Dr. Leonard Guthrie read a paper on

CHRONIC INTERSTITIAL NEPHRITIS IN CHILDHOOD,

an abstract of which will be found in another column.

In the discussion that followed the reading of the paper, Dr. Morison, after congratulating the author on his paper, asked him as to the use of mercurials in these cases, also as to his experience with nitrites and whether he could exclude parenchymatous nephritis as a primary element in the causation of chronic interstitial trouble in childhood.

Dr. Savill remarked that he was glad to find in the paper evidence supporting the contention that chronic Bright's disease was a renal affection, and not a general fibrosis of the tissues of the body with cardio-vascular changes such as Gull and Sutton maintained. He was prepared to go even a step further than this. His investigations into arterial hypermyotrophy enabled him to state that cardio-vascular hypertrophy might occur as a separate affection, without renal complication; he had collected already a considerable number of such cases. The leading symptom was giddiness, and he had no doubt that the vertigo and headache which Dr. Guthrie stated were present in some of his cases were due to this condition. As regards the treatment by bleeding, he thought that it was sometimes of very great value in such cases when the arterial tension was high, and he had seen symptoms disappear with remarkable rapidity, mentioning one case in point.

Dr. G. A. Sutherland considered that, after the full account of this affection given by Dr. Guthrie, there was very little to be added. It was very difficult in many cases to trace the exact ætiology, but he was inclined to doubt the existence of a "primary acute nephritis," and to refer all cases to some toxic condition of the blood. The uric acid diathesis was, perhaps, worthy of more consideration than the author had given it, if that term was understood as including, not only a mechanical irritation of the kidneys in the process of excreting crystals of uric acid, but also a disordered condition of the blood which produced disturbances in various tissues of the body, and, among these, possibly the kidneys. In the case of infants, the diet was frequently excessive in quantity, or unsuitable in quality, and, as a result, the blood was never in a healthy condition, symptoms of infantile gout supervened, and this condition might, if prolonged, lead to the development of chronic interstitial nephritis.

In reply to Dr. Morison, Dr. Guthrie said, mercurial purgatives were undoubtedly of use, though perhaps more so in cases of cardiac, than of renal, dropsy. The transient effect of nitrates was all that was needed when given to counteract excess of cardio-vascular tension. He could not accept the view that all cases of interstitial nephritis were the results of former parenchymatous nephritis on account of the absence of history of the latter complaint in most cases.

Replying to Dr. Savill, the author remarked that venesection in children suffering from the final eclampsia of interstitial nephritis, he thought, was contra-indicated, though it might be useful in the early eclampsia of acute parenchymatous nephritis. The deep situation of the kidneys in the body did not exclude the possibility that they might be affected by chill to the surface of the skin.

With reference to Dr. Sutherland's views, he admitted that nephritis might be produced by the local and irritating effects of uric acid in the kidneys, but thought the effects of hypothetical retention of uric acid in the system might be exaggerated. Such a theory would account for almost every disease known. It was tempting to adopt, and difficult to disprove. He believed that pigmentation was an early sign of chronic interstitial nephritis, because of its long duration as compared with that of other symptoms of the disease.

The meeting then adjourned.

LIVERPOOL MEDICAL SOCIETY.

Meeting held Thursday, November 19th.

The President, Dr. Caton, in the Chair.

Dr. Permewan read notes and showed a drawing of a case of

TUBERCULOUS ULCERATION OF THE LARYNX.

A man, æt. 46, had an ulcer involving the left vocal cord, which had existed for six months. There were numerous tubercle bacilli in the sputum, and slight involvement of one lung. Dr. Permewan applied lactic acid, 60 per cent., to the ulcer about twelve times, and treated the patient with guaiacol internally and creosote inhalations. At the end of four months the ulcer had healed, with disappearance of the laryngeal symptoms, and the patient had gained five pounds in weight. Dr. Permewan remarked that this was a favourable case for treatment, the disease being limited, but that still apparently favourable cases did not always do well.

Mr. Bark considered the most interesting feature of this case was the fact that one vocal cord only had been affected. In his experience unilateral tuberculous infiltration usually attacked the ventricular band, and was the most chronic form of the disease.

Dr. Hunt said tuberculous disease attacking the vocal cords was almost invariably unilateral in the early stages. In this situation the disease often advances very slowly, lasting for months or even years, and is more amenable to treatment than in any other part of the larynx. Temporary healing must not be regarded as a cure. Since the introduction of the surgical treatment of laryngeal phthisis the partial or complete cicatrisation of tuberculous ulceration had become much more frequent, but unfortunately this result was only rarely permanent.

Mr. George Hamilton gave an account of a number of

CASES OF HYDATID DISEASE

which had come under his observation. He quoted recent statistics from Australia which showed that South Australia was the Colony most affected, and that taking all the Colonial hospitals, one in-patient in every 206 suffered from hydatid disease. He had seen a number of cases of hydatid disease of the liver in the post-mortem room, and three points had struck him, first, that in many cases they caused, although very large, no inconvenience. Second, that in many cases they were not diagnosed. Third, that the bile ducts were often the seat of the disease where it was multiple, thus accounting for the biliary fistula which so frequently resulted after operation. The various methods of treatment of hydatid disease were discussed, and tapping, except as a preliminary to incision, was condemned, the chief dangers being that the living hydatid was converted into a dead one, and that independently of this, urticaria, acute poisoning, flooding of an organ, and spreading or return of the disease were liable to occur. Three cases of hydatid disease of the liver were then related in detail. In the first the patient (a female) had suffered for fifteen years, and was still alive, there being very little inconvenience except the size. She would not submit to any operation and had an enormous appetite. *Case II* was one of liver hydatid which had been under Mr. Hamilton's care. The case had not been diagnosed at first by the physicians who saw her, and she had suffered for seven years. A large cyst the size of a football was opened after making an adhesion, and was thoroughly cleaned out, including the parenchymatous layer. The case did well, except for a small quantity of bile which came when the sinus was nearly healed. An empyæma formed later, and then one day the woman spat up a large basinful of hydatids. She was in a bad condition when she came under treatment, and died from gradual exhaustion. *Case III*, was a boy, æt. 12, who had never been out of St. Helens. An exploratory incision was made over the left lobe of the liver, the left rectus muscle was divided transversely, and it was found possible to split the left lobe of the liver and excise the tumour, which was about the size of the closed fist. The wound was packed with gauze, and the boy never had a rise in temperature, and was shown completely healed under five weeks.

Dr. P. Davidson, referring to hydatids of the liver in children, said he had seen five cases in his own practice, or in that of his colleagues, at the Children's Infirmary. He believed that repeated tappings were frequently successful. In one case, he remembered, tapping had failed to cure, but a more radical operation of incising, draining, and syringing, had effected a cure. He had seen the patient fifteen years after the operation, and could say the cure was perfect. He believed that tapping should be tried before resorting to the more serious operation described by Mr. Hamilton. The youngest child he had seen with hydatid of the liver was fifteen months old. He

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wondered if hydatids were ever conveyed by infected cow's milk.

Dr. BRIGGS read a paper on

FIBROMA OF THE OVARY AND OVARIAN LIGAMENT.

The author founded his paper on a series of eight cases of fibroma of the ovary and one of the ovarian ligament. The tumours, naked eye specimens and microscopic sections, the pathological and clinical reports, and the after histories were produced. The author went on to say that the structure of the ovarian growths varies; in two there is a large proportion of fully-formed fibrous tissue; in five the cellular elements predominate. There is shown by one tumour partial mucoid degeneration, and by another complete calcareous degeneration, the latter obliterating the original structure. A study of the cellular elements raises the question of innocency or malignancy in the growths (*e.g.*, spindle-celled sarcoma), and the necessity for clinical information, especially the after-histories of the patients; only two were recent cases. Among the work of others the author quoted from an unpublished paper kindly lent to him by Mr. Alban Doran. The fibroma of the ovarian ligament consists of dense fibrous tissue; it completes a fourth solid growth of the ovarian ligament if added to those of Doran, Doléris, and Penrose already published. Penrose considered the growth in his case a sarcoma, but with Doran the author is inclined to believe that in the pathological examination cellular elements may have been misconstrued by the observer.

Drs. Imlach, Grimsdale, E. D. Davies, Hill, Permewan, Garry, MacDonald, O'Hagan, Finegan, Mr. Bickerton, and Professor Boyce took part in the discussion which followed.

Dr. BRIGGS replied.

France.

[FROM OUR OWN CORRESPONDENT]

PARIS, Nov. 28th, 1896.

RETENTION OF URINE.

ACCORDING to Dr. Legnen the best treatment for acute retention of the urine is that of tapping the bladder in the suprapubic region. In rare cases, he says, catheterism is impossible and the surgeon has to choose between two alternatives, that of incising the bladder and of tapping. This last operation is without the slightest danger if done antiseptically, and if the trocar is plunged directly behind the pubis, so as to avoid the peritoneum. The incision, on the other hand, does not possess the same simplicity nor is it so benign in its consequences; it should be reserved for those cases where other treatment was impossible or impracticable.

In acute retention of individuals suffering from enlarged prostate, the trocar is very useful and may be employed several times in the twenty-four hours, after which the canal becomes generally permeable. The suprapubic incision is indicated where infection is suspected and where catheterism remains impossible.

In retention by an obstacle in the urethra, stricture or rupture, external urethrotomy, resection of the stricture or suture of the rupture are the operations to be preferred, the trocar in such cases can be nothing more than a palliative.

Primary cystotomy is never indicated for obstacles seated in the anterior urethra, it is quite otherwise, however, where the lesion is found in the posterior portion, as searching through the perineum is always tedious when not conducted on a director, and when the case is pressing, cystotomy affords the quickest relief by enabling the catheter to pass from behind.

UMBILICAL HERNIA.

Dr. Labas adopts a very simple mode of treatment for umbilical hernia in infants, doing away with the usual bandage. His method consists in covering the orifice with a fold of skin pinched up on either side, and maintained in contact by means of strips of adhesive plaister of a certain length. He finds it necessary to interpose between the folds a small piece of antiseptic wadding to prevent irritation. In cases where the abdomen is very flaccid, he places over the umbilical ring a small plug of wadding before drawing the skin together. An ordinary roller keeps this simple apparatus in position.

UREA.

Urea as a diuretic has been tried by Dr. Klemperer in 11 cases of ascites of hepatic origin, 7 of pleuritic effusion, 13 of valvular lesions of the heart, 17 of chronic myocarditis, and 9 cases of Bright's disease. Its action was nil in Bright's disease, but well marked in some of the other affections, especially in ascites, due to hepatic disease and in pleuritic effusion. In some of these cases the quantity of urine passed, under the influence of the urea, exceeded four quarts in the twenty-four hours, causing voluminous hydropic effusions to disappear rapidly.

In cardiac affections, the result varied considerably. In some cases the diureses was very abundant, but in others it was almost insignificant. This difference appeared to depend on the state of the renal organs, the integrity of which seem to be indispensable to the success of the drug; consequently, the existence of albuminuria might be regarded as a counter-indication to the employment of urea as a diuretic. The dose of urea was two drachms daily during the first two days, and four drachms for the two following. If, on the morning of the fifth day, that is to say, after twelve drachms had been given the diuretic action had failed it was no use to continue it. If, on the contrary the result was satisfactory, the administration of the urea might be continued indefinitely. Urea can also be given with considerable advantage after an attack of nephritic colic and in cases of dorsal and lumbar pains in gouty and rheumatic persons.

The following is a good formula:—

Bicarb of soda, Prepared chalk, Urea chemically pure.	℥j.

From eight to ten half-teaspoonsful daily.

SUICIDES IN EUROPE.

According to M. Pawloski, Europe furnishes 25,000 suicides yearly. In France, in the second half of the century, up to 1880, the number of suicides increased by one-third. Since that year the number has constantly increased; last year there were 8,226. Women are strongly represented in these figures, while children furnished 80 suicides in 1894.

The largest number of feminine suicides is to be found in England, the Scandinavian countries follow next, and then Hungary. In France, out of one million inhabitants, are reckoned 80 suicides of young girls and the same number of married women. The majority of suicides take place between the ages of 50 and 60 years.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, November 27th.

IN the Medical Section of the Congress of German Naturalists and Physicians, Hr. Hoinjmann gave an interesting report on

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Absorption and Excretion in the Intestinal Canal.

For the purpose of the inquiry, a case was made use of in which a woman had a complicated recto-vaginal abscess, in which half a metre of the ileum and some centimetres of the cæcum had been removed. The colon was excluded from the process of digestion, as the chyme was completely passed by an opening in the upper portion of the last quarter of the ileum. The absorbing surfaces of the whole of the colon and a portion of the ileum were completely excluded from the process of absorption and excretion. The inquiry showed that the absorption of fats was excellent; on one occasion, only 0·4 per cent. of the fat given was lost. On the other hand, the absorption of nitrogen was small, there being a loss of over 11 per cent. The speaker thought the rapidity of digestion, and the loss of absorbent surface were responsible for this. The quantity of urine excreted was small, and this was looked upon as compensatory. He concluded, along with other investigators, that fats were still absorbed in the upper portions of the ileum, and that the colon played a part in the absorption of albumen. As regarded lime, 9·35 per cent. was retained in the body. A large portion of the iron given was retained, and the conclusion arrived at was that the large intestine absorbed a large portion of the iron given medicinally.

Hr. Jacoby (Strassburg) read a note on

Sphaletoxine,

the active principle of ergot. He had succeeded in isolating the active principle in a pure state, as a yellow beautifully crystallisable substance. In pregnant cats and dogs he succeeded with it in procuring abortion with certainty, without producing severe general symptoms. It also expedited the laying of eggs in hens. He believed it exerted a specific action on the stomach. Warm-blooded animals bore large quantities of the preparation, so that no poisonous qualities could be attributed to it.

the meeting of the Society for Innere Medizin, Hr. Litten showed a boy of 7, the subject of

Transposition of the Large Cardiac Vessels,

in whom the aorta sprang from the right ventricle, the pulmonary artery from the left, so that there were two separate circulations, in which the blood of the aorta passed through the vena cava into the right ventricle, and the blood of the pulmonary artery from the left ventricle returned to it again, so that the blood in the aorta was always venous, that of the pulmonary artery remaining always arterial. It was possible that a small communication existed between the two systems, otherwise one could not understand how life could be maintained. The boy had a characteristic appearance, and the face had a peculiar fixed look, the eyes stared vacantly, the gums and conjunctiva were of a dark blue colour, the finger-tips were clubbed like drumsticks, and the whole hand was of a dark blue colour. There was enlargement of the liver and spleen, and the boy was apathetic, sleepy, fearfully cold, and dyspnœa was urgent. There were also symptoms of stasis and retardation of tissue change.

Hr. James Israel showed a

Tumour of the Pelvis of Kidney

taken from a man that day. The patient was a man, æt. 52, and the tumour was of the rare kind, springing from the wall of the pelvis of the kidney. The patient had long suffered from profuse hæmaturia. The cystoscope showed that the bleeding did not come from the bladder, but as every time it was used the hæmorrhage had ceased it was not possible to determine which kidney the blood came from. No enlargement or tenderness on either side could be discovered on palpation, but on the right side there was a distinct, but varying feeling of resistance, and the speaker concluded from this that the trouble lay in the right kidney. As the urine contained nucleated epithelial cells undergoing fatty degeneration the presence of a tumour was probable, but the growth was clearly not in the kidney substance. He concluded, therefore, that the case was one of tumour of the pelvis of the kidney, and operated on that hypothesis, and found that his diagnosis had been correct. The tumour was the size of a raspberry. The speaker said that in 152 kidney operations that he had performed he had never met with such a case before.

Asthma Uterinum.

The patient suffered from a pronounced bronchial asthma, during the menstrual period only, during the intervals she was perfectly free from asthmatic symptoms. Uterine asthma had been denied by many authors, and von Leyden had warned them against a diagnosis without urgent grounds. In his case, however, there could be no doubt, as the characteristic sputum was present with the asthma, and the patient, a woman of 32, came of healthy parentage.

Hr. von Leyden had never yet seen such a pure case of uterine asthma, but remembered a similar case in which, however, the asthma had existed previously. The case was that of a young girl who had suffered from asthma as a child, but had recovered. On the occurrence of the menses the asthma had again developed, and the attacks were limited to the menstrual period. The malady was called forth by a number of nervous influences, and especially excitement. The treatment was naturally the same for all forms of asthma.

Inoculative Protection against Typhoid Fever.

In a report of the Institute for Infective Disease, we learn that Prof. Pfeiffer and Dr. W. Kolle influenced by the favourable results of inoculating for cholera have turned their attention to typhoid fever. The culture made use of was very strong, so that 1/10 öse with certainty killed guinea-pigs of 300 grms. weight (1 öse equals 2 milligrammes of moist culture mass). One cc.m. of a prepared fluid was injected beneath the skin of the back of healthy or, at least, non-febrile persons who had never had typhoid fever.

A few hours after the inoculation, generally two to three, the first symptoms of reaction appeared, consisting of shivering, giddiness, a feelirg of being out of sorts, and local pain at the site of the puncture. Temperature rose at night to 38·5° C., sleep rather disturbed. The next morning the temperature was still high, but soon sank to normal. With this all the symptoms disappeared. The experiments showed that a single injection produced a specific blood change, which reached a degree corresponding to that of convalescents from typhoid fever. This being so it is to be hoped that prophylactic inoculation with dead typhoid cultures will produce an immunity equal to that produced by an attack of the disease itself. The success of Haffkine's protective inoculation against cholera, the authors think justifies them in this expectation. The want of success hitherto met with in inoculating patients already suffering from typhoid is no argument against the protective inoculation of healthy individuals in time of war or when there is special danger of contracting the disease.

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Austria

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Nov. 27th, 1896.

INFANTILE HYSTERIA.

BERDACH showed to the Medical Club, a girl, æt. 11, who had suffered from clonic contractions of the diaphragm and œsophagus during the past fourteen days, and which had come on suddenly after threatened punishment by her teacher at school. The cramps are expiratory and can be induced after pressure on the hypogastrium and epigastrium. In the discussion, Kassowitz said that such cases were not infrequently met with, although described in literature as chorea laryngis.

The symptoms were often induced by changes in the external conditions with forcible suggestions.

OSTEOMALACIA.

Herz brought forward a female, æt. 39, who had quite recovered by treatment from osteomalacia. She had had four children, the youngest four years of age. Two years ago she was suddenly seized with pain in the bones of the thorax, which shortly afterwards began to bend and became distorted. The sternum and spinal column became so much deformed that she was greatly impeded in locomotion. The flat bones, those of the pelvis, were more affected than the long bones.

The treatment adopted was one milligramme per day of phosphorus under which she rapidly improved. Herz thought this went far to prove that the large doses of phosphorus administered by Sternberg, as four milligrammes per day, were unnecessary.

He showed at the same time a man who had suffered for twelve years on different occasions, from pain, swelling, and redness of the joints, which had subsided until lately by the use of salicylic acid.

Ankylosis in the upper part of the vertebral column with deformity in the pelvis as in osteomalacia were present. He considered this a complication of the two diseases, and was confirmed in his opinion by the tractability of the disease under the use of phosphorus. In the discussion that followed, Latzko said that osteomalacia was often found commencing concurrently with the joint affections. As to the therapy of the disease, he had often found simple changes of the external surroundings bring about a cure. Again, the disease was not uncommonly found in the male, although frequently complicated with ileo-peoas paresis, but not ileo-peoas paralysis. As to the treatment, he was quite in accord with Herz, that large doses of phosphorus were unnecessary, although he himself had prescribed 2½ to 3 milligrammes a day, which he was now convinced irritated alimentation, a serious consideration when the treatment is prolonged, on an average, in these cases for two years.

Singer and Kassowitz were of opinion that the dose for one day in the case of a child one year old should not exceed ½ milligramme; that care should be taken in administering phosphorus to elderly persons, as it acted violently on the heart and large vessels. Singer differed from Herz in the diagnosis of the second case, which he considered was arthritis deformans which simulated senile osteomalacia in its symptoms. He also thought the valgus symptom was as common in osteomalacia as in arthritis deformans, which Latzko contended was not the case.

RESECTION OF THE TRACHEA.

At the Gesellschaft, Föderl showed a boy, æt. 6, who had the trachea resected on account of the obliteration of the passage. From the history, it appears that the mother, in a fit of madness, cut the child's throat, which was afterwards sewn together, while a canula was inserted. Shortly after, Störk examined the vocal cords and found them adherent, with a narrow communication between the trachea and larynx. The child was taken to the surgical wards and examined by Gussenbauer, who could find no communication, and resolved on tracheotomy. The opening was extended to the original fistula, where the larynx was found to be dislocated. After adaptation and readjustment, the wound was closed, and in five days afterwards, the canula was withdrawn, leaving the breathing free and the voice clear.

GENERAL MEDICAL COUNCIL
OF
EDUCATION AND REGISTRATION.

AUTUMN SESSION, 1896.

The President, SIR RICHARD QUAIN, in the Chair.

FIRST DAY.—TUESDAY, NOVEMBER 24TH.

THE sixty-first session of the Council was inaugurated by the President with the usual address. After a neatly-turned expression of regret at the retirement of Dr. Haughton, who had been a member of the Council for eighteen years, the President related the events concerning the Apothecaries' Hall in Dublin which had occurred since the last meeting. The authorities at the Hall had readily acquiesced in the suggestion for a re-combination with the College of Surgeons, but the latter body had declined the proffered olive branch so that the matter will have to be threshed out for good during the present session. He pointed out that the replies received from the various universities and colleges in respect of the disciplinary powers possessed by them respectively were "not as satisfactory as they might be." After touching on sundry other subjects which would engage the attention of the Council during the present session, the President gave an interesting historical review of the progress effected by the Council in respect of the standard of professional requirements exacted of intending practitioners. It would, he said, come as a surprise to most to learn that it was not until 1867 that any real attempt was made to grapple with this important department of the Council's duties. The Council have been tinkering at the subject more or less ever since to make up for lost time, until at present it is maintained by sundry and various that the student's burden is greater than can be borne. He insisted on the importance and difficulty of determining the method by which the knowledge required for the practice of medicine can be conveyed to the student, and, secondly, of deciding on the best method of examination by which to discover how much information and knowledge the student has acquired, and how far he is capable of making it available. He alluded to the fact that the cycle of visitation and inspection of the final examinations had now been completed, and observed that if the system were to be continued fresh arrangements would have to be made with that object in view.

After the usual vote of thanks, the Council adopted a suggestion by Dr. Glover nominating a committee to consider how best to make the *Registers* and the *Minutes* available for use at short notice.

ALTERATION OF PENAL STANDING ORDERS.

The Executive Committee recommend that Standing Order XIV shall be modified to read as follows:—

Omit Paragraphs 3 and 4, and instead of them insert the following: 3. (1) The General Registrar shall make an

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abstract of every such complaint as is mentioned in the last preceding paragraph, and shall submit such abstract to the President, and shall enter the same, as and when approved by the President, in a book to be kept by the General Registrar for the purpose. (2) The complaint and the said abstract, and the documents which accompany the complaint, shall be submitted by the General Registrar to the President, who, if the case be considered by him to be outside the jurisdiction of the General Medical Council, may direct the General Registrar to signify the same to the applicant, but who, if the case in his opinion may come within such jurisdiction, shall direct the General Registrar to refer the case to the Solicitor, with instructions to make further inquiries, either through a Branch Council or otherwise, and to take counsel's opinion if necessary, and to prepare and report upon the case. 4. (1) The complaint, with the documents relating thereto, and the report of the solicitor, with any opinion of counsel taken thereon, shall as soon as practicable be submitted to the Committee on Penal Cases appointed under Standing Order IX, who shall consider the same, and shall have power to cause further inquiries to be made and further evidence to be obtained, and to refer to the solicitor for his advice and assistance, and to instruct him to take the opinion of counsel, and otherwise to obtain such advice and assistance as they shall think fit. If the Committee resolve that the case ought to be withheld from the consideration of the General Medical Council, the case shall not proceed further, and the General Registrar shall inform the applicant of the resolution of the Committee. If the Committee resolve that the case is one in which an inquiry ought to be held, the President may, if he so thinks fit, direct the solicitor to take steps for the institution of an inquiry, and for having the case heard and determined by the General Medical Council. (2) In cases in which inquiries are made through a Branch Council, the Branch Council may, if it thinks fit, appoint part of its body to be a Committee of Inquiry, and take such advice, or obtain such assistance, as it may think necessary. (3) In every case in which an inquiry under Section XXIX of the Medical Act, 1858, is directed on the ground that infamous conduct in a professional respect is alleged against a registered medical practitioner, the particulars of the complaint, and the evidence by which it is supported, shall be circulated by the General Registrar among the members in strict confidence at as early a period before the date fixed for the inquiry as possible. In paragraph 5 instead of the words "A Branch Council," insert the words "The Committee for Penal Cases," and in line 8, instead of the words "1 to 3," insert the words "2 to 4."

Dr. Bruce remarked that questions of misconduct did not primarily affect the lawyers at all, yet they had to be sent through the solicitors before they were considered by the Council. He thought that an abstract of the complaint ought in every case to be laid before the Penal Committee, and he objected to its being left to the President to decide whether or not it was a fit case to be considered. He concluded by moving that the proposal be referred back to the Committee.

Dr. Pettigrew seconded the amendment on the ground that no person, however experienced, ought to wield the power that would be conferred by the rule as now proposed. He deprecated anything that could be construed as a hole-and-corner method of dealing with these cases.

Mr. B. Carter pointed out that the President was only empowered to "stop the case if outside the jurisdiction of the Council," and he urged that the Penal Committee could hardly be called together every time some person chose to send a frivolous complaint. He did not think the power was one likely to be abused.

Dr. MacAlister pointed out that as at present worded the Standing Order left it in the power of the President to overrule the opinion of the committee.

Dr. Glover observed that the proposed change would have for result to perpetuate a condition of things which had already given rise to grave dissatisfaction. He thought the Penal Committee ought to meet more frequently than it did so as to allow of sufficient time for the thorough consideration of the cases.

The President mentioned examples of frivolous charges but repudiated any desire to have this responsibility placed upon his shoulders.

Sir Walter Foster mentioned as a grave defect in the present procedure that a complaint was practically judged by the lawyers before it came before the Penal Committee. He thought the first persons to consider a complaint should be the members of that committee.

The amendment was carried and the President, in reply to Dr. Glover, said the report of the Committee would "very likely" be presented to the Council in time for discussion during the present session.

Disciplinary Powers.

The Council then proceeded to consider various communications received from universities and other bodies with regard to the report on the disciplinary powers of the qualifying medical authorities forwarded by the direction of the Council.

Dr. Glover moved that the matter be referred back to the sub-committee of the Executive Committee.

Sir William Turner said the Scottish University authorities had been advised that they could only obtain these powers by Act of Parliament.

Dr. Pettigrew pointed out that the power to take away a medical degree would apply to all degrees in the case of a university.

Dr. Heron Watson concurred in the view that the Scottish University Commissioners had no power to deal with this question by ordinance.

The President alluded with regret to the fact that a Scottish graduate might retain his degree even if he had committed a felony, and declared that such a state of things could not be allowed to remain.

Sir John Banks said the authorities of the Royal University of Ireland were most anxious to act in the matter, but they had been advised that it could only be done by Act of Parliament.

The subject was ultimately referred back to the sub-committee.

SECOND DAY.—Wednesday, Nov. 25th.

The Standard of Preliminary Examinations.

The reports of the Education Committee on the expediency of raising the standard of certain preliminary examinations and on the preliminary examination of the Royal College of Physicians and Surgeons of Ireland, came up for discussion, and Dr. Tuke moved the first recommendation to the effect that the Council should represent to all bodies whose junior examinations in general education are recognised that the stringency of the pass requirements should be increased. At the last meeting of the Council the Committee were requested to consider the question whether the second class certificate of the College of Preceptors ought not to be erased from the list of recognised preliminary examinations, but for some reason the Committees did not see their way to adopting this view, partly because the present rules had only come into force in 1892, and secondly, because the percentage of rejections had been steadily getting higher. Moreover, it would be necessary to consider certain other examinations at the same time. To mark their sense of the desirability of doing something in this matter the Committee recommend that the pass marks be raised all round, the change to come into operation on January 1st, 1900.

Mr. Bryant regretted that it was not proposed to ask the College of Preceptors forthwith, to raise the standard of the examination for medical students.

Sir William Turner thought the Council was exceeding its strict duties in asking the bodies to raise the standard of their preliminary examinations, inasmuch as these were not strictly speaking, medical examinations. He suggested that if it so desired the College of Surgeons might directly exercise pressure on the College of Preceptors.

Dr. MacAlister declined to recognise any difference in this respect between the preliminary and other examinations which medical students had to go through. As a member of the local examination syndicate of Cambridge, he fully recognised the right of the Council to determine the conditions under which it would admit a particular examination.

Dr. Thorne Thorne shared Mr. Bryant's feeling of disappointment for he thought it was imperative the standard of preliminary examination should be raised and this as speedily as possible.

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Dr. ATTHILL observed that it was more important to raise the standard of the preliminary examination than that of professional examinations. He believed that not more than a third of the men who registered as students were qualified by their preliminary education to obtain the full advantages of professional education.

Mr. THOMSON criticised the requirements of the Council in the matter of preliminary education urging that far too much latitude was left to the examining bodies. He agreed that something ought to be done, and he thought it might be done before the year 1900. He suggested that the Council could appoint a board of examiners who would set the papers and conduct the examination to be held on a particular day throughout the whole of the country as was done by the Civil Service Commissioners.

The first recommendation was then agreed to.

Dr. TUKE then moved the second recommendation: "That the Council instruct the Committee to consider the requirements of the several junior preliminary examinations now recognised by the Council and to report on the steps that may be necessary for enforcing a higher and more uniform standard therein; and that the recommendations which the Committee may propose should be brought before the Council in November, 1897, in order that, if approved, they might come into force on January 1st, 1900."

This was also agreed to after a verbal alteration.

Dr. TUKE then presented the report on communications received from the Royal Colleges of Physicians and Surgeons in Ireland relating to the conduct of their preliminary examination. The Committee reiterated the view that it was undesirable for any purely professional body to undertake the conduct of an examination in general knowledge. The Committee believed that an arrangement could be come to with the University of Dublin by which, for a moderate fee, a certificate could be obtained on passing a not too stringent entrance examination. Attention was called to the fact that, in 1895 only 176 candidates presented themselves, of which number, 102 passed, but only 82 registered as medical students on that examination in 1895. The Committee recommended that the Council should continue to urge on the Royal Colleges in Ireland the necessity of making further efforts to arrange with educational institutions for the conduct of their preliminary examination. He concluded by moving that the report be received and adopted, and that copies thereof be forwarded to the several bodies concerned.

Sir PHILIP SMYLY said that one difficulty lay in that there was only one examination in each year which was held in June, and the result was not made known until several months later. He pointed out that the College of Surgeons had pledged themselves to improve the examination very considerably.

Dr. ATTHILL pointed out the necessity of there being a fixed age at which candidates might present themselves for the examination, and he thought it was futile for the Council to seek to make better terms with the existing boards.

Dr. BENNETT said he was instructed by the Board of Trinity College to say that they would not issue a separate certificate for the entrance examination, not even for a complete half year, because it would be impossible to restrict this certificate entirely to medical students.

Mr. THOMSON moved that the report be referred back to the Committee seeing that at least two of the recommendations were not quite accurate.

Sir PHILIP SMYLY seconded the amendment.

Dr. MACALISTER said the matriculation examination of the Royal University of Ireland was quite on a par with some of those that the Council recognised as higher examinations in this country. He pointed out that June was a very convenient month for the examination to be held.

After some further discussion the amendment was negatived and the original resolution was agreed to.

A motion by Mr. THOMSON declaring the course of general education prescribed for students seeking admission to the medical profession to be inadequate and referring it to the Education Committee to consider and report on the manner in which the standard might be raised, was, by consent, withdrawn.

INSPECTIONS OF THE CONJOINED BOARD OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND AND THE APOTHECARIES' HALL OF DUBLIN.

The report stated that—

At the examination in May, 1896, three candidates were examined. One had been rejected previously twice, another three times, and the third four times in one or more subjects. No candidate passed on this occasion the entire examination. In clinical surgery no special supervision was exercised over the candidates whilst taking their notes; otherwise the examination is reported as satisfactory. The same candidate who was passed in clinical medicine in May, 1895, contrary to the judgment of the visitor and inspector, submitted himself voluntarily to re-examination in this subject, and was awarded a passing mark. On this occasion the visitor and inspector formed the same opinion of him, and noted his ignorance of clinical medicine. The other candidate was rejected for gross ignorance. In the examination on operative surgery, one examiner was forty minutes late in attendance. In the midwifery examination no instruments were shown, and no questions were put on the subject of gynæcology. The phantom was not used. In the examination on forensic medicine and hygiene no specimens, tests, diagrams, or models were employed. The visitor and inspector report that this examination was "sufficient," but they state that there is still room for improvement. They, however, observe that "at the oral examination no questions were given on gynæcology to one of the candidates, with the exception of his being asked the uses of the sound and of Sim's speculum. No other instruments and no specimens were exhibited, and, although there was a phantom on the table, no use was made of it. This is the fourth occasion on which attention has been called in these reports to similar deficiencies in the practical character of this examination. In forensic medicine and hygiene the recommendation of the Committee of Management that the examiners in these subjects should freely use 'specimens, tests, diagrams, and models' at the oral examination (*loc. cit.*, p. 422) was on the present occasion also completely disregarded. Having regard to these statements, the Examination Committee has to report that it is still dissatisfied with this examination.

The report was adopted.

THE APOTHECARIES' HALL OF DUBLIN.

The Council next proceeded to discuss communications received from the Royal College of Surgeons in Ireland, the Apothecaries' Hall of Dublin and the Privy Council Office, in reference to the resolution passed by the Council relating to the appointment of examiners for the Hall at their last meeting. The College of Surgeons had replied that a recombination with the Hall was considered undesirable, while the Apothecaries' Hall declared its willingness to act on the Council's suggestion and re-enter the combination with the College.

Mr. C. R. C. TICHBORNE then moved, and Sir JOHN BANKS seconded, a motion to the effect: "That the application contained in the memorial of November 5th presented by the Apothecaries' Hall to the Council that the Council should appoint assistant examiners in Medicine and Surgery be agreed to."

Dr. MACALISTER moved as an amendment that the Council decline to accede to the application.

Mr. TEALE seconded the amendment.

A long discussion followed on the old lines, and the Council adjourned before a decision was come to.

THIRD DAY.—THURSDAY, NOVEMBER 26TH.

The Council resumed the consideration of the application on behalf of the Apothecaries' Hall, of Dublin. Before doing so, however, the solicitor to the Council (Mr. Farrer) in reply to a question by Dr. MacVail, said that if the Privy Council decided to appoint examiners after the Council had refused so to do the examination would still be open to the inspection of the Council adding that if the Privy Council thought fit the Council might be directed to appoint examiners.

Dr. GLOVER, speaking on Dr. MacAlister's amendment, admitted that in the past he had thought it his duty to lend his influence in favour of acceding to the request of the Apothecaries' Hall, in order to avert the alternative of its termination as an examining body. His views had,

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however, undergone a change, and he now would no longer feel justified in recording his vote in favour of the application. It at present appeared to him that the time had come when that body had ceased to be useful, the small number of candidates for its licence showing that this body no longer fulfilled a useful purpose in the economy of Ireland. He concluded by saying that his vote on this occasion would be in favour of reporting to the Privy Council that the Council could not see its way to continue to recognise the examinations of the Apothecaries' Hall.

Sir Dyce Duckworth insisted on the fact that the examinations held by the Apothecaries' Hall had been so bad and so inadequate that they had at length been constrained to come to the Council with the admission that they were unable to continue to carry them on satisfactorily, and appealing to the Council to bolster them up. He declined to admit that the present application stood on the same footing as that of the London Society of Apothecaries which was brought before the Council some years ago.

Mr. Thomson pointed out that the case for the Hall was based on the assumption that the apothecary in Ireland was the poor man's doctor, in fact, he said, this was the only argument advanced which appeared to carry any weight. He challenged the accuracy of this statement, for he had found on inquiring into the matter that the number of apothecaries in Ireland who held, or practised upon, the single qualification of the Apothecaries' Hall was 32, that is to say, one for each county in Ireland. The other argument in respect of the fees charged meant that the Council was expected to establish in Dublin a body which would provide, at the smallest possible expense, a diploma for needy gentlemen who wanted to practice for the most modest of fees. The real object of the application, he observed, was to provide a cheaper qualification, and he urged that it was in no sense the business of the Council to encourage competition in the direction of lowering fees and probably also of lowering the standard of education.

Mr. Tichborne replied on the question as a whole, and a vote was then taken on Dr. MacAlister's amendment which was passed by a majority of 23 to 2.

The amendment having been adopted as a substantive motion, it was resolved, on the motion of Dr. MacAlister, that the decision of the Council be communicated by the President to the Privy Council with an explanatory letter to be drawn up by the Executive Committee, briefly setting forth the grounds on which the decision was arrived at.

Case of Mr. Clement Henry Saunders.

This is the case of a dentist who in June last was found guilty of "covering" one Muller, the further consideration of the case having been adjourned.

Mr. Farrer stated that Mr. Saunders now employed a qualified assistant in accordance with the Council's requirements, and Mr. Saunders, who was present, assured the Council that he would in future abstain from allowing any unqualified persons to undertake the treatment of his patients.

After a brief deliberation *in camerâ*, the Council decided that Mr. Saunders "had not been guilty of infamous conduct in a professional respect."

Dr. Church took advantage of the opportunity to ask why the copies of the documents and evidence in the penal cases had not been forwarded to members of Council three days before the meeting in accordance with the Standing Order.

It was explained that the documents in defence in this case had only been received at the last moment, too late to issue them in accordance with the Order.

The Case of Dr. James Adamson.

The Council next proceeded to consider the case of James Adamson, M.D.Glas., of Hetton-le-Hole, Durham, who was charged with having "covered" one Birch, an unqualified person.

Dr. Adamson attended in person, and was accompanied by his Counsel, Mr. Bucknill, and his solicitor, Mr. Deans.

The complaint had been laid by Messrs. Hewitson and Parker. The evidence was of the usual kind, and presented no special points of interest.

After deliberating *in camerâ*, the Council found the defendant guilty of the charge brought against him, but, holding the view that his conduct had resulted from inadvertence, and, as he had apologised for what had occurred, and had given a positive assurance to the Council that the conduct complained of should not be repeated, the Council resolved "not to take any further action."

The Case of John Spencer.

The next case was that of John Spencer, L.R.C.P.Ed., L.R.C.S.Ed., L.F.P.S.Glasg., against whom it was charged that he "had systematically authorised, permitted, and enabled unqualified persons under cover of his name and qualifications to administer medical treatment to patients and sign death certificates, and generally to carry on medical practice as though they were duly qualified."

The unqualified persons referred to were Mr. G. Cumming and Mr. John Flockton. The complainants were the same as in the last case.

Mr. Spencer appeared to answer his summons, and was represented by Mr. Bruce Williamson, his counsel.

The case having been placed before the Council by Mr. Muir Mackenzie, defendant's counsel addressed the Council on his behalf, but as the usual hour for adjourning had been exceeded the further consideration of the case was postponed until the following day.

FOURTH DAY.—Friday, November 27th.

Case of Rees Thomas Edward Davies.

Mr. Davies, registered as M.R.C.S.E., L.R.C.P.Ed., L.S.A., was summoned to appear before the Council on a charge "that he systematically authorised, permitted, and enabled unqualified persons, under cover of his name and qualifications, to administer medical treatment and generally carry on medical practice, and perform the duties which can properly be performed only by practitioners recognised by law." The names of the unqualified persons referred to are Mr. Jones and Mr. Evans.

The complainant was Mr. F. I. Maunsell, of Cardiff.

The defendant appeared in person, and after the charge had been read he stated to the Council that, though he was not in a position to deny that the persons referred to were unqualified persons, it was the practice of medical men in the colliery districts to employ unqualified assistants. He explained that he himself worked under the control of a committee, whose wish it was that he should employ unqualified assistants. He mentioned that one of the assistants had been engaged in this kind of work for upwards of twenty years, and was much liked by the colliers.

After questioning the defendant the Council proceeded to deliberate *in camerâ*, and when strangers were re-admitted the President informed the defendant that the Council were of opinion that the charge against him had been proved, but had decided not to enforce the usual penalty, but would adjourn the further consideration of the case in order to give him an opportunity of dispensing with the services of any unqualified assistants, adding that the Council wished it to be known by all practitioners in the district that the employment of such assistants in the practice of medicine, surgery, and midwifery, would meet with the strong condemnation of the Council.

Case of John Spencer.

The Council next resumed the adjourned consideration of the case of John Spencer, of Hetton (Durham). His counsel having addressed the Council on his behalf, the Council, after deliberating *in camerâ*, came to the conclusion that the charge had been proved, but the motion to order his name to be erased from the *Register* was negatived, and on his giving an undertaking not to repeat the offence the Council resolved not to take any further action in the case.

On the motion of Mr. E. Teale it was agreed that "the Council specially point out that the District Registrar receives from unqualified persons notes or information informing him of the fact and cause of death and completes the registration in respect of the cause of death in the *Register* without requiring a certificate of the cause death from a registered medical practitioner," adding "that the Council is also informed that this information is used in extracts granted to club officials in order that members of these clubs may obtain their club money."

On the motion of Dr. Glover it was agreed "that the

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President of the Local Government Board be requested to favour the Council by receiving a deputation of the members on this subject."

COMMUNICATION FROM THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The Council next took into consideration a letter from the Royal College of Surgeons of England communicating a resolution passed by that body removing from the list of members of the Council the name of Mr. William Robert Nuttall Maloney, on the ground that he had failed to make the statutory declaration required by the Council, and admitted responsibility for certain actions attributed to him, and that he had aggravated his offence by continuing to issue advertisements and adopt modes of practice held by the Council to be disgraceful in a professional respect.

After some discussion it was moved by Mr. BRYANT, and agreed to, that Mr. Maloney's qualification as member of the College be removed from the *Register*, and that the further consideration of the case be referred to the Penal Committee.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

TWO CASES OF GASTROSTOMY.—Mr. BURGHARD operated on two cases. The first patient was a woman, æt. 28, who was the subject of extensive malignant disease of the pharynx; she was entirely unable to take any solid food, and no bougie could be passed, even under an anæsthetic. The operation was performed by Frank's method. An incision was first made through the outer fibres of the rectus near the left linea semilunaris, extending almost vertically from the edges of the costal cartilages, the incision was carried right through the fibres of the muscle, and the peritoneum opened; the transverse colon presented in the wound; this was pushed downwards, and the stomach, which was very contracted was felt for and found, it was then drawn out into the wound, and a situation in the viscus as near as possible to the cardiac end was selected as the point to be eventually opened. Two guiding stitches were then passed through this point, and as much as possible of the stomach wall drawn out of the wound and given to an assistant to hold. A second incision, about an inch long, which only went through the skin and subcutaneous tissue, was next made parallel to the first, and about an inch and a half internal to it. The next step was to dissect up the bridge of skin between the two incisions, then the portion of the stomach in which the two guiding sutures had been inserted was pulled through underneath this bridge of skin, and its apex made to emerge through the inner incision. The walls of the stomach were then sutured by a few catgut sutures to the peritoneum at the original incision, which was then closed by a continuous silk suture. The guiding stitches at the piece of stomach protruding from the second incision were left in till four days later, when the viscus would be opened, the patient meanwhile being fed by the rectum.

The second case was that of a man, æt. about 40, suffering from severe cicatricial stricture probably of syphilitic origin. The steps of the operation were similar to those employed in the former case with the exception that instead of raising a simple bridge of skin, the two incisions were connected by a passage produced by passing the knife horizontally through the rectus muscle so that eventually the opening in the stomach would be surrounded by firm muscular bands, the patient being a man who would probably live many years, therefore the opening was more likely to be kept in its proper shape by muscular fibres than by only skin and fascia. The stomach would be opened on the second day, but the patient was fed through the walls of the stomach before leaving the operating table by an injection of beef-tea and milk by means of an aspirating needle. Mr. Burghard drew attention to the early age at which cancer had developed in the first patient. He remarked that the defect in all ordinary operations of gastrostomy was the leakage of the contents of the stomach which almost invariably took place, causing great distress to the patient by the irritation of the skin and the constant wetting and soiling of the clothing, notwithstanding the employment of artificial means to plug the opening, this defect was, he said, almost certain to occur where the artificial opening into the stomach went straight through all the structures in the same line, the operation he had just performed aimed as preventing the escape of the stomach contents by interposing a valvular barrier made by the bridge of skin, the tract from the stomach to the opening being bent at right angles at the point where it passed under the bridge; in this situation the walls of the stomach became antero-posterior, and they get pressed closely together during contraction of the abdominal wall, all leaking being thus prevented; this effect is still further heightened by passing the portion of the stomach through the thickness of the rectus muscle. The operation besides, he considered, has the advantage of being very simple and rapid of performance, and of there being no necessity of any complicated stitching of the stomach to the peritoneum, thus obviating danger from shock in patients who are very pulled down through starvation. If necessary, also, the stomach could be safely opened at the time of operation, but a preferable means was to inject food by an aspirator immediately after the operation, and to delay the opening for twelve hours. The guiding stitches, he pointed out, were to indicate the position at which the viscus should be opened, as three or four days after the operation the changes in the stomach wall often rendered the viscus difficult of recognition.

MIDDLESEX HOSPITAL.

HERNIA OF THE OVARY AND FALLOPIAN TUBE IN AN INFANT.—Mr. BLAND SUTTON operated on a female infant, four months old, on account of a swelling, as big as a walnut, occupying the left groin. The clinical characters of this swelling were those indicating hydrocele of the canal of Nuck, but the sac was so tense that it was impossible to determine the presence of any solid body within it. The mother stated that she had for several days noticed a swelling in the baby's groin, but that it suddenly increased in size, and induced her to seek advice. The child was chloroformed, and the sac freely exposed. On opening it, a gush of serum occurred, and an elongated cystic body was seen in the recesses of the sac. This was examined and found to be an ovary, with a cyst occupying its uterine pole, and the ampulla of the tube. The neck of the sac was very small, so the pedicle was transfixed with very fine silk, and secured as in ovariotomy. On cutting away the ovary, tube and adjacent parts of the mesosalpinx, the stump retreated easily into the cœlom (peritoneal cavity). The neck of the sac was transfixed, and the free portion cut away; the pillars of the ring were approximated with a very thin strand of silk-worm gut, and the skin edges secured with silk-worm gut, and sealed with sterilised gauze and collodion. The parts removed are shown in the accompanying drawing. The child recovered easily and speedily, and

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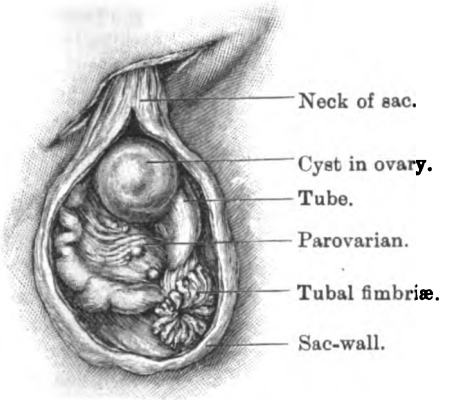
the ovarian nature of the genital gland was proved by the microscope. Mr. Sutton remarked that many cases of acquired hernia of the ovary had been recorded in infants, some even as early as the third month. In some of the cases the symptoms strongly resembled those of strangulated hernia, but at the operation an ovary which had undergone axial rotation was found. Chiene, in 1884, removed a herniated ovary from a child three months old, and the case is often erroneously referred to as the youngest ovariotomy on record. Infants bear hernia operations remarkably well. Mr. Sutton said the youngest patient on whom he had himself operated for strangulated inguinal hernia was a baby 28 days old, and the sac contained a knuckle of ileum. It recovered rapidly.

Hernia of the ovary and Fallopian tube in a child four months old. (Nat. size.)



CITY OF DUBLIN HOSPITAL.

We learn that the case of para-sacro-coccygeal excision of the rectum, by Mr. Henry Gray Croly, now a fortnight after operation, is progressing most favourably.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 2, 1896.

IS THERE A URIC ACID DIATHESIS?

In spite of multitudinous researches into the nature and causation of gout and allied manifestations so much obscurity remains that inquirers on fresh lines are welcome, even when one is unable altogether to acquiesce in their "statement of claim." To Dr. Haig, we believe, is due the credit of having been the first to call attention to the fact that large quantities of uric acid are directly introduced with and in the ordinary food of man. This may be eliminated in the urine, failing which, oversaturation of the blood is followed by the deposition of the acid in the tissues. This is a distinct advance in our knowledge of the pathology of gout, and what may be termed uric acid manifestations, but Dr. Haig proclaims that virtually *all* the mischief-making uric acid is thus introduced, the quantities produced in the normal healthy human body being inadequate to the production of morbid symptoms. He admits, however, that uric acid may be, and indeed is, normally produced in the normal organism, in the proportion of 1 part to 33 of urea. He believes the ratio to be unalterable, but this can only be proved by prolonged observation by independent observers. In any event, the fact that uric acid can be elaborated in the human body renders it possible, if not probable, that under particular conditions the output may be so increased as to constitute a pathological condition. We are not concerned to deny the importance of discarding any avoidable addition to the proportion of uric acid already present in a given case, but it has not yet been conclusively proved that it is impossible, even in the absence of alimentary uric acid, for sufficient quantities to be formed to give rise to a deviation from health. All animal tissues contain uric acid or substances of the xanthin group, and the alkaloids of tea, coffee, and cocoa are also xanthins and therefore to be avoided. The ideal diet of a person who would still be currently described as suffering from the effects of the uric acid diathesis would have to be restricted to milk and cheese, bread stuffs and cereal foods and the pulses, such as peas, beans, lentils and the like. The exclusion of articles of food containing uric acid, in association with the administration of drugs which are recognised to facilitate the solution of this intractable substance, allows of the excretion of arrears of uric acid, and when the surplus has been disposed of the effects disappear. *Sublatâ causâ tollitur effectus.* There are, however, a number of facts which do not fit in with Dr. Haig's hypothesis. Stone, for instance, is very common in certain parts of India where the natives nevertheless live exclusively on just such a diet as that recommended by him by reason of its freedom from uric acid constituents. Then, again, certain subjects, especially children, continue to excrete large quantities of uric acid in spite of the most careful dieting, and in certain diseases, such as leucocythæmia for instance, the excretion is always largely in excess, whatever the diet. The first thing to do in elaborating such a hypothesis is to obtain a general agreement as to the facts on which it is based and sufficient time has not yet elapsed since these ideas were promulgated for this to have been accomplished in respect of the conditions under which uric acid production is modified by diet. It is quite possible, as suggested by one of the speakers during the recent discussion at the Medical Society of London'

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that there are two distinct conditions which have as a common factor an excessive excretion of uric acid, one in which the over-production is the result of dietetic errors, and is consequently readily amenable to dietetic measures, and a second in which the over-production is due to a hereditary defect in tissue metabolism, and is only modified by diet to a limited and variable extent. If this be so the term diathesis will have to be restricted to cases coming into the second group.

THE LOCAL GOVERNMENT BOARD OF IRELAND.

THIS much-discussed Department is within measurable distance of a revulsion—let us hope of a reform. Both the Vice-President, Mr. George Morris, and the Medical Commissioner, Sir Francis MacCabe, must retire within a few months from their lucrative and otherwise very comfortable official positions, and their seats will be assumed by unexplored novelties. The anticipation of such a change is enough to cause a flutter, especially among the guardians and officers whom this department rules. As some one said that the Chief Secretaryship is the grave of political reputations so it may be said that the Local Government Board for Ireland is the burying place of departmental hopes. Each quarter of a century the cards have been shuffled and new entities have been inducted into the administration of the Department with the most sanguine expectations, and with the most disappointing results. Sir Alfred Power, Sir Henry Robinson, and, we may say, Mr. Morris, have made their *début*, played their parts as Heads of the Department, and departed, and, to do them justice, the two former were the only members of the Board of whom the public took any notice. Dr. MacDonnell, Dr. Croker King, and, now, Sir Francis MacCabe, have had their turn as Medical Commissioners, and have entered the purgatory of "idleness with dignity," without having earned the approbation of the public. The third Commissionership has, until recently, been accepted by the public without question, as the proper place for a nonentity, and, accordingly, by a nonentity it has usually been filled. To say the truth, the Irish Local Government Board has heretofore not produced any fruit whatever by which the public might know that such a board ever existed. It has issued an Annual (blue) Report, and it has chronicled the small beer of Boards of Guardians, but, looking back over a vista of nearly fifty years, we are unable to lay a finger upon a single great improvement which it has initiated or carried through. The Poor-law system of Ireland which it received in charge half a century ago, is the identical Poor-law system still. The Board has truly kept its talent wrapped in a napkin, and now presents it with great complacency (and some audacity) as if it should acquire a character for departmental virtue by burying its talent in the ground. Not a sign of statesmanlike virility or departmental energy has ever varied the even tenour of official obstructiveness which is the attribute of such departments, and its administrative capacity as a great public department may be judged from the fact that the Irish Workhouse Reform Association, the Irish Medical Association, and every philanthropist is, at this moment, bent upon an effort to unveil to the Board the thirty-year-old abominations of Irish workhouses and dispensaries, which it should have been the first to know of and to remedy, and that, even now, the influence of the Department is exercised, at all points, to pooh-pooh and discourage the philanthropic energy of those organisations.

The future of Poor-law reform in Ireland will be decided by the appointments which will be made in succession to Mr. Morris and Sir Francis MacCabe. If the time-honoured system of inducting individuals because they are of a particular religion or politics, or have influential relatives, be pursued, the hoped-for reform of the Irish Poor-law system may stand aside for the next five-and-twenty years. It is scarcely possible that the administration of the Department can be materially worse than it has been for the last twenty-five years, but it will be a sufficient calamity if it is no better.

OYSTERS AND DISEASE—LOCAL GOVERNMENT BOARD VERDICT.

LAST week the Supplementary Report of the Medical Officer of the Local Government Board was issued from the official printers. It deals with "the cultivation and storage of oysters and certain other molluscs in relation to the occurrence of disease in man." From many points of view it is an extremely valuable and weighty document. It affects, for instance, the enormous interests vested in the collection, storage, and distribution of a popular and much-prized article of food. Above all, it has a direct bearing upon that which has come to be a matter of supreme importance to the national mind, namely, the public health. There can be no doubt whatever that it has settled once for all upon definite scientific grounds that oysters derived from sewage-contaminated sources are capable of communicating disease to their unhappy consumers. The danger, so far as oysters are concerned, is emphasised by the fact that in nine cases out of ten these tid-bit molluscs are eaten raw, whereas the others dealt with in Dr. Thorne Thorne's Report are usually cooked. For the present purpose the oyster alone will be considered. As everyone knows, this "succulent bivalve"—as it is commonly described by newspaper writers—has lain under a cloud of suspicion for several years past. Doubt has now deepened into certainty, and the verdict of the official jury has been, so to speak, delivered dead against the defendant. Dr. Bulstrode conducted that part of the inquiry which investigated the actual conditions under which the cultivation and storage of oysters intended for trade purposes are conducted in England and Wales. He states that "only a few of the layings, fattening-beds, or storage-grounds round our coast can be regarded as theoretically free from every possible chance of sewage pollution." On the other hand, many of the beds and ponds are exposed to constant contamination. At Southend, for example, one bed is placed "between two principal sewer outfalls, at a point where the sea bottom and the matters floating

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on the surface afford the most obvious proof that the conditions are filthy in the extreme." The Cleethorpes layings at the mouth of the Humber, one of the chief sources of English oysters, is exposed to risks of contamination from the sewage of 60,000 people. Of Medina, in the Isle of Wight, we read, "it is almost beyond comprehension how any one could venture to fatten oysters for human consumption in a river estuary such as this." Numerous other instances might be quoted, but the Grimsby Fish Docks Storage is worthy of special mention. Not only does the Dock in question receive human excreta in considerable quantity, but a public urinal actually empties near one of the oyster floats. So much for the disgusting conditions under which oysters are collected and stored before distribution. Dr. Klein has approached the subject from a bacteriological point of view. Within the present limit it is impossible to enter at length into the discussion of his methods. His results may be briefly stated as follows :—First, he has shown that pathogenic micro-organisms, to wit, those of enteric fever and of cholera, are able to survive several weeks' exposure in salt water. Secondly, he has proved that oysters, after being kept for several weeks in sea-water artificially contaminated by cultures of the organisms of the two diseases named, exhibit the specific microbes both inside and outside their shells. Thirdly, he has found the bacillus coli, and in one instance the enteric fever bacillus, inside oysters taken from sewage-contaminated sources. In weighing the value of the last-mentioned fact it should be remembered that positive evidence is extremely hard to obtain in a matter of this kind. The contaminating material is diluted, as a rule, with an enormous volume of water, and in any given instance it is possible that only very few of the oysters would be infected. However, the researches of Dr. Klein and Dr. Bulstrode have removed the question of the possibility of the conveyance of disease by oysters from the region of speculation to the basis of ascertained fact. Then, besides their work, a great mass of testimony has been accumulating in the same direction. Two such examples may be found in the famous epidemic that took place, some years ago, in the Wesleyan University, Connecticut. Prof. Conn has definitely traced that outbreak to the consumption of contaminated oysters. The Académie de Médicine of Paris, on the 2nd of June, 1896, adopted views similar to those contained in Dr. Thorne's Supplement, Indeed, there seems to be a general consensus of affirmative opinion from all quarters where the subject has received scientific attention. What the effect of the Local Government Board Report will be on the public it is not hard to imagine. The so-called "oyster scare" which has now been in full operation for the last three years has, no doubt, considerably reduced consumption. There can be little question that this latest scientific verdict will fall with crushing effect upon the oyster industry. The only chance, as it would appear upon due deliberation, for restoring the confidence of consumers will be for the oyster owners to attach some distinguishing mark to guarantee that their particular bivalves come from a source that is beyond the slightest suspicion of sewage contamination. If the oyster be kept for a sufficient time in pure sea water, so we are told, then it becomes a safe morsel for the stomach of its purchaser. Around that fact the future prosperity of the oyster trade appears to be mainly centred. It is the silver margin to a heavy, although local, commercial cloud.

Notes on Current Topics.

The Apothecaries' Hall (Ireland) and the General Medical Council.

Those conversant with the course of events will experience no surprise at the result of the appeal by the "Hall" to the General Medical Council that Assistant Examiners might be appointed to allow the "Hall" to carry on its examinations. It will be recollected that when the Royal College of Surgeons of Ireland dissolved its conjunction with the "Hall" that body asked the General Medical Council to nominate Examiners in Surgery, as it could do by the provisions of the Medical Acts. The General Medical Council refused by a majority of 12 votes to 9. The "Hall" then appealed to the Privy Council, as provided by the Act, and that tribunal after full hearing of the case sent back the "Hall" to the General Medical Council to ask whether that body would grant Examiners in Medicine as well as Surgery. That Council by a majority of 17 to 10, refused to say "Yes" or "No," but referred the "Hall" back to the College of Surgeons to ascertain whether that College would re-enter the conjunction which it had dissolved. It refused to do so and the 'Hall," therefore, came to the General Medical Council, now, to apply again, for Examiners in both Medicine and Surgery. That request the Council has finally refused, by the large majority of 23 votes to 2. It follows, we suppose, that the "Hall" will now go again to the Privy Council and seek to induce that tribunal to appoint the needful Examiners or to order the General Medical Council to do so. It may be conceived that a falling-off in the minority of votes recorded for the "Hall" from 12 votes to 9, then to 17 to 10, and now to 23 to 2 represents a revulsion of feeling against the "Hall" in the General Medical Council, but this is not altogether the fact. By the retirement of Dr. Haughton and Dr. Kidd from the Council the "Hall' lost two supporters, who were replaced by Dr. Bennett and Mr. Thomson, both avowedly hostile to its claims. Then Sir Walter Foster was absent, and Dr. Glover, from some revulsion of feeling which he ineffectually sought to explain, changed his vote, and Sir Philip Smyly, whose sympathies had been with the "Hall," declined to vote at all. Nevertheless, the expression of opinion of the English and Scotch representatives (most of whom know nothing whatever about medical affairs in Ireland) was definitely against the "Hall," and the ultimate appeal rests now with the Privy Council. That Body is above all local considerations, but we should suppose that it

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may be influenced by the question whether it is a good thing to concentrate the power of granting Diplomas in Ireland in one body, *i.e.*, the College of Physicians, tempered by such influence as the College of Surgeons may have the courage to exercise. The two Irish Universities need not be counted into the calculation, inasmuch as they cater for special classes of students who form a minority, and select a special educational standard. Should the "Hall" be extinguished the College of Physicians will be in a position to dictate the medico-educational policy of Ireland, and we do not know of any party outside the College itself which would entrust to it so large a function with an easy mind.

Army Medical Competition (?)

TOWARDS the end of the last session of Parliament a deputation from the Irish Qualifying Bodies waited upon the Secretary for War for the purpose of urging upon him the unfairness of the arrangement which restricts, at present, the Examinerships for the Army, Naval, and Indian Services to London teachers, and we are obliged to confess that the deputation produced little result. The usual assurances were given that the War Department is quite incapable of a job, and that the War Department's Medical Examiners are altogether above the human weakness of favouring their own pupils. Both propositions are, of course, indisputable, and, also, we know for certain that the Army Medical Competitive, and those who administrate and conduct it, are pure of original sin. Being perfectly confident of this we are at liberty to speculate upon the cause of the enormous redundancy of London successes at these competitives as compared with those of students from other parts of the Kingdom. In the Minutes of the General Medical Council for Nov. 24th we find the returns of the Army, Naval, and Indian competitives for February, August, and November, 1896. At these examinations 54 commissions in Her Majesty's Medical Services were given away, of which 30 were given to the English contingent, 10 to the Scotch, and 6 to the Irish. The War Office authorities may attempt, but they will scarcely succeed, in persuading the public that the Universities and other licensing bodies outside England are incapable of turning out Medical Officers fit for the Queen's Service, nor will they satisfy us that, as long as the selection of such officers is placed in the hands of London teachers exclusively, there is enough medical virtue in this world to ensure that London will not always come to the front in these competitives.

The Dangers of Paraffin as a Hair-wash.

IN many quarters, both lay and medical, paraffin has come much into vogue of late years as a stimulant and cleansing agent for the scalp. Its dangerous inflammability has given rise to not a few serious and sometimes fatal accidents. Only a few days ago a lady at Nunhead was severely damaged in this way, although happily she has received no permanent injury. The responsibility of medical men who recommend the application in question is somewhat serious. It often happens, even with well-to-do persons, that the only time when the paraffin can be applied is before going to bed or, in other words, by artificial light. Given a candle or a lamp on the dressing table close to a head throwing off dense volumes of highly inflammable vapour, then it would not take a Faraday or a Lord Kelvin to predict the probable result. As often insisted upon in these columns, if paraffin be ordered for the scalp it should never, under any conceivable circumstances, be used except in daylight. This rule should be borne in mind, not only by medical men, but by chemists, nurses, and, indeed, as a piece of useful information by the public generally

"My Military Advisers."

THE phrase which the late Secretary of State for War, Mr. Edward Stanhope, was accustomed to use when dealing with army medical matters was that "my military advisers are responsible for the decisions at which I arrive." Apparently this seems to be the case in regard to the present *régime*. Lord Lansdowne, it is stated, is favourable to an investigation into the present position of the officers of the Medical Department of the Army, and is willing to remove the grievances under which they suffer. But the War Office are of the opposite opinion. They are opposed to any such action being taken. Lord Wolseley and Co., may, therefore, be held responsible for the deplorable condition to which the Army Medical Department has been reduced. What the end will be in this matter it is difficult to foresee. However, the proper course appears to be that Lord Lansdowne should assert his authority and insist upon justice being done. In the long run it is always inexpedient for any public department to be controlled by its permanent officials, and holding the views that he does Lord Lansdowne would not only be doing a meritorious public service, but an act which, so far as the welfare of the army is concerned, is urgently called for, were he to proceed, despite "my military advisers" to the adjustment of those grievances which prevent any self-respecting, well-qualified medical man from joining the Medical Department of the Army.

The Decline of Drunkenness.

AN official return has just been issued by the Home Office, showing the total number of convictions for drunkenness in each of the counties and boroughs of England and Wales during the years 1894-1895. In the Metropolitan Police District, for 1894, on week-days, there were 25,471 convictions; in 1895, 25,158. In the rest of England the corresponding figures were 109,843 and 103,082, respectively. In Wales the figures were 11,296 and 10,568. Thus a distinct decline is here shown in the cases of drunkenness with which police-court magistrates are called upon to deal. The comparison, however, would be much more trustworthy were an analysis to be made of the same figures for, say, the last few decades. The records for one year cannot count for much as showing the real state of the sobriety of the classes who have alcoholic predilections. Possibly, the rejoicings in connection with the forthcoming national demonstration of the record reign

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established by Her Majesty the Queen will be calculated to make the figures for 1897, when they come to be made up, somewhat at variance with the statement that drunkenness is declining.

Zymotic Disease in Birmingham.

The last quarterly report of the Medical Officer of Health for the Midland capital contains some interesting and suggestive facts. It appears that during the three months in question, scarlet fever ran riot, the total number of cases being 925, or nearly 400 more than the average for the previous five summers. Happily, the number of deaths from that cause, 27, was only four in excess of the mean for a similar comparative period. The figures relating to diphtheria are still of a most disturbing nature. They have risen from 108, 73, and 159, in the years 1893-4-5, to 299 in the past quarter, and the deaths from 12, 8, and 28, to 61. The mortality from whooping-cough mounted to 87 as against an average of 38 for the foregoing five years. Diarrhœa claimed 461 victims, against the quinquennial mean of 318. Typhoid was rather more fatal, measles less so, and small-pox absent. These facts prove that the good folk of Birmingham have still a good deal to accomplish in the way of practical sanitation.

Functional Delirium Tremens.

A few weeks ago a curious incident occurred in a London parish over a case in which the workhouse Medical Officer certified a death to be due to delirium tremens. The friends of the deceased regarded this statement as a stigma upon themselves, and appear to have got an outside medical man to make an inquiry. The latter wrote to the local Board of Guardians complaining that the cause of death had been wrongly stated. His opinion appears to have been based mainly upon the fact that a post-mortem examination revealed no disease of internal organs. The absurdity of any such conclusion need not be pointed out to educated medical practitioners. Most advanced students would know that death from delirium tremens may follow even a single bout of heavy drinking, which may have left no naked-eye traces upon internal organs. In any case, the bad taste of a public attack on the diagnostic skill of a brother professional is quite indefensible. It is hardly necessary to add that the Medical Officer cleared himself of the charge with little difficulty.

The Alleged Evil of the Rag and Bone Business.

The Public Health Committee of the London County Council have had under consideration a letter from the Vestry of Kensington asking the Council to make an order declaring the business of a rag and bone dealer to be an offensive trade within the meaning of Section 19 of the Public Health (London) Act, 1891. The Vestry state that their attention has been directed to offensive smells emanating from certain premises in the parish in the occupation of a rag and bone dealer. In 1883 the same Vestry made representations to the Metropolitan Board of Works in favour of the business of a marine store dealer being declared an offensive trade under the provisions of the Slaughterhouses Act, but the Board did not see their way to do this. In reply to the present application of the Vestry the Committee of the Council, after carefully considering the matter, have stated "that they think that the Council would hesitate to make, and the Local Government Board would hesitate to confirm, an order affecting the several hundreds of the rag and bone tradesmen at present in London, and entailing the making of bye-laws and arranging a system of inspection, without considerably more evidence than there seemed to be so far that an evil existed which could not be more effectually dealt with without such an order, and that such an order was, therefore, necessary in the interests of the public health." The Committee, therefore, recommend that the Vestry should be informed that the Council feels that the facts at present within its knowledge do not justify the promulgation of such an order. On looking into the facts of the case this decision appears to us to be precisely in accordance with the evidence submitted to the Council. The Vestry have apparently based their application upon one complaint, relating to the business of one rag and bone tradesman in their district. Before any general order were issued declaring this kind of business to be an offensive trade, it would only be fair to ascertain by general inquiry throughout the Metropolis, whether any complaints of a similar kind had been made in other districts.

The Standard of Preliminary General Education.

Once again the question of raising the standard of requirements in respect of the general knowledge to be required of aspirant medical students has come before the Council. The policy of the Council in the past has been to prance rather than to gallop when invited to take steps to ensure a degree of uniformity and efficiency in this direction. There are, however, signs that the Council is beginning to yield to the pressure of public opinion, and this in spite of the reluctance manifested by a certain number of the educational and examining bodies to concede the necessity for any further measure. The Education Committee, however, is determined to do nothing rashly. The report testifies to a desire to do as little as is possible consistently with the appearance of doing something, and it has been resolved by the Council in solemn conclave assembled that the question of how to level up the lower order of entrance examinations shall be re-referred to the Committee with the view of suggesting a raising in the pass number of marks required, this very mild measure, if agreed to, to come into force in 1900. Why it should be deemed necessary to postpone action for three years was not made very clear, but we should not take exception to the delay were the proposals of the Committee, as foreshadowed in the report, of a satisfactory character. This we are fain to say they are not. Far too much latitude is left to the examining boards as to the schedule of requirements, which is only sketched out

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in a most perfunctory manner by the Council. Dr. Tuke, speaking on behalf of the Education Committee, positively seemed afraid that if a higher standard were brusquely enforced there might be a dearth of practitioners, but this would seem to be about the last thing in the world which we have to fear. We trust that when the question comes up for discussion next November the direct representatives, whoever they may be, will take care that the movement in favour of increased stringency be not gently laid to rest on some more or less specious plea.

The Disciplinary Powers of Educational and Examining Bodies.

THE report setting forth the present condition of things in respect of the purgative powers of educational and examining bodies in respect of peccant *alumni* shows that many of them will have to acquire additional powers before they can purge their registers of the names of persons who have ceased to be worthy to figure therein. It is a matter for surprise that a keener desire is not shown by the north country universities to acquire these powers, although the present situation, as the President of the Council aptly observed, cannot possibly be allowed to remain. The University of Cambridge has set a good example by securing the right to expunge the names of erring graduates, and has availed itself of that power to withdraw the degree held by one of their graduates who is at present undergoing a sentence of penal servitude for forgery. The Privy Council has shown itself ready and willing to facilitate the granting of such additional powers as may be necessary for the disciplinary government of those bodies not provided therewith, and it is difficult to believe that public opinion will allow the matter to remain in its present unsatisfactory condition.

Penal Cases at the Council.

THE number of penal cases which engaged the attention of the Council during the session that has just been brought to a close was fully up to the average. They were all of the kind now generally known as "covering," and in every instance the charge was held to have been proved. Curiously enough, however, instead of proceeding as usual to remove the name of the erring practitioner from the *Register*, the Council, moved by an unprecedented feeling of compassion, for the most part decided not to enforce the extreme penalty, merely reprimanding the defendant and advising him in formal terms to sin no more. It remains to be seen whether this plan of dealing with a very serious professional offence will have the desired effect of deterring other offenders, not yet brought to book, from continuing a practice which it would appear is very rife in the colliery districts of Wales. In all human probability the others will be encouraged by the Council's leniency to postpone discontinuing the practice until they, in their turn, have been summoned before the Council and admonished. It would be interesting to know the reason for this unusual clemency on the part of the Council, but this is a point on which we are unable to gratify the curiosity of our readers.

The Swansea Abortion Case.

THE feeling at Swansea caused by the sentences pronounced upon the two medical men convicted at the last assizes for manslaughter in the Swansea abortion case, is very strong in the town in favour of the convicts. The jury have been moving most actively in the matter, with a view to petitioning the Home Secretary for a mitigation of the sentences. Moreover, they have made known their views upon the case. They did not consider that there was the malice aforethought necessary to constitute the charge of murder. At the most, they expected that Jones would not receive a sentence of more than five years, and Richards, the assistant, one of twelve months. Meanwhile, a petition is being prepared, which will be signed by all the jury; then the Mayor and Corporation will be approached with the same object in view, and afterwards, the opportunity will be afforded for the public to attach their signatures. We learn from the *South Wales Daily News* that the severity of the sentences has caused quite a sensation in Swansea. Before going to press we hear that the sentence of Richards has been reduced to two years. As an accessory after the fact, he was guilty not of felony, but of misdemeanour, the maximum penalty for which is two years. It is extraordinary how such a point could have escaped notice at the time of the trial.

A Recrudescence of Influenza.

THERE has been a decided recrudescence of influenza during the last few weeks within the metropolitan area. The cases appear to be of the usual type with characteristically sudden onset, grave prostration and high fever, with specially marked gastric disturbance. Influenza is still a malady which can be diagnosed only by the process of exclusion and it is imposible to give a confident diagnosis until a sufficient period has elapsed to allow the practitioner to eliminate one or other of the exanthemata of which the earlier stage resembles that of influenza. It really looks as if this affection was going in future to be a perennial visitor, and not, as in the past, an epidemic malady of rare occurrence but smiting down its thousands as soon as it obtained a footing.

Irregular Registration of Deaths.

THE evidence in several of the penal cases before the General Medical Council testified to an exceeding laxity in the registration of deaths in certain parts of Wales. It was shown that the district registrars habitually receive and act upon the certificates of unqualified persons and even issue "extracts" from the Register based on this information. Although the law does not at present require that every death should be certified by a registered practitioner it must be admitted that registration under such circumstances is little better than a farce and opens the gate to innumerable abuses. We are pleased to see that the General Medical Council have decided to take cognis-

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ance of this state of things and have arranged for a deputation to wait on the President of the Local Government Board for the purpose of laying these facts before him. What is required is, on the one hand, to protect the public against possible dangers and to obtain, in the interests of science, a better and more accurate system of registration. We trust one effect of the action of the General Medical Council will be to bring pressure to bear on the Government to urge forward a measure for reinforcing the present law on the subject.

The Dublin Conjoint Examinations.

The report of the results of the last July examinations presented by the Conjoint Board to the Irish Colleges shows a slight increase in the number of candidates as compared with 1895. This increase is confined to the first and second examinations, because the five years' scheme of education prevented candidates from offering themselves for the final at present, while the greater number of those who might offer themselves under the old four year system have already passed the final. The severity of the examinations, as indicated by the rejection percentages, seems to be in excess of that in any other part of the Kingdom. Taking all the examinations together, 56 per cent. of the candidates were sent back, a proportion of unsuccess considerably in advance of that recorded in London or Scotland. The excessive severity of the physiological part of the third examination, upon which we have more than once commented, is still manifested by the rejection percentage, which, at this examination, was 68·3, and for the similar examination of last year, 75·7 per cent. In the physiology for the four years' men, the "mortality" was 50 per cent., and in that for the five years' men, 85 per cent. The Committee of Management appears to be now—late in the day—trying to check this inexplicable severity of the physiology examination by circulating a syllabus of the subject within the limits of which they hope to confine the flights of the examiners, but we have little faith in any such expedient. If examiners wish to "stick" candidates they can do so as readily in a limited examination as in an unlimited one. We have no expectation that the scandal of this examination shall cease until the examiners are changed.

The Condition of Dr. Jameson.

The nature of the operation performed upon Dr. Jameson is such that, now that his release has been granted, some days will have to elapse before Mr. Herbert Allingham can sanction his removal from the gaol. That is to say, it has been considered inexpedient under any circumstances to move him until the ligatures used in tying the hæmorrhoids have come away. Meanwhile Mr. Allingham and Dr. Scott have been chiefly anxious about their patient by reason of the fact that he does not take sufficient nourishment, or food of a properly sustaining character. Every expedient has been resorted to in order to counteract this disinclination for food. But Dr. Jameson has suffered so much of late from dyspepsia that he has entirely eschewed all solid nourishment. It is satisfactory to be able to record that so far there has been no rise of temperature following the operation, indicating that the procedure itself has been perfectly successful in respect to its immediate effects.

Memorial to Sir George Porter.

On Monday last a Memorial bed in the Meath Hospital, provided and endowed by subscription of the friends of Sir George Porter, was unveiled by His Excellency the Lord Lieutenant of Ireland. His Excellency was accompanied by the Countess Cadogan, and was received by the staff of the Hospital and by a distinguished company, including Lord Powerscourt (who occupied the chair), Lord Monck, Lord Frankfort de Montmorency, Mr. and Lady Victoria Hamilton, Sir George Owens, Sir Charles Cameron, Sir Robert Sexton, and Sir William Stokes. His Excellency, in unveiling the bed, spoke of the universal respect and affection with which Sir George Porter had been spoken of to him before he assumed the Viceroyalty, and gave his assurance that this and every other function which was intended for the advantage of Dublin Hospitals had his sympathy and would have his cordial support.

The Question of Medical Bulletins.

At this time, if at all, the newspapers throughout the country might have been flooded with bulletins respecting the progress and details of the case of Dr. Jameson. But with a determination, praiseworthy in the highest degree, Mr. Herbert Allingham and Dr. Scott have declined the solicitations of the lay press to conform to the custom of issuing bulletins. So well was this determination adhered to that it was not for four days after everyone knew that Dr. Jameson had been operated upon that the information leaked out who the operator was. We are extremely glad to give prominence to these facts, and the profession should duly note them. If the principle came to be established that the issue of bulletins, as is practically the case, was uncalled for and unethical, there would soon be a decline in this indefensible method of self-advertisement. Meanwhile, all praise is at present due to the Medical Officers of Dr. Jameson for setting so worthy an example in this direction.

The Dublin Student Class for 1896.

The books of the Anatomical Committee which caters for the Dublin dissectors, closed on the 25th. The entries of students therein recorded are the only available index to the strength of the student class in Dublin for the coming winter session, and though not altogether reliable, it affords an indication of the fluctuations from year to year. The gross dissecting class for the session stands higher than that for 1895 by 43 students. The College of Surgeons School is up by 16, from 154 to 170. The School of Physic (Trinity College) is down by 23, from 208 to 185, and the Catholic University Schools stand the same as last year, 118. These figures, if they could be the basis of sound argument would seem to indicate that the classes who can afford to send their sons to the University of

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Dublin are becoming less, while those who seek the more ready road to the profession are more numerous.

PERSONAL.

THE personal estate left by the late Mr. Morrant Baker, F.R.C.S., amounted to £17,677.

LORD KINNAIRD has accepted the position of Trustee to the Dental Hospital of London.

A GENERAL meeting of the members of the Hospital Reform Association will be held to-morrow (Thursday), December 3rd, at the Hotel Cecil, Strand, at 3 p.m.

AT a special meeting of the Members of University College, London, held on the 25th ult., Lord Reay was elected president in place of the late Sir John Erichsen.

A MEDICAL student, named Walter George Rogers, obtained a verdict for £50 damages against a school teacher at Cardiff last week, for malicious prosecution and false imprisonment.

THE result of the reading by Mr. Bancroft of "The Christmas Carol," at the Queen's Hall, was a sum of upwards of £300, which has been handed over to the Cancer Fund of the Middlesex Hospital.

JOHN FERDINAND, "M.D.U.S.A.," the so-called cancer curer, has been committed for trial on a charge of wilful perjury at an inquest held, concerning the death of a woman whom he had attended for cancer.

MR. REGINALD HARRISON, F.R.C.S., will deliver the Bradshaw Lecture at the Royal College of Surgeons, England, on Wednesday next, Dec. 9th, at 5 p.m., the subject being "Vesical Stone and Prostatic Disorders."

DR. THORNE THORNE, Medical Officer to the Local Government Board will deliver a lecture on "Oyster Culture in Relation to Disease," for the National Health Society to-morrow (Thursday) at 5 p.m., at 20 Hanover Square. Sir William Broadbent will take the chair.

PROFESSOR SYMINGTON, who was so well-known in Edinburgh for his powers of organisation has, since his transference to Belfast, completely remodelled the anatomical department, and is held in high repute by the students. He has now been elected President of the Ulster Medical Society.

SIR GEORGE SCOTT ROBERTSON, K.C.S.I., Indian Medical Service, the hero of Chitral, was entertained at a banquet given in his honour on the 27th ult. by old students and present members of the staff of Westminster Hospital, of which Sir George was formerly a student. His reception was most enthusiastic.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE CHAIR OF MEDICAL JURISPRUDENCE IN THE UNIVERSITY OF EDINBURGH.—Although not as yet officially announced, we have good authority for stating that Sir Douglas Maclagan has intimated his intention of shortly resigning his Professorship of Medical Jurisprudence at the University of Edinburgh owing to his advanced age. Sir Douglas graduated at the University of Edinburgh in 1833, 63 years ago, while he became a Licentiate of the Royal College of Surgeons of Edinburgh two years before, in 1831. With this length of active work it is no discredit for him to wish for relief from his professorial duties, which he has carried on for a number of years with distinction. In the event of the vacancy occurring we understand that the advisability of splitting up the subject into two, Medical Jurisprudence and Public Health, will be considered, but, although the change would, there is no doubt, be of great advantage to all concerned, the great question of the wherewithal renders it improbable. It is too soon to hazard any conjectures as to the probable candidates for the chair, but it is significant that several potential aspirants for professional honours have been met with in Edinburgh during the last few days.

MR. MALONEY, M.R.C.S., AND HIS EXHIBITIONS.—The General Medical Council and the Royal College of Surgeons have lost no time in taking measures against this gentleman, whose proceedings were reported by us on Nov. 18th. The College has reported that his name has been taken off their books for unprofessional conduct, while the Council have remitted his case for consideration as regards removal of his name from the *Register*. The gentleman in question proposes to give two more public exhibitions during December in Edinburgh. He explains that he is a Member of Parliament in Australia, and has leave of absence from his constituents in order that he may do good to the suffering populace by means of his precious electrical nostrum. The sooner he returns to his parliamentary duties the better it will be for himself and for the public. We are unable to speak of his services to his constituents.

ICE-CREAM SHOPS.—An important report was made to the Edinburgh Public Health Committee last week by Sir Henry Littlejohn, who pointed out that the sanitary arrangements of these premises were generally most insufficient, 23 out of 78 had none, while in the remainder they mostly had direct communication with the shop. The ice supply was kept in all sorts of insanitary places, in one instance the milk was found to be stored under the seat of a w.c. The Medical Officer reported that it was high time these premises were put under official supervision, not only with regard to sanitary conditions, but in connection with their social aspects as well.

THE EDINBURGH SURGEON OF POLICE.—A vote of the Lord Provost's Committee on the proposal that Dr. Williamson should be appointed Deputy-Surgeon of Police under Sir Henry Littlejohn, on condition that the department gave medical attendance to the members of the Fire Brigade and the Police Force, with a salary of £200 *per annum*, resulted in a tie, and the matter accordingly will be brought before a subsequent meeting of the whole Council.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

HOW FAR DOES THE SURGEON'S DISCRETION EXTEND?

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me to express dissent from your editorial of Nov. 25th on the case of Beatty *v.* Cullingworth, upon one cardinal point. The case of the plaintiff, Miss Beatty, was rested by her legal advisers on two points. First, that the removal of the second ovary was not surgically necessary. Second, that, whether it was or not, the plaintiff had definitely refused to allow it to be done.

As regards the first of these points it seems to me that plaintiff's advisers were guilty of a fatal error of judgment in risking their case upon the chance that a jury would convict Dr. Cullingworth of ignorance or carelessness, upon the interpretation which some outside practitioners might put upon Dr. Cullingworth's hasty and informal pencil notes. The jury found that the surgeon exercised his professional judgment for the plaintiff's benefit in perfect good faith, and "so say all of us."

The second point, however, whether a surgeon is justified, under any conceivable circumstances, in ignoring the repeatedly expressed wishes of his patient—is that upon which I must emphatically

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differ from you. Dr. Cullingworth, as reported in the papers, frankly confessed that on the day before the operation the plaintiff "did say she would not consent to any risk of having both ovaries removed," and again that, "after the plaintiff came into the (operating) room she said, if you find both ovaries diseased you must remove neither." Against these very explicit instructions he has nothing to put save his recollection that he said "he could not bind himself to any promise not to remove the second ovary." It is, I think, greatly to be regretted, for everyone's sake, that such a kill-or-cure operation as the complete emasculation of a young women should have been undertaken admittedly against the express wish of the patient, and upon no better warrant than a sort of verbal disclaimer. I, as an operating surgeon, absolutely disclaim any right to operate in defiance of a patient's wish, unless I have obtained explicit authority in writing, or in the presence of witnesses, to do so, if I find it necessary. A parallel to this case would be found in the act of an ophthalmologist, who, being called upon to enucleate an injured eye, would remove the second eye, and condemn the patient to life long blindness, because he considered that the second eye was the subject of incurable sympathetic ophthalmitis. To be brief, I do not claim, and do not believe in the unlimited jurisdiction of a surgeon over the vile body of a patient—whether a pauper or a prince—and I therefore think that Dr. Cullingworth has had a very lucky escape from damages, costs, and professional opprobrium.

I am, Sir, yours, &c.,
An Operating Surgeon.

LISTERISM.

To the Editor of The Medical Press and Circular.

Sir,—I have followed the correspondence on "Listerism" with interest, and have refrained hitherto from joining in it; first, because the results of my observations have not been challenged, and, secondly, because I object to conducting a correspondence with anyone who does not sign his real name. In your issue of to-day some one writing over the signature of "Ignoramus" alludes to what he calls my "undescribed experiments." I beg now to say that I am most willing to demonstrate my results (which by the way *were* fully described in the demonstration I gave at the British Medical Association meeting at Carlisle, in August last, *vide British Medical Journal* of October 24th), to "Ignoramus" on the following conditions:—1. The demonstration to be in London at such time and place as I shall appoint. 2. That "Ignoramus" and competent witnesses shall be present. If "Ignoramus" or anyone else will accept this offer on the above conditions, it will give me much pleasure to meet their convenience in every way.

I am, Sir, yours, &c.,
George Stoker.

14 Hertford Street, London, W
November 25th.

Obituary.

DR. J. R. BARTON, OF SHEFFIELD.

The death of this gentleman occurred on Wednesday last. He was Senior Assistant Medical Officer at Wadsley Asylum, where he had been resident for the last twelve years. Deceased was in his usual health only a week before his illness, which came on with symptoms of influenza; these became more serious on Sunday, and in spite of all that medical skill and nursing could do, he gradually sank, and passed away on Wednesday afternoon. Dr. Barton was the son of Mr. James Barton, of Dundalk, Ireland, and became Licentiate of the Royal Colleges of Physicians and Surgeons of Ireland in 1879. His fine manly presence, courteous manners, and kindly smile made him a universal favourite among those with whom he was thrown, and his sudden death in the prime of manhood, and in the full vigour of life, comes as a painful shock and grief.

DR. MALCOLMSON, OF CAVAN.

This gentleman, one of the most trusted and deservedly popular of the provincial practitioners of Ireland, passed away unexpectedly on the 13th of November, amidst feelings and expressions of wide-spread sorrow on the part of those who knew him professionally or personally. Dr. Malcolmson had risen to all the dignity which is within the reach of practitioners in his position, and the experience which he acquired in teaching for the profession in Dublin before he entered into his long and successful practice in Cavan, largely tended to that end. He was an active member of the well-known firm of private teachers of which Dr. John Morgan was the leader. The tribute paid to Dr. Malcolmson's memory by his friends and neighbours in the county Cavan, and outside it, is proof that he is deeply regretted.

The Value of Attar of Roses.

"In a recent article in *Answers*, it was stated that Messrs. Bleudeau, the manufacturers of the well-known Vinolia Soap, consume 1,000 ounces of attar of roses every year. Considering that this scent is more than worth its weight in gold, probably some readers thought that the writer was romancing. As a matter of fact, however, his statements fell far below the truth, as a representative discovered the other day when he paid a visit to the famous Vinolia factory. Roughly speaking, this firm's yearly consumption of this perfume is about 5,000 ounces! The precious liquid has a strong-room all to itself, wherein it reclines in curious-looking flat flagons swathed in flannel. These flagons are undoubtedly the most valuable in the world. Although less than twelve inches long and only about six inches in diameter, each of them contains £180 worth of liquid!"

University College, Bristol.

The annual distribution of prizes to the successful students at this Institution took place on Nov. 25th. The Dean, Professor Markham Skerritt, having read out the list, Mr. Albert Fry, Chairman of Council, made the presentation as follows:—University College (Winter Session).—Medicine—Prize: F. P. Mackie. Surgery—Prizes: 1st, J. J. S. Lucas; 2nd, F. P. Mackie. Public Health—Prizes: F. P. Mackie and F. H. Rose. Practical Bacteriology—Prize: A. B. Cridland. Senior Anatomy—Prize: J. R. Frost. Junior Anatomy—Prize: R. G. Johnson. Physiology—Prizes: 1st, J. R. Frost; 2nd, M. H. Phillips. Practical Physiology and Histology—Prize: J. R. Frost. Biology—Prize: C. F. Walters. Chemistry—Prize: J. C. Norton. Summer Session.—Midwifery—Prize: J. Phillips. Medical Jurisprudence—Prize: E. V. Foss. Pathology and Morbid Anatomy—Prize: F. P. Mackie. Operative Surgery—Prize: J. J. S. Lucas. Practical Medicine, Surgery, and Midwifery—Prize: F. A Coates. Pharmacology and Therapeutics—Prize: J. R. Frost. Materia Medica and Practical Pharmacy—Prize: R. G. Johnson. Practical Chemistry—Prize: J. C. Wadmore. Entrance Scholarship (Bristol Royal Infirmary).—J. M. H. Munro, D.Sc.Lond. Suple Medical Prize (a gold medal and seven guineas in money) for students of the fifth year—A. S. Cobbledick. Suple Surgical Prize (a gold medal and seven guineas in money) for students of the fourth year—J. J. S. Lucas. Clark Prize (the interest of £489) for third year's students—J. J. S. Lucas. Tibbits Memorial Prize (of the value of nine guineas) for proficiency in Practical Surgery—C. R. Dykes. Crosby Leonard Prize (of the value of seven guineas) for proficiency in Surgery—J. Phillips. Obstetric Prize (of the value of three guineas)—G. W. B. Beverley. Ophthalmic Prize (of the value of three guineas)—C. R. Dykes. Pathological Prize (of the value of six guineas)—T. W. W. Bovey. Dental Prize—F. A. Coates. Lady Haberfield Entrance Scholarship (Bristol General Hospital), the interest of £1,000—A. Coleridge and R. G. Johnson, equal. Sander's Scholarship (of the value of £22 10s.) for proficiency in medicine, surgery, and obstetric medicine—F. P. Mackie. Clarke Scholarship (of the value of £15) for proficiency in surgery—R. F. Moorshead and E. V. Foss, equal. Martyn Memorial Pathological Scholarships (each of the value of £10) for proficiency in pathology and morbid anatomy—October: F. P. Mackie and W. M. Bergin, equal; May: H. L. W. Norrington. Committee Gold Medal (awarded to the student who has most distinguished himself during his career at the hospital and the college)—W. M. Bergin.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

MR. ROBERT DOYNE (Oxford).—Your letter has been handed to the reviewer, who will reply in our next.

IL FAUT VIVRE!

MEDICO, addressing brother practitioner: "Why did you write that article in the newspapers attacking Dr. Squills?" "Because he was guilty of unprofessional conduct in advertising himself Besides, I have to get my name before the public some way or other."—*Chemist and Druggist.*

DR. BROADBENT (Manchester).—We are unable to insert your letter, as it is not a reply to anything that has appeared in our columns, but to statements in a contemporary.

DR. MACNAUGHTON-JONES'S communication on "A Few New Surgical Instruments" is unavoidably held over this week, in consequence of the great pressure on our space by the General Medical Council proceedings.

DR. MYLES'S paper (in type) is awaiting woodcuts.

DIRECT REPRESENTATION.

A LETTER was received on the above subject while we were "at press" from Dr. Brierley, of Old Trafford, calling attention to the proceedings of the General Medical Council in session, and to the good work being done thereon by Drs. Glover and Bruce, two of the present Direct Representatives. As a member of our own staff was present at each meeting, the proceedings will be found duly reported in another column, and, as much other material had been crowded out at the time of receiving our corespondent's letter, we are unable to insert it.

DR. R. J. L. is thanked. This week, however, we are much pressed for space, and cannot utilise the material.

CURIOSITIES OF ANCIENT PHARMACY.

IN an editorial note under the above heading, in our issue for Nov. 18th, we referred to the pharmacy of 1724, and to the bird called the *Astur* by Berlu, of that date. A writer in the *Westminster Gazette*, has kindly answered our query, and says:—"The bird in question is the osprey (*Pandion haliaetus*), which, although not to-day classified under the genus *Astur*, is related to it. In the Rev. C. Swainson's "Folk-lore of British Birds" there is a reference to it from Shakespeare, "Coriolanus," Act IV., Scene 3; and in Peele's play, called "The Battle of Alcazar (1594)," Act II., Scene 1.

"NEWLY-QUALIFIED."—Harley's formula for the "A.C.E." mixture, which was recommended by the Committee of the Royal Medico-Chirurgical Society, is as follows:—

Alcohol, sp. gr., 838, 1 part;
Chloroform, sp. gr. 735, 2 parts:
Ether, sp. gr. 1,497, 3 parts.
Mix.

The amount necessary to produce anæsthesia varies from one drachm to four, according to the susceptibility of the patient. The mixture is slow in producing anæsthesia, and is frequently followed by troublesome vomiting. It is usually given from a Skinner's or Esmarch's apparatus.

Meetings of Societies, Lectures, &c.

WEDNESDAY, DEC. 2ND.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m. Specimens will be shown by Dr. Dakin, Dr. A. Routh, and others. Dr. C. H. Roberts: Notes of a Case of Primary Epithelioma of the Vagina. Paper:—Dr. H. R. Spencer: Three Cases of Cæsarian Hysterectomy (Porro's operation).

THURSDAY, DEC. 3RD.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.)—8.30 p.m. Dr. W. F. Cleveland: Induction and its Association with the History and Progress of Medicine. First Harveian Lecture.

FRIDAY, DEC. 4TH.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.).—8.15 p.m. Mr. W. Arbuthnot Lane: On the Applied Mechanics of the Nose and Pharynx. Mr. Ernest Clarke: On Detachment of the Retina, illustrated by specimen.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—Clinical Evening (Living Specimens). Mr. Keetley: (1) A Case of Congenital Dislocation of the Hip; (2) A Case of Imperforate Rectum. Dr. Robinson: A Case of Ovariotomy with Clamped Pedicle, Hæmorrhage from the Abdominal Sac during Menstruation. Dr. Chapman: A Case of Cretinism. Dr. Campbell Pope: A Case of Fracture of the Lower Epiphysis of the Humerus, with Radiograph. Dr. Abraham: A Case of Duvergie's Pityriasis Rubra Pilaris. Dr. H. Sutherland: (1) A Case of Supernumerary Nipple; (2) A Case of Extensive Varicose Veins. Dr. P. Paton: A Case of Nephrolithotomy. Mr. McAdams Eccles: Cases of Family Exostoses.

MONDAY, DEC. 7TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 p.m. Communications by:—Mr. P. H. V. Poinsot: Annealing Gold by Electricity. Mr. Redman: An Interesting Case of Non-eruption. Mr. Sidney Spokes: A Series of Lantern Slides of Museum Specimens. Mr. H. Baldwin: Cement and Amalgam Fillings. Paper by Mr. J. F Colyer on Open Bite, illustrated by lantern slides.

THURSDAY, DEC. 10TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Edgware Road).—8.30 p.m. Second Harveian Lecture by Dr. W. F. Cleveland on Induction and its Association with the History and Progress of Medicine.

Vacancies.

Ballinasloe District Asylum.—Second Assistant Medical Officer. Salary £120 with board and residence. Applications before Jan. 8th (see advert.).

Brighton, Hove, and Preston Dispensary.—House Surgeon (unmarried). Salary £140 per annum, with furnished apartments. Applications and testimonials to the Assistant Secretary before Dec. 15th.

County Asylum, Whittingham, Preston.—Assistant Medical Officer, unmarried. Salary commencing at £100 a year, with apartments, board, and washing.

Glasgow University.—Four Examinerships: Pathology, Physiology, Surgery, and Medicine Applications to the Secretary of the Court before Dec. 31st (see advert.).

Manchester Royal Infirmary.—Resident Medical Officer of the Convalescent Hospital at Cheadle (unmarried). Salary £150 per annum, with board and residence. Applications and testimonials to the Chairman of the Board before Dec. 12th.

Newcastle-on-Tyne Hospital for Sick Children.—Resident Medical Officer. Salary £80, with board, lodging, and washing. Applications to the Secretary before Dec. 7th.

Portsmouth Lunatic Asylum.—Assistant Medical Officer (unmarried). Salary £100 per annum, with apartments, board, and washing. Applications and testimonials to the Chairman on or before Dec. 7th.

West Bromwich District Hospital.—House Surgeon (unmarried). Salary £80 per annum, with board, residence, and washing.

Worcester General Infirmary.—Assistant House Surgeon and Dispenser (unmarried). Salary £70, with board, lodging, and washing. Applications and testimonials to the Secretary on or before Dec. 12th.

Appointments

BRIGGS, J. H. D., M.B.Lond., L.R.C.P., M.R.C.S., Assistant House Surgeon to the South Devon and East Cornwall Hospital.

BURNETT, W. E. S., L.R.C.P., L.R.C.S.Ed., Medical Officer of Health by the Mottram in Longdendale Urban District Council.

CALVERT, C., L.R.C.P., M.R.C.S., House Physician to the Royal Free Hospital, Gray's Inn Road, London.

DAVEY, R. S., M.D.St. And., M.R.C.S., Medical Officer for the Ringwould Sanitary District of the Dover Union.

FARMER, W. H., L.R.C.P.Lond., M.R.C.S., House Surgeon to the Royal Hospital, Portsmouth.

JELLETT, J. W. H., M.D.Dubl., B.Ch., Medical Officer of Health by the Heavitree Urban District Council.

KINSEY, R. H., M.R.C.S., Consulting Surgeon to the Bedford General Infirmary and Fever Hospital.

NASH, WALTER G., F.R.C.S., Surgeon to the Bedford General Infirmary.

NEWTON, H. W., L.R.C.P.Lond., M.R.C.S., Surgeon to the Chelmsford Prison.

PEGLER, L. H., M.D., M.R.C.S., Surgeon to the Metropolitan Throat, Nose, and Ear Hospital, Fitzroy Sq., London, W.

POLLARD, J. E. L., L.R.C.P., L.R.C.S.Ed., L.F.P.S.Glasg., Medical Officer for the St. Margaret's Sanitary District of the Dover Union.

STACK, M. T., M.B., C.M.Glasg., Assistant House Surgeon to the Taunton and Somerset Hospital.

YELF, J. B., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Shipston Sanitary District.

WARNHAM, S. J., M.R.C.S.Eng., L.R.C.P.Lond., L.S.A.Lond., House Physician to Charing Cross Hospital.

Births.

BAKER.—Nov. 28th, at 5 Gledhow Gardens, South Kensington, the wife of C. E. Baker, M.B.Cantab., F.R.C.S., of a daughter.

GORDON.—Nov. 26th, at Uxbridge Road, W., the wife of J. Gordon, M.A., C.M., M.D., of a daughter.

HANDFIELD-JONES.—Nov. 26th, at 35 Cavendish Square, London, the wife of Montagu Handfield-Jones, M.D.Lond., of a son.

Marriages.

COLLINS—WHEELER.—Nov. 26th, at St. Peter's Church, Bayswater, Geo. Wm. Collins, M.R.C.S., L.R.C.P.Lond., of Wanstead, Essex, to Maud Evelyn, second daughter of W. W. Wheeler, Esq., of Ledbroke Road, W.

DE SEGUNDO—BASTOW.—Nov. 21st, at St. Bartholomew the Great, London, E.C., Chas. S. De Segundo, M.B., Lond., to Gertrude Lucy, third daughter of the late T. W. Bastow, of Plymouth.

TIEBEL—WILLIAMS.—Nov. 26th, at Holy Innocents' Church, South Norwood, Hugo Conrad Tiebel, M.D., of Hartmannshof, Bavaria, to Agnes Mary, daughter of the late William Gunter Williams, of South Norwood.

Deaths.

AINSWORTH.—Nov. 27th, at 11 Wolverton Gardens, Hammersmith, W., W. Francis Ainsworth, L.R.C.S., F.S.A., aged 89.

BELL-IRVING.—Nov. 24th, at Sunny Bank, Mayfield, Sussex, George Bell-Irving, M.R.C.S., aged 78.

SINCOCK.—Nov. 26th, at Friars Street, Bridgwater, John Bain Sincock, M.R.C.S.Eng., L.S.A.Lond., aged 50.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, DECEMBER 9, 1896. No. 24.

Original Communications.

NOTES ON A FEW NEW SURGICAL INSTRUMENTS.

By H. MACNAUGHTON-JONES, M.D., M.Ch., M.A.O., F.R.C.S.I. and E.

IN giving through the medium of THE MEDICAL PRESS AND CIRCULAR additional publicity to a few comparatively new appliances that I have had made for me, it may be as well to add some brief notes descriptive of their use and application.

INTRA-TUBAL EUSTACHIAN FARADIC RHEOPHORE.

My original rheophore for application to the tubal muscles had a sponge tip attached to the conducting wire. For many reasons this was objectionable, and Messrs. Arnold have made for me the instrument shown in the drawing, with the gum elastic and silver wire terminal, having a conical tip of silver. (Fig. 1.)

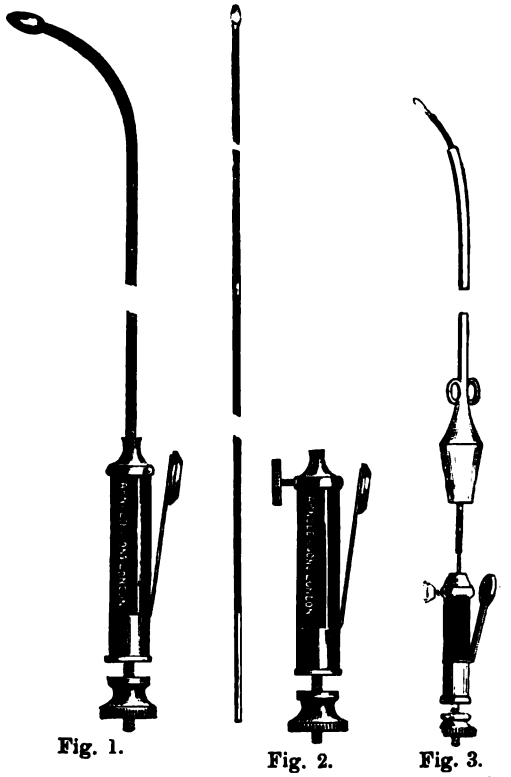

Fig. 1. Fig. 2. Fig. 3.

FIG. 1.—Extra-tubal Eustachian Faradic Rheophore, (¾ natural size).

FIG. 2.—Intra-tubal Faradic Rheophore, (¾ natural size).

FIG. 3.—Rheophore passed through Eustachian Catheter, (½ natural size).

But the appliance to which I wish to draw special attention is made for passing through the Eustachian orifice into the tube. It is shown in the drawing its natural size. (Fig 3.) The fine metal end passes into the lever handle, and is fixed in it by a side screw. The silver wire is coated with gum elastic and terminates in a very fine knob. The Eustachian catheter, with sufficient calibre to permit the passage of the rheophore, may be passed with the latter in position, or the catheter may be first passed, and the rheophore then carried through it, and on into the Eustachian tube. The lever handle is now fixed, and the instrument may be easily manipulated with one hand, while another is used for completing the current, either in the meatus or over the mastoid from an ordinary small Mackenzie's Faradic battery. Before using this it is well to test the strength of the current on one's own or the patient's lip. Generally two knobs of the primary current are sufficient. If, at the same time, it be desired to use the *intra-tympanic catheter*, the latter can be substituted readily for the rheophore or *vice versâ*, and intra-tubal injections may be thus used without disturbing the Eustachian catheter.

In atonic states of the tubal muscles, collapse of the tubal walls, general enervation of the tubal and intra-tympanic muscles, from whatever cause arising, faradisation, with suitable pharyngeal gymnastics, and efficient catheterisation, is the most powerful means of relief at our command.

BOUGIES FOR INTRA-NASAL EXPLORATION AND DILATATION.

In the treatment of nasal obstruction, whether due to chronic hypertrophic rhinitis, chronic hypertrophic states of the turbinals, septic deviations, or the contraction which is the consequence of post-nasal adenoids, apart from, and as a corollary to, operative interference, dilatation of the nasal passages as far as the posterior nasal apertures, is of primary importance. Rectification of traumatic or other deformity that causes obstruction, is not sufficient. To prevent recurrence, the parts should for a time be maintained in position after any temporary clamp has been given up. In children, after removal of adenoids, such dilatation is often of extreme importance.

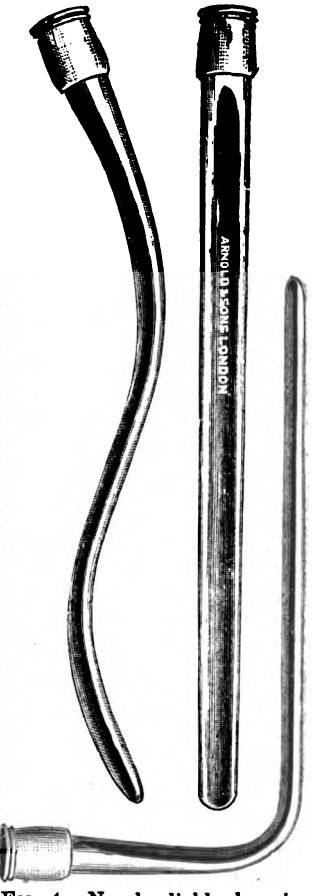

FIG. 4.—Nasal pliable bougies and dilators.

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The use of suitable nasal bougies is among the most efficient means of securing the permanent permeability of the nasal passages.

There is nothing new with regard to *the shape* of the bougies here figured, which, however, in another respect, are important modifications of those of Mackenzie and Stoker. I wished to have a perfectly pliable bougie, which, without the aid of heat could be made to assume any shape, be bent to any angle, or twisted on its own axis I achieved this by the suggestion to Messrs. Arnold to make me a bougie of thin lead, coated with gum elastic. This idea was perfectly carried out for me in the manner shown in the drawing. The bougies can be cut to any length with the scissors, are easily worn by day or night in the nostril, can be kept perfectly aseptic, and are made in several sizes.

These bougies were first shown by me at the International Otological Congress, at Florence, in 1896.

TURBINOTOMY.—TRIPLE CURVED TURBINAL SHEARS.

I some cases removal of a turbinal is best effected by shears. Those of Woakes are well known. A few years since I went to considerable trouble on the cadaver to mould a shears with a triple curve and long narrow blades, three inches in length from the joint, where they measure three-eighths of an inch, and gradually taper to one-eighth at the blunt point. The blades are set out at an obtuse angle to the handle, so that there is nothing to obstruct a view of them when in use. When closed, the blades completely overlap. The handles are roughened for grasping, and are worked on a strong spring.

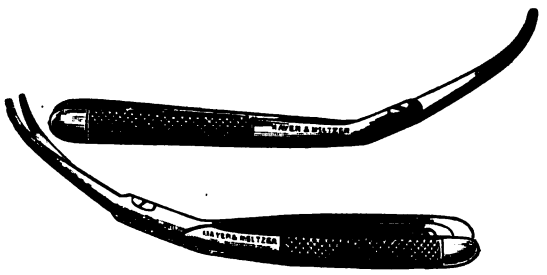

FIG. 5.—Turbinal Shears.

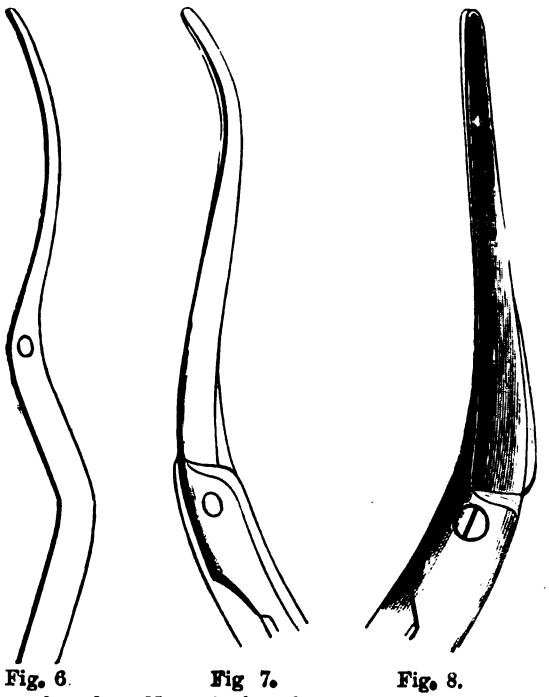

Fig. 6. Fig 7. Fig. 8.

FIGS. 6 and 7.—Natural size of blades closed, viewed on the flat and laterally

FIG. 8.—Side curves of blade.

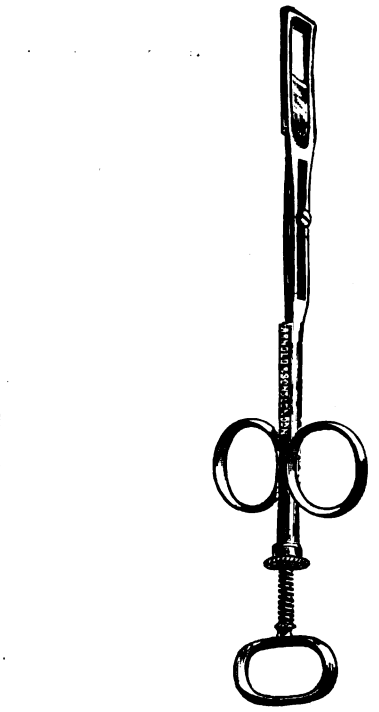

FIG. 9.—Spring Turbinatome. (The claws on the outer side are not shown.)

Last year, I devised for removal of soft portions of turbinals a turbinatome, which works somewhat on the principle of the old uvulatome. The grooved shield, in which the blade runs freely and smoothly, has a fairly cupped inner surface, into which the hypertrophied portion is received. The blade itself is strong, with a cupped edge to prevent any particles jamming between it and the end of the shield. Two light spring claws close with the movement of the blades. These should be made stronger than in the original instrument. A very strong and resisting spring gives the required force to the cutting action of the blade.

SELF-RETAINING GLASS RETRACTORS FOR CŒLIOTOMY

Maunsell's self-retaining abdominal retractors are well-known. The advantage of a thoroughly aseptic retractor, which can be used either by an assistant or

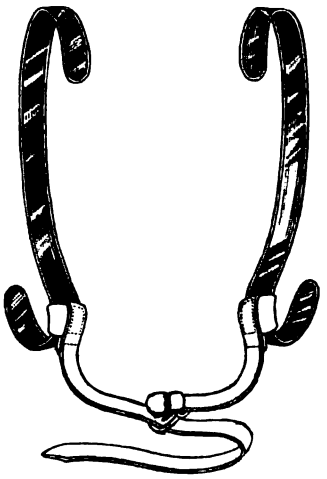

FIG. 10.—Glass Retractors with strap.

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fixed with strap or bandage, is obvious. Not without some difficulty, I have had, through the kindness and perseverance of Messrs. Arnold, glass retractors made. These are curved to fit on the abdominal wall, and have pot-hook ends, sufficiently deep and long to grip well any depth of abdominal parietes. They can be either held or fixed, as I have stated. The ends are smooth and round. They are strong, light, and aseptic.

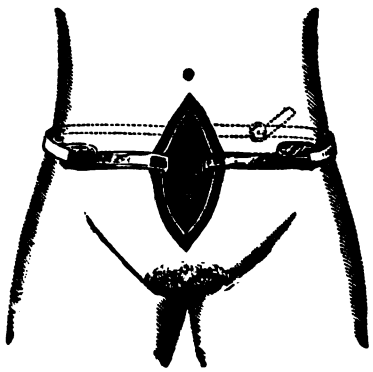

Fig. 11.—The same applied.

Combined Extra-uterine Repositor and Sound.

When the patient is placed in the genu-pectoral position, and the uterus has been restored by the sound or otherwise, it is often necessary and convenient to retain it in position while selecting a suitable support, or to enable us temporarily to tamponade the posterior vaginal cul-de-sac with aseptic tampons. Again, in bi-manual reposition of the uterus, while pressing back the cervix with the fingers of the right hand, an extra-uterine lever to raise the fundus forwards may be used with advantage. Also, in a case of retroversion of the pregnant womb, should we desire to manipulate through the rectum, a suitable rectal elevator is convenient. In America, for tamponading the vagina in retroversion a small sponge on the end of a handle of whale-bone is used to keep the uterus forwards. The extra-uterine elevator here shown, in combination with the uterine sound, gives us at the same time both an intra- and extra-uterine repositor. The cupped ivory end, one inch in width, is so curved as to lie against the posterior wall of the uterus, its margins being smooth and rounded. The silver shaft has a screw for the adaptation of the uterine sound, the entire instrument being about the length of an ordinary sound. The handle, which is roughened and notched about one inch from its end, is made of aluminium, and carries either a layer of moistened antiseptic wool as a covering, or a ball of cotton wool secured by a piece of silk to the notch.

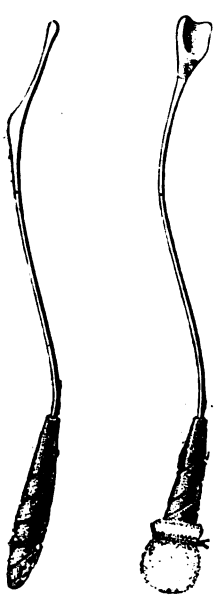

Fig. 12. Fig. 13.

Fig. 12.—Repositor with pad of wool attached to handle end.

Fig. 13—Uterine.

Dr. Barnardo has telegraphed to the British Ambassador at Constantinople an offer to receive and provide for gratuitously, at once, one thousand destitute Armenian orphans.

SOME SURPRISES AND MISTAKES. (a)

By WILLIAM THOMSON, F.R.C.S.,

President of the Royal College of Surgeons in Ireland; Direct Representative for Ireland on the General Medical Council; Surgeon to the Richmond Hospital, &c.

I think, as a rule, that most students have in their early days a good deal of trust in the sequence of events. They are enamoured by the newness of all around them in the hospitals; they have plenty of work to do, and those who do it have not time to be sceptical. They take what the books tell them so definitely, as though under no circumstances is it possible that there should be any deviation from the course of things as there described. Later on they have their faith disturbed as experience grows; but yet to the oldest of us there still remains a belief that under certain conditions certain things must happen. There is deep down in our minds the conviction "that when the brains were out, a man must die, and there an end;" but how that is upset by our experience! There, for example, is the famous case of a man through whose frontal lobes a heavy iron jumper was driven by a blast, and who recovered. I have seen a man who had lost a portion of his occipital bone, as large as the palm of my hand, and a cupful of brain substance, and yet years afterwards he did not seem to be anything the worse. It is true that these, what I may call "accidental experiments," have helped us to be less fearful of interference with the brain, but always with the exactitude which has been helped by deliberate research. Still, for the greater part, these rough tearings and bruisings of brain tissue are fatal; and even when, with our later and better knowledge, they are recovered from, they are "surprises." As our experience grows we encounter them. We—and I include physicians as well as surgeons—see cases which, according to all rule, ought not to live. The prognosis is, a fatal result; and yet they do well, and disappoint our certainties by their recovery. And then there those cases which die, and we do not really know why. A man gets a scratch which ought not to hurt a child, and he dies none the less surely of shock than if he had suffered some terrible crushing injury of internal organs. What are the curious conditions in the two classes of cases—the powerful vital resistance, as we call it, in the one, which is effective against forces which we regard as unconquerable; and that other class in which vitality is so low and the nervous system so sensitive that it yields at once to what is almost a pretence of injury?

Just let me leave these suggestions for inquiry or speculation, and give you one or two examples of many which have come under my own notice. An old man was sent to me as suffering from appendicitis. He had had an attack, undoubtedly, but it had cleared up. The only signs remaining were a slightly-raised temperature, and a thin strip of dulness extending upwards to the iliac crest. I made an opening, and found a little pus and an extensive granulation-lined cavity. I scraped it out, and drained in the usual way. All went well; but in about a week I was startled to hear that there had been a noisy discharge of flatus from the wound, and a sign of fæces on the dressings. When I saw him there was no escape of gas, but the next day I found on the dressings a fæcal concretion quite like a large nutmeg in shape and colour. Of course, it had come from the intestine into the abscess cavity, and had perforated the gut wall. But how had this great mass passed through without leaving a large fistulous track, with fæcal extravasation and perhaps worse? There was never again any sign of escape of bowel contents, either solid or gaseous, and the patient, having been delivered in this way of his concretion, got quite well without further trouble. It is,

(a) An Introductory Address delivered at the Surgical Section of the Royal Academy of Medicine in Ireland, Nov. 13, 1896.

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I think, plain that, although the final act of extrusion took place when the flatus escaped, the opening in the bowel did not then correspond to the actual size of the concretion. Probably the gut at one point became identified by adhesion with the surrounding inflamed area, grasping and closing slowly behind the mass as it passed through into the external cavity. The escape of flatus came from what remained of the opening just before the final closure. Whatever the process, the result was one of those "surprises" that come to us, for the passage of so large a mass through the intestinal wall and its discharge externally, without causing any permanent mischief, shows what nature may do unaided by the surgeon's skill.

In the early part of this year I saw a gentleman who was suffering from a growth in the nose. I recommended him to see Dr. Woods, and I saw him later on with Sir Thornley Stoker and Dr. Woods. We came to the conclusion that he was suffering from a malignant tumour of the antrum which had extended to the nose. We recommended an exploratory operation, and if our opinion was confirmed, that the jaw should be at once removed. He refused the larger operation. The exploration was made by Dr. Woods. We found that the tumour did extend from the antrum, into which I could bore my finger easily. Dr. O'Sullivan, Professor of Pathology in Trinity College, declared the growth to be a round-celled sarcoma. Of that there is no doubt. The tumour returned in a couple of months, and the patient then saw Dr. Semon in London, who advised immediate removal of the jaw. He returned home, and after a further delay he asked to have the operation performed. I did this in May last, by the usual method. I found the tumour occupying the whole of the antrum. The base of the skull was everywhere infiltrated. The tumour had passed into the right nose, and perforated the septum so as to extend into the left. It adhered to the septum around the site of perforation. This was all removed, leaving a hole in the septum about the size of a florin. He went home within a fortnight. In a month the growth showed signs of return. It bulged through the incision and protruded upon the face. Dr. Woods saw him soon afterwards, as I had declared by letter that a further operation would be of no avail. The tumour had now almost closed the right eye. It was blue, tense, firm, lobulated, but it did not break. Dr. Woods reported the result of his visit to me, and we agreed as to the prognosis. Early in October the patient walked into my study after a visit to Dr. Woods. He looked in better health than I had ever seen him. The tumour had completely disappeared from the face, and I could not identify any trace of it in the mouth. He said he had no pain of any kind. He could speak well when the opening remaining after the removal of the hard palate was plugged, and he was in town to have an obturator made. He has since gone home apparently well. He told me he had applied poultices of comfrey root, and that the swelling had gradually disappeared.

Now this was a case of which none of us had any doubt at all, and our first view was confirmed by the distinguished pathologist whom I have mentioned and by our own observation at the time of the major operation.

Here, then, was another "surprise." I am satisfied as I can be of anything that the growth was malignant and of a bad type. Of course we know in the history of some tumours that growth is delayed, and that in the sarcomata recurrence is often late. But this is a case in which the recurrence occurred twice—the second time to an extreme degree; and yet this recurrent tumour has vanished. What has produced this atrophy and disappearance? I do not know. I know nothing of the effects of comfrey root, but I do not believe that it can remove a sarcomatous tumour. Of course the time that has so far elapsed is very short; but the fact that this big recurrent growth no longer exists—that it has not ulcerated or sloughed away, but simply, with unbroken covering, disappeared—is to me one of the greatest "surprises" and puzzles that I have met with.

But let me turn to the other topic upon which I have still to speak to you—"mistakes." I confess to having made some in my life. It is often complained that we hear much of the successes of surgery and medicine, but little of the failures and hardly ever of the errors. I am not ashamed to say that I have erred in diagnosis, and I know that I have seen others blunder too. When one is in that unpleasant predicament it is satisfactory to know that he is in good company—always supposing that the patient does not suffer from his default. I am afraid that there are none who can truly claim omniscience, although they sometimes look as if they did. But so long as Surgery is what it is errors will be committed; and perhaps it would help to make them less if we were only courageous enough to say so; to point out wherein we failed, and to give some warning to others which might help to save them from mistakes.

In 1892 a gentleman consulted me for a bad throat. He was seventy-five years of age, and his story was that his throat had been sore for about two months. He spoke with a marked nasal tone. I found the right soft palate and a considerable part of the hard palate occupied by a malignant-looking flattened growth projecting from the surface about an eighth of an inch. There was an ulcer on the free margin of the palate extending to the tonsil. Externally, at the angle of the jaw, was a mass of enlarged glands, fixed, and without pain. There had been a good deal of sanious discharge from the nostril, and the posterior naris was blocked by pressure of the engaged tissues. The structures over the alveolar process of the upper jaw, at the posterior part, were infiltrated and resisting. I had no doubt that it was a malignant growth, and I said so. I advised that nothing should be done save the use of a simple antiseptic lotion. Two months later I had a letter to say that a necrosis had set in in the parts, and that the whole engaged structures had sloughed away. The fœtor was described by Dr. Rutherford as so abominable that he could not stay in the room many minutes. But in the result the ragged chasm left granulated and healed, and the patient is alive to-day at the age of seventy-nine.

Now here was a "mistake," fortunately corrected by nature. I had no doubt that my diagnosis was right, but it must have been wrong. Sometimes, it is true, such endings have been noticed in the case of sarcomatous growths, but this was, I believed, an epithelioma, and I have not heard of such happy endings in cases of that class. I can only say that probably others would have judged as I did, and that the evidence seemed strong enough to justify my opinion. But although the growth presented the ordinary clinical characters of epithelioma, and gave evidence of secondary deposit, it is, I think, obvious that it was not of that character. The possibility of its having been a gumma, which ultimately broke down and sloughed away, is, of course, to be considered, although in the particular case I have reason for believing that there was no syphilitic history. Still I regard it as an error, and I have so scored it against myself.

Our secretary, Mr. Lentaigne, will remember that when he was house surgeon at the Richmond he called me to see a case of supposed strangulated labial hernia. The woman had been admitted the night before suffering from symptoms which had come on suddenly. She had had a lump in her groin which had suddenly become larger, painful, and tense, and then there followed vomiting and great prostration. A short

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examination was made. The tumour extended from the external abdominal ring into the left labium, and it was so tense that I at once ordered her to be brought to the theatre, where, under an anæsthetic, I was able to make out the presence of fluid, and I felt sure that I had to deal with a strangulated hernia, with an excessive quantity of serum in the sac. Others concurred in that view. I ventured to say, however, from the general appearance of the tumour, that if the patient were a man I should call it a hydrocele. A free incision soon settled the doubt, for hydrocele fluid gushed out with great force. There was no hernia at all. The case was a hydrocele of the canal of Nück, of which I had never then seen an example, although I have seen two since. But although the case was an obscure one, and the symptoms lent colour to the original diagnosis, it was a "mistake," but a mistake which has served me well since that time.

Once, with the concurrence of my colleagues, I removed what I supposed to be a testicle, and which turned out to be a hydrocele. The man had had for some time a swelling on the left side. He had often been tapped, and had been so treated immediately before I saw him. He had a large oval tumour, slightly irregular here and there. It occupied the whole of the left side of the scrotum. It was very solid and resisting. There was no normal testicle to be made out. When I had removed it I found, on section, that it was a hydrocele sac more than half an inch thick, filled with old blood clots. The epididymis was spread out over it like a thin membrane, and could be recognised only with difficulty, and the testicle was atrophied almost beyond recognition. His comfort was added to by the operation; yet there remains the fact that we did not recognise what was the real condition of things.

I will not occupy your time by giving details of any more cases; but I could tell you of patients who have been condemned by others as having malignant disease, and who are still alive years after the pronouncement; of scirrhus of the breast, many times, which has proved to be nothing worse than a chronic abscess or an adenoma; and of abdominal tumours which, on exploration, have been declared by the most experienced and wise surgeons to be cancerous, while the patients have belied the diagnosis by living for many years in comparative health.

In the few cases I have noted in this discursive way I have mentioned the most interesting—those from which some instruction may be gathered by others as it has been by me. As one grows older and gets beyond the trammels of the books, he realises one or two things very sharply—the fact that our diagnoses have reached a very high standard of accuracy, and the other fact that there is still a percentage of cases in which the symptoms are so confusing, that mistakes must be met with if we bind ourselves to a definite opinion. Still there are some which ought not to be made if examination is thoroughly carried out. And, therefore, the lesson which we should seek to teach in this matter is, thorough and painstaking searching out of the meaning of signs and symptoms.

QUICK METHODS OF ESTIMATING ANIMAL POLLUTION IN UPLAND SURFACE WATERS.

By PATRICK LETTERS, M.D., C.M., D.P.H.,
Medical Officer to the Anglo-American Telegraph Company, Valentia Island.

While examining potable waters it has occurred to me that a simplified system of testing should be more generally employed by rural practitioners. It is true that the Dispensary doctor's daily work is already in excess of his remuneration, and that his duties should not be extended. Under the Irish Public Health Act, however, he is at once our disease-curer, our wound-healer, and our health-preserver. To discharge his functions in this last respect with satisfaction to himself, he must ever have an eye to the drinking water of his district, and watch it well.

In what follows, therefore, in the form of suggestions, my aim is to simplify and relieve labour—not to increase it.

All classes of potable waters are met with necessarily both in England and in Ireland, but looking for a broad, well-defined character by which to distinguish those of the one country from the other, this difference may be recognised—English waters are more largely drawn from great natural subterranean reservoirs, they are organically very pure, on account of the depth of the natural filtering soil through which they pass to the fissures and reservoirs below, and they are hard from mineral substances dissolved. Irish waters are naturally much softer, owing to the relatively smaller amount of mineral ingredients—they are more generally impregnated with vegetable organic matter, and, as collected for use, they lack the purification which deep percolation through the earth would supply. Over a very large area of Ireland the dispensary doctor has to deal with these soft moorland or upland surface waters. In estimating relative pollution in different samples the usual question is the degree of such pollution over and above the unavoidable amount contributed by decaying vegetation on the bog or mountain of the catchment area. The next and only necessary point is to make out the nature of the surplus organic matter, whether vegetable and comparatively harmless, or animal and dangerous. A man having his hands filled with medical, surgical, and obstetric work in a probably wide district, is not expected to be familiar with the chemical balance nor to fit up a laboratory for analytical work, but he should be provided with those few tests and reagents by which he can come at conclusions rapidly and reliably. His interest in water analysis is centred in the determination of organic impurity. To get at this with the least difficulty, I would suggest three simple tests. (1) Quantitative chlorine. (2) Total hardness. (3) Oxygen absorbed. If the general character of the water of a district be understood, no accretion of animal pollution can escape these tests, and if a number of different samples are simultaneously examined, very fine shades of impurity can be appreciated. Let us consider the values of these three tests in detail. Chlorine can be estimated in grains per gallon to a decimal point in less than five minutes by anyone having the standard solution of $Ag\,N\,O_3$ and a crystal of $K_2\,Cr\,O_4$, the only apparatus necessary being a measuring flask holding 70 or 100 cubic centimetres, a glass rod and a graduated burette. Now, look to the value of the test. If the ordinary average water of a district contains, say, 1·9 grains per gallon, and a particular well is found to yield 2·4 grains the additional half grain signifies something which may be computed with accuracy as animal pollution, although the total chlorine, 2·4 grains, taken without comparison, might not warrant any such conclusion. It is customary with English writers to describe the soap test as of comparatively little hygienic importance, but while our Irish waters destroy soap under the same chemical law as English waters, the significance of the destruction is quite different. Applied to a pure chalk water soap estimates the hardness of dissolved mineral matter—to a peaty Irish water it gives a far more valuable kind of indication, because it points to the polluting fluids which cause the hardness.

The application of the test is of the simplest, can be managed in five minutes, and requires nothing more than an alcoholic solution of soap of a definite strength

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and any ordinary glass-stoppered bottle of about ½ litre capacity.

The oxidisable organic matter process, otherwise the Forchammer process, has its advocates and its opponents, but on account of its facility of application when a rapid qualitative determination is only aimed at, I should regard it as a useful process for the dispensary doctor in Ireland. Carried out to obtain quantitative results under Tidy's modification, it requires too much care in detail. In placing it beside the chlorine and hardness tests we have a good general means of estimating whether a water is much polluted or not, and where several different samples are examined and compared together the test is a very valuable one indeed. Wanklyn's process, in the hands of those who have time at their disposal, gives, in the free and albuminoid ammonia, better estimations, but distillation processes entail too much attention to detail to be generally employed by Medical Officers of Health in rural districts, however much this beautiful colorimetric process may be appreciated by those familiar with it. Let me here introduce a few results I have obtained in practice by these simple tests. The geological formation of this island, slate, should secure a pure if not an abundant water supply. Our sanitary shortcomings, however, have recently arrested the attention of a Local Government Board Medical Inspector. We are, however, not exceptional in these respects, for the entire union of Cahirciveen, the town included, have come in for censure, in my opinion deservedly so. An average sample of sand-filtered water in Valentia yields about 11 grains per gallon of total solids. The chlorine amounts to 4·6, and the total hardness to 6·7 parts per 100,000. Free ammonia shows 10·6, and albuminoid ammonia 10 parts per hundred million. Lime is almost entirely absent. Iron exists in most samples. Carbonates are singularly deficient, sulphates in good quantity, nitrates and phosphates in traces. Unfiltered samples show a large increase in the albuminoid ammonia (quite double).

The above figures might startle those accustomed to organically pure waters, and yet we get along fairly well from year to year, hardly ever visited by water-borne disease.

During the past summer I have examined some thirty samples of waters in ordinary use in this island and adjacent mainland, not simply by the three tests recommended, but also by Mr. Wanklyn's method and the Forchammer process carried out with strict adherence to Tidy's details, with now and then a quantitative estimation of the nitrates. In the whole of these analyses, I find that the figures picked out opposite the three tests recommended give almost as correct an estimate for practical purposes as the entire list in each examination. In other words, animal pollution is gauged approximately almost as well by the three simple tests as by all the tests taken collectively. When these three tests indicate low organic pollution all the other ingredients indicating impurity are low, and when organic matter and chlorine are high, the other impurities increase *pari passu*. Readers will recognise the source of impurity to lie in the large amount of surface water entering our supplies. A report upon the State water supplies of Massachusetts calculates that potable waters are polluted to the extent of ·01 part of Cl per 100,000 parts of water by every 20 persons inhabiting a square mile. The proportion of inhabitants to the square mile in Valentia reaches 100, and therefore from human sources alone the water should receive ·05 parts per 100,000 of Cl pollution. On looking to totals in the item of Cl this amount is insignificant and must be but a fractional part of the gross pollution which analysis proves to exist, the remainder being contributed by cattle, &c. The purest sample in the island I have examined was from a cottage well, about 18 ft. deep, without any cement lining, but carefully covered and protected on the surface. This yielded 3·8 parts Cl and 6 parts total hardness per 100,000, and consumed 120 parts of oxygen per hundred million parts in two hours at 80° F. Phosphates, nitrites and carbonates were absent. Nitrates existed in faint traces. In contrast with this, another well was examined of about equal depth, about a quarter of a mile distant. Here the analysis yielded of Cl 7·5 parts, and of hardness 20 parts per 100,000. Oxygen absorbed amounted to about 290 parts, phosphates heavy traces, sulphates abundant. Fortunately this well is not used for human consumption, except occasionally when the water level stands high. The pollution in this case entered directly from the surface.

As an example of how two waters, similarly treated by a few simple tests, may discover a clue to typhoid infection, the following case is interesting. A case of typhoid fever occurred here, the origin of which it became my duty to investigate. The patient lived in a row of small houses and no second case occurred. Although the sanitary arrangements of the cottages were rather primitive, I at once excluded any drainage origin and directed my attention to the water supply. I found that had ceased altogether after a period of prolonged drought, and that some water had been procured from another well. I had analysed the ordinary supply before it became exhausted, finding Cl 4·6, hardness 4·5, and oxygen absorbed 125. The well from which the supply was finally obtained yielded Cl 6, hardness 7, oxygen absorbed 280.

The immediate surroundings of the infecting well disclosed the polluting source at a glance. Let me give another instance exemplifying the value of hardness as a test of pollution. A gentleman complained to me that the water from a well in his garden would not lather with soap, and felt doubtful as to its safety. On examination I found Cl 8, hardness 26, of which 20 parts were permanent and oxygen consumed in one hour at 80° F. 264 parts. The 6 parts of temporary hardness were due to lime, which had found its way into the well from an adjoining garden manured with lime. The 20 parts of permanent hardness were due to the polluting liquids, carrying chlorides, sulphates, and nitrogenous matter from the buried excreta of a schoolhouse in the immediate vicinity.

Oftentimes the two tests alone of Cl and hardness will afford valuable warning in a suspected water. In districts where lime is absent, the hardness of a water as determined by soap, becomes an excellent sanitary test of especial value to the busy dispensary doctor.

Where lime exists and its amount is known, the soap test is still available as indicating animal pollution approximately.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Case of Acute Traumatic Malignancy.

Under the care of J. TRANT, L.R.C.P., L.R.C.S.I., Admiralty Surgeon, Valentia Island.

JOHN S—., a fisherman, æt. 57, consulted me in the latter part of May, 1895, for a small excessively painful sore, about the size of sixpence, circular in outline, and situated on the back part of his left hand. He stated that when lifting the latch of the door, ten days previously, he accidentally scratched his hand. As there was a good deal of inflammatory œdema at the time, I advised the application of linseed poultices, together with carbolic dressing. Under this treatment, the swelling and inflammatory action subsided, the incessant burning pain complained of was also alleviated to some extent, but the sore only seemed to increase in area. The ulcer, having by this time, nineteen days subsequent to the injury, increased to more than the size of a shilling, and from it presenting a very inflammatory appearance, with hard irregular and everted edges, my suspicions were aroused as to its possi-

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bly malignant nature, and I at once carefully inquired into the man's family history. Having elicited from him the fact, which he at first was reluctant for some reason to admit, that an uncle of his on the maternal side had died of cancer, and an aunt also he believed, I became almost fully convinced that I was dealing with an ulcer of an epitheliomatous type. With the view of destroying the disease, I applied zinc chloride, but this only aggravated matters, as on the separation of the resulting eschar, the disease was as active as ever, plus the now considerably increased dimensions of ulcer. Seeing the inutility of further temporising, I recommended a more radical line of action, viz., amputation at the wrist, the lymphatic above elbow and those of axilla being apparently free, but this advice was rather indignantly refused, as the poor man could not be made to realise the nature of the terrible malady with which he had to grapple. From this time forward, the disease went from bad to worse, spreading upwards to wrist with alarming rapidity, and completely encircling it, in fact, partially amputating same, its seat of election corresponding almost exactly with mine of selection.

The treatment adopted under these circumstances could only be of a palliative nature, and this comprised giving opium in pill in full doses to relieve pain, with the local application of strong carbolic lotion. The latter, owing to its topical anæsthetic effects, gave considerable relief as proved by his constantly asking for it to be applied. The man died in terrible agony five weeks and four days from the date of receipt of injury. I may mention that there had never been at the site of lesion any wart, scar, mole, &c.

Now, it is with regard to the ætiology of the case that the only real point of interest in connection with it arises, viz., Can the disease be attributed solely to the local wound? I am of opinion, from the trivial nature of such injury (like a scratch from a pin) that it could only act *at most* as a mere excitant to a predisposed condition, and did not *per se* generate the disease; that its production can only be accounted for on the ground that the germs of the disease had been, so to speak, latent in the man's system, but were minus some essential factor, which was necessary to start the dormant morbid process into activity, that this actually did take place by the access through the local lesion of the requisite factor or micro-organism, endowed probably with fermentative properties, and as a consequence the appearance of the disease at the point of inoculation can only be looked on as the local manifestation of the general systemic infection.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Meeting Held Wednesday, December 2nd, 1896.

The President, Dr. Champneys, in the Chair.

THREE CASES OF CÆSAREAN HYSTERECTOMY (PORRO'S OPERATION.)

Dr. Herbert R. Spencer gave a full account, with charts and photographs, of the following three cases of Cæsarean hysterectomy. *Case* 1.—A. D—, æt. 28, no children, one abortion, after a protracted pregnancy (299 days from last menstruation) was operated upon in labour, which was absolutely obstructed by fibroids in the lower segment. The uterus removed weighed six pounds. Mother and child recovered and were quite well four years later; the former had gained twenty-one pounds in weight, and still had flushes occasionally. The sexual passion was lost for fourteen months after the operation, and then reappeared. The scar was quite sound and free from hernia. *Case* 2.—H. G—, primipara, æt. 21, was operated upon in labour, which was absolutely obstructed by a large sacral enchondroma. The patient was suffering from hydronephrosis and nephritis at the time of the operation, and died on the ninth day, apparently of uræmia. The child recovered. An account of the naked-eye and microscopic appearances of the tumour was given. *Case* 3.—E. W—, æt. 33, five children, was delivered of a living child through a cancerous cervix on March 25th, 1893. The cervix was removed by the high amputation fifteen days later. Fourteen months later the patient became pregnant, and the fundus of the vagina became completely closed by cicatrix. Cæsarean hysterectomy was performed near term on March 6th, 1895, labour not having commenced. Mother and child recovered, and the patient was free from recurrence of the cancer and from hernia on April 30th, 1896, over three years after the supra-vaginal amputation of the cervix. The sexual passion was lost after the hysterectomy. For simple cases of contracted pelvis the author preferred Cæsarean section to Cæsarean hysterectomy; he had performed the former operation also on three occasions, each time with success. He discussed the employment of Cæsarean hysterectomy in the cases now recorded, and directed attention to their chief features of interest.

Dr. A. Giles related a case in which enchondroma threatened to obstruct labour. It appeared to spring from the second and third sacral vertebræ, and was a curious sessile sort of tumour, hemispherical in outline, and it reduced the conjugate vera to 2¼ inches. He anticipated trouble in delivery, and was prepared to perform version. The patient had had a child before, however, and to his surprise he learned subsequently that the child had been born naturally. Referring to the fact that the author had introduced a drainage-tube through the vagina into the cervix, he asked what was his object in so doing.

Dr. Hubert Roberts asked whether the author considered it desirable to draw the uterus out of the abdominal cavity in an ordinary Cæsarean section. In two operations of the kind at which he had assisted, they had made a point of keeping the uterus inside the abdomen as far as possible. It appeared to him that the application of the elastic ligature, or even constriction by the hands tended to paralyse uterine contractility. He asked the author whether he would use a drainage-tube in an ordinary Cæsarean operation in which the uterus was not removed.

Dr. Horrocks recalled that in the course of a discussion there, some years ago, it was suggested that the use of the elastic ligature round the cervix would tend to hinder subsequent uterine contraction, but Matthews Duncan had stated, as the result of direct clinical observation, that this was not the case, and that was his own experience. He suggested that in the first and third cases, if not in the second, it might, perhaps, have been preferable to operate by the intra-peritoneal method ligaturing the vessels and suturing the peritoneum over the stump. He asked whether these two patients had complained subsequently of a pain caused by the dragging of the stump upon the abdominal scar. In one case he had been obliged to reopen the abdomen later on for the purpose of freeing the stump, owing to the pain of which the patient complained, and the result had been perfectly satisfactory. This was after hysterectomy for fibroids. With regard to the second case he asked the author whether he considered that death might possibly have been due to absorption of material from the stump.

Dr. Drummond Robinson mentioned that some weeks ago while assisting Dr. Handfield Jones in an operation of this kind, the uterine tissue was torn in removing the fœtus and he was struck by the ease with which it gave way. He asked the author whether he had found it easy to tear through the uterine wall in his case, and whether he was able to direct the tear? If so he himself would prefer using the fingers in all cases where the hæmorrhage obscured the operating field.

Dr. Spencer, in reply, explained that as he did not remove the whole of the uterus, there remained a sort of pouch in which septic material might collect. This was his reason for inserting a drainage tube, and it had answered the purpose very well. He never took the uterus out of the abdomen until he had removed the fœtus, but he thought that when this had been done it was easier to make sure of having completely emptied the cavity. In the three cases of ordinary Cæsarean section which he had performed he had not used any intrauterine douche or drainage tube and Dr. Murdoch Cameron, whose great experience of these operations enabled him to speak with authority had insisted very strongly upon the undesirability of introducing any foreign body into the uterus. Although the hands were much to be preferred to the elastic ligature, which had been accused, moreover, of asphyxiating the child, he considered it best to control the hæmorrhage by operating rapidly. He did not resort

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to the intra-peritoneal method because the results obtained in this country at any rate showed that the extra-peritoneal method was much safer. He had never known a patient to suffer from any dragging pain on the wound after extra-peritoneal hysterectomy. He added that it was exceedingly, uncomfortably, and even dangerously easy to tear the uterus wall, and in one of his own cases the wall had been torn by a too zealous assistant. The tear was curved towards one cornu. The patient did well, but unless one were going to remove the uterus as a whole he thought it was better to cut than to tear.

HUNTERIAN SOCIETY.

MEETING HELD WEDNESDAY, NOV. 25TH.

The President, Dr. G. E HERMAN, in the Chair.

DR. ARTHUR DAVIES read a paper on the

TREATMENT OF CHRONIC BRONCHITIS.

Dr. Davies alluded to the many drugs which had been employed in the treatment of this disease, but he now emphasised the value of the spray method. This is carried out by frequent administrations of ipecacuanha wine, three to four times a day. At each sitting half to one drachm of the drug is used, but the patient is directed not to swallow the wine. Successful cases were quoted. These cases showed relief from difficulty of breathing and lessening of the expectoration. The disadvantages of the inhalations were that sometimes vomiting followed, and if the drug were used pure spasmodic dyspnœa would sometimes come on, and it was not suited for cases of asthma. Dr. Davies had tried a spray of potassium iodide with encouraging results. The class of cases suitable for treatment with the ipecacuanha spray were early cases with much dyspnœa and tenacious sputa. Dr. Davies had also found much help from the administration of trinitrine, the dyspnœa especially being relieved. When the dyspnœa is moderate, tar in various forms is found useful. Terebene also falls in the same category. When fœtid bronchitis and bronchiectasie were present inhalations of creosote, as pointed out by Dr. Chaplin last year, had been found efficacious.

Dr. F. J. SMITH asked Dr. Davies for information on the class of cases known as bronchitic asthma. The speaker also inquired if Dr. Davies were satisfied as to the value of ipecacuanha when swallowed as an expectorant.

Dr. GLOVER LYON was surprised to find that Dr. Davies had not alluded to the value of ammonium carbonate and of cod-liver oil. The use of oxygen in cases of bronchitic emphysema and advanced dyspnœa was alluded to.

The PRESIDENT remarked that the point of Dr. Davies' paper lay in the fact that the dyspnœa of bronchitis was relieved by inhalations of ipecacuanha wine.

Dr. HINGSTON FOX alluded to remedies other than those which Dr. Davies mentioned, especially the external application of turpentine.

Dr. COTMAN also spoke of the value of ammonium carbonate, and he was accustomed to give it in the form of the ammoniated tincture of iron and quinine.

Dr. RAWES spoke of the value of limiting the ingestion of fluid in preventing the advent of dyspnœa in chronic bronchitis.

Dr. DAVIES, in reply, stated that he had found ipecacuanha given in the ordinary way, *i.e.*, by the mouth, of little or no avail.

Dr. COTMAN read a paper on

THE VALUE OF A CORONER'S INQUEST.

The speaker was of opinion that the present arrangements did not fully conduce to the true point of a coroner's inquiry, viz., the assigning the true cause of death. In some instances, an inquest was held where it was unnecessary, and in others, no inquest was held where, in the medical man's opinion, it was evidently called for. Dr. Cotman thought that the medical man should be the adviser of the coroner, especially where the latter was not a medical man, especially as to the advisability of a post-mortem examination, since in many cases where an inquest is held, the verdict is valueless owing to the absence of a post-mortem examination.

Dr. SMITH inquired if any practical inquiry was likely to be the outcome of this paper. The direction of activity which this Society might assume would be that of a petition praying for an inquiry into the matter.

The PRESIDENT alluded to the Scotch practice of the Procurator Fiscal acting under the advice of a medical man. He thought this was an improvement on the English system.

Dr. GLOVER LYON thought that the question of getting up a petition should be referred to the Council.

Dr. H. J. SEQUEIRA spoke of the existence in some cases of murder and suicide of simultaneous inquiries by the Coroner's court and the Magistrate's court.

Dr. ADAMS spoke in favour of Coroner's inquiry in all cases of death from violence. He thought that medical men with a legal qualification should be appointed as coroners.

Dr. COTMAN, in reply, agreed with the suggestion of Dr. Smith as to a petition, but he was not sure as to whom the petition should be presented. He maintained the object of his paper to be the improvement of the relations of medical man and coroner. The medical man should be treated an an expert witness and not as a mere ordinary witness.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD THURSDAY, NOVEMBER 19TH.

The President, Mr. RECKLESS, in the Chair.

CASE OF MYOSITIS OSSIFICANS.

MR. LOCKWOOD who brought forward this case, remarked that the disease which is comparatively rare, is characterised by the formation in the muscles of bony plates. Joseph S—, æt. 4½, had an accident in June, 1894, this was followed by stiffness in the right shoulder. The stiffness extended to left shoulder, head was drawn to right side and ossification began to form in certain muscles of the back. The head is bent forward on the body, the spine is quite rigid and flexed. He cannot raise his shoulders at all and cannot even raise his hands to his mouth, so that when he wants to feed himself he has to put the whole of the food on a chair and pick it off like a dog would. He stands with his hands crossed in front of him. The right pectoralis major is ossified, the left one commencing. At the back are a large number of hard masses presumably ossification of the latissimus dorsi and trapezium. There is absence of the terminal phalanges of the third and fourth toes of the left foot and Hallux valgus of both large toes; this condition is congenital and has been noticed in other cases. The formation of bone masses takes place in the connective tissue of muscle, but not on the muscle fibre itself. If a bony mass be removed, the transition from a cellular infiltration to the formation of fibrous tissue, and of true bone can be readily traced. Usually starts in dorsal region, and may be mistaken for a new growth, spinal caries, &c. Mr Lockwood concluded by reading an article descriptive of this disease, by Mr. Lane, in Treves' "System of Surgery."

Mr. SINCLAIR WHITE related particulars of four cases of

HYDATID OF THE LIVER

on which he had recently operated, and showed specimens illustrating his cases. One case was exceptionally interesting on account of its obscurity. The tumour arose from the under surface of the left hepatic lobe, and becoming inflamed formed extensive adhesions to the small intestine and anterior abdominal wall. The cyst—a suppurating one—together with the portion of the liver from which it sprung were excised. Hæmorrhage from the wounded liver was satisfactorily stayed by inserting thick silk ligatures parallel to the line of section. The patient, a lad, æt. 17, made an excellent recovery. Reference was made to the recent improvements achieved in the treatment of "hydatid of the liver," and preference was expressed for "the immediate method of evacuation," provided the surgeon was satisfied that he could guard against sepsis during the operation and afterwards.

Dr. PORTER showed a case which had been under his care with paraplegia, a frontal node, and some palsy of the ocular nerves on the same side as the node, and which had recovered rapidly and completely under mercury and

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iodide of potassium. There was no definite syphilitic history, but the patient had given birth to four stillborn children.

Dr. Arthur Hall showed (1) a case of "Sporadic Cretinism" treated with thyroid extract; (2) a specimen of "Aneurism of the Innominate Artery," and made remarks on some unusual points in this case.

The President, Mr. Makeig Jones, and Dr. Martin discussed the cases.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Meeting held December 2nd.

The President, Dr. Carter, in the Chair.

Dr. Hamilton Crawford gave a demonstration of microscopical specimens.

Dr. Buchanan Morton showed a patient with a tubulo-dermoid cyst in connection with the thyroid body.

Mr. C. F. M. Althorp showed a case of undescended testes, operated on four months previously.

Mr. Wilmot showed a case of hemianæsthesia, the result of a lesion of the internal capsule, probably embolic in origin.

Dr. Gladstone showed cases illustrating the effects of injuries to the nerves of the arm; one case of division of the median nerve showed the rare result of wasting of the bones of the hand.

Mr. Robert Mercer related a case of "Cerebral Tumour" (carcinoma) occupying the subcortical region of the middle frontal convolution on the left side. Patient was a woman, æt. 50, and the illness of three months' duration. The symptoms were at first headache and vomiting, with staggering gait. There was mental disturbance, the patient taking no interest in anything around her and being with difficulty aroused from a semi-comatose condition. Later paresis of the left hand came on. Double optic papillitis was present. An operation was decided on with the view of relieving pain, and a trephine opening was made exposing the lower portion of the rolandic area on the left side; paralysis of the hand pointing to this as a possible situation of the tumour. The brain was explored in several directions but no disease was found. The brain bulged an inch out of the wound and did not pulsate. Some cerebro-spinal fluid escaped into the exploring syringe evidently from the lateral ventricles. The protruding brain substance was cut off, and the wound closed. Consciousness was not regained and the patient died in twenty-four hours. *Post-mortem.*—A tumour was found occupying the region previously mentioned.

The possibility of a successful operation was discussed by Dr. Major.

Dr. Campbell, and Dr. Morton also discussed the case, and Mr. Mercer replied.

Mr. Mercer further related a case of "Rupture of Uterus" with recovery of the patient. The patient was in labour with her sixth child in seven years, previous labours having been natural. Was seen in the morning, when the os was found to be partly dilated and the membranes ruptured, the pains were weak and irregular. She remained in the same condition all day till 7 p.m., when she became suddenly collapsed. On examination the placenta was found in the vagina, but the child was not at first felt. The uterus was distended with clot, and a transverse rent was felt just above the posterior fornix. On passing the hand through this the child was found free in the abdominal cavity, seized by the leg and delivered, the head passing through the rent with difficulty. The condition of the patient not permitting of any operative measure, a pint of normal saline was injected into basilic vein, but no improvement of the pulse resulted. The vagina was swabbed out with antiseptic solutions, but no syringing was employed. There was a slight attack of peritonitis, but patient eventually recovered after a prolonged convalescence. No cause for the rupture was discovered.

Dr. Bell, Dr. Wood, and Dr. Goyder discussed the case.

Dr. T. Jason Wood showed the kidneys and related a case of "Suppurative Nephritis" which was unattended, during an illness of seven months' duration, with albuminuria. The patient, a woman, æt. 28, single, cook, commenced seven months before her death with "rheumatic" swelling and pains of joints, this did not subside under sodic salicylate treatment. After about four months' enlargement of the spleen and lymphatic glands was detected, but there was no interference with urinary function or albuminuria found till about ten days before death. The patient became waterlogged, and died with practically suppression of urine. *Post-mortem*, the kidneys weighed thirty-five ounces between them and one contained numerous small abscesses. Microscopic examination showed interstitial nephritis. Micro-organisms were demonstrated in the inflammatory cells. There were no infarcts in the spleen or elsewhere.

Dr. Campbell and Dr. Goyder discussed the case. No cause for the septic abscesses was suggested.

Dr. Rabagliati showed a copy of the Aldine edition of Galen, 4 vols. in original Greek text.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held Wednesday, December 2nd.

The Vice-President, Dr. Craig, in the chair.

Sir Henry D. Littlejohn showed the following specimens from three cases of sudden death:—(1) Impaction of a large piece of meat in the gullet, causing suffocation; (2) Two cases of hæmorrhage into the pericardium, in one form a dissecting aneurism of the aorta, in the other from a small sacculated aneurism of the same vessel.

Mr. C. W. Cathcart showed specimens of scirrhus of the mamma and of melanotic sarcoma of the lumbar region, removed simultaneously from the same patient. He also showed preparations of various organs preserved by Tores' method and other recent processes.

Mr. Alexander Miles read a paper on

TRADE-LIKE SPASMS IN HEAD INJURIES.

He had observed three such cases in which the movements appropriate to their occupations were performed by a lead-beater, a sculptor, and a sign-painter. In the first two patients the injuries proved fatal, and the chief points of interest noted *post-mortem* were:—Hæmorrhage into the right occipital lobe and the right angular gyrus, effusion on the surface of the motor areas, and petechial on the frontal lobes. In all the clinical history was similar. There was first a stage of violent delirium, then errors of perception were developed, the patients mistaking those about them for relatives or friends, then the trade-like movements occurred, and finally consciousness returned. The cause of such symptoms was probably to be found in the general cerebral condition, while the local lesions had, as it were, given a direction to the manifestations. There was an anæmic state of the brain, as evidenced by the concussion. The nerve cells, therefore, would be very susceptible to irritation by the other gross lesions present, and it is easy to understand that the cells which had for long periods been in the habit of acting co-ordinately would energise most readily, and so initiate correspondingly customary actions.

Dr. Joseph Bell had not noticed such trade-like movements in head injuries. They were common in patients *in articulo mortis*.

Dr. Alex. James referred to the fact that in these cases, along with visual illusions, lesions of the occipital lobe and angular gyrus had been present. He suggested that here also those cells which were most frequently employed would most readily respond to stimuli. This would account for the patients' errors in mistaking strangers for their friends.

Mr. Guy stated that in nitrous oxide anæsthesia an exactly similar train of events was common.

Mr. Wallace and Mr. Miller also spoke. The latter had often seen similar phenomena in chloroform narcosis.

Dr. Francis D. Boyd read a paper on

REDUPLICATION OF THE SECOND SOUND IN MITRAL STENOSIS.

There were two varieties of this phenomenon—reduplication heard at the base of the heart, and that heard only at the apex. It was with the second group that his paper dealt. He discussed in succession the following theories:—(1) That of Sanson; that the second part of the split sound is due to tension of the mitral valve; (2) the theory that the doubling is due to a synchronous closure of the individual semilunar cusps; (3) Balfour's view, according to which the first part of the sound is due to the closure, the second to the tension

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of the pulmonary valves. After pointing out the objections to these hypotheses, he described an apparatus by which he had been enabled to watch the movements of the pulmonary valve of an isolated sheep's heart while artificial movements were kept up. He found that to produce a sound which could be heard with an ordinary stethoscope, a pressure on the vessel of from 60 to 80 mm. of mercury was required, and that the mere closure of the cusps under low pressure was inaudible. From his experiments, and from the observation of a case of mitral stenosis, in which the reduplicated sound was, after a day's rest in bed, replaced by a single second sound and a diastolic bruit, he was inclined to the view that the second part of the reduplication was really produced at the mitral orifice.

The paper was discussed by Drs. James and Russell.

GENERAL MEDICAL COUNCIL
OF
EDUCATION AND REGISTRATION.

AUTUMN SESSION, 1896.

The President, SIR RICHARD QUAIN, in the Chair.

FIFTH DAY.—SATURDAY, NOVEMBER 28TH.

THE meeting of to-day was largely conducted *in camerâ*. After the Council had disposed of a complaint emanating from one of the candidates, Mr. Walter Rivington, to the effect that the statement circulated by Mr. Victor Horsley on behalf of certain rival candidates that "plumping was not allowed" was calculated to injure the chances of some of the candidates,

The PRESIDENT mentioned that Mr. Victor Horsley had expressed a desire to be heard in explanation, but Mr. WHEELHOUSE contended that the matter did not concern the Council and he therefore moved "the next question."

Dr. GLOVER, as one of the candidates immediately concerned, said he was quite prepared to take responsibility for the statement complained of, but he protested against such a matter being introduced without notice, especially as only one side would be heard.

After a few remarks by Sir WILLIAM TURNER in explanation of Mr. Rivington's letter having appeared in the programme,

Dr. MACALISTER moved an amendment "that Mr. Rivington be informed that the Council are unable to take any steps in the matter but must leave it to the candidates themselves to correct the erroneous impression which may have been created by the document referred to."

The amendment by consent took the place of the orginial motion, and was agreed to.

REPORT FROM PENAL COMMITTEE.

After deliberating *in camerâ* on a report from the Penal Committee, and one from the Executive Committee in regard to the restoration of certain names to the *Register*, the Council decided to re-instate the names of George Davidson and Neville Holland.

After some business relating to the purchase of the Council's premises and the assessment of the Irish Branch Council, the Council adjourned until Monday.

SIXTH DAY.—MONDAY, NOVEMBER 30TH.

The Council, on meeting, adopted the report of the Finance Committee relative to the purchase of the Council's premises and other matters.

PHONOGRAPHY AS A SUBJECT OF EXAMINATION IN GENERAL EDUCATION.

Dr. TUKE, on behalf of the Education Committee, recommended that credit should be given to candidates who showed a competent knowledge of shorthand in the preliminary examination in general education.

Dr. MACALISTER said he supported the recommendation, but could not get enthusiastic on the subject, for though he had used shorthand himself he had found that it was difficult to follow the lecturer's meaning while taking down notes in shorthand.

Dr. PETTIGREW also doubted whether shorthand was a valuable auxiliary to medical study.

Mr. B. CARTER contended that shorthand was useful if not used in excess, but he suggested that the marks awarded for this subject should not be numerous enough to compensate in any marked degree for deficiency in any of the other subjects.

The motion was agreed to.

Dr. TUKE then moved that a rider be added "that marks not exceeding 5 per cent. of the total marks in the section 'English Language, Grammar, and Composition Section' may be assigned to candidates who show a competent knowledge of shorthand."

This was agreed to.

ACCUMULATED EXAMINATIONS.

Sir DYCE DUCKWORTH brought forward for adoption a report by the Examination Committee on the present system of accumulated examinations. This report was based on a motion of last session, referring to the Committee the consideration of Mr. Teale's motion, which ran thus:—

"That the present system of accumulated examinations, and the enormous increase in the number of rejections resulting from it, are not only unjust to the student, but damaging to medical education; therefore:—That the time has arrived when the General Medical Council should consider: (*a*) How far examinations and occasions of rejection can be reduced in number; (*b*) How far, whilst maintaining effective examinations in those subjects which it is essential that every medical man should 'know' and 'retain the knowledge of,' it is possible to withdraw from the sphere of public examination several other subjects which it is desirable that every medical man should 'know about,' but with the details of which he need not permanently burden his mind; the 'bird's-eye survey' of such subjects being ensured by compulsory short courses of lectures, with class examinations certified by the teacher."

The report on the foregoing motion bore evidence of careful and systematic inquiry, and contained many useful suggestions, but the Committee expressed themselves firmly of the opinion that as the system now loyally carried out by all the examining bodies in connection with a five years' curriculum had not as yet had a fair trial, and cannot, therefore, be criticised with advantage at the present time; it would be a very serious matter to urge new, and possibly subversive, recommendations with too frequent recurrence upon the several examining bodies, who are entitled to adopt their own curricula and methods, and who have to make arrangements with both medical schools and teachers in relation to these which may not readily be set aside or terminated. Such disturbances are unfair both to teachers and to students in the course of curricula which have to be planned and arranged often for years in advance for stated examination-periods, and should not be rashly or experimentally tampered with.

In discussing the report of the Committee (which, on account of its great length, we are unable to publish in full), Mr. TEALE insisted on the great importance of the subject, and urged upon the Council the desirability of taking steps in the sense of the resolution, which on his initiative had been referred to the Committee. He urged that the number of examinations ought to be curtailed, and that more time should be spent on them, and he concluded by moving as an amendment that certain passages of the report be omitted.

Dr. GAIRDNER pointed out that a discussion on this subject at the present time could only have an academic interest, for it could not lead to anything definite. He declared that the question was not yet ripe for discussion, and he, therefore, recommended that the report should be retained as part of the evidence in the matter, the consideration of which might be postponed for a year.

Mr. WHEELHOUSE complained that the examinations were spoilt by the way in which they were split up, the student, owing to the increase in the number of examinations, never being able to give his mind fully and completely to his clinical work. His own idea was that during the first two years the student ought to confine his attention to the two subjects on which his work, as a whole, would in the future be founded, viz, anatomy and physiology, and an examination in these subjects ought to come

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at the end of that period. During the next two years he would turn the student into the hospital wards, and at the end of this second period would have him examined in medicine and surgery. The fifth year, in his opinion, ought to be a practical clinical year, passed with a general practitioner.

Mr. Bryant pointed out that the Royal College of Surgeons had recently modified its plan of examinations in such wise that it at present closely conformed to that suggestion by Mr. Wheelhouse.

Mr. Teale's amendment was then put to the vote and negatived.

Dr. McVail moved that the report be referred back to the Committee, to consider how far a system of examinations at medical schools by teachers supervised by outside examiners might be made available to relieve the alleged tension on the present system of multiplied examinations before the licensing bodies.

This was passed, but when presented as a substantive motion, was cut down to a simple reference back to the Committee.

SEVENTH DAY.—Tuesday, December 1st.

A Report by the Business Committee was brought up dealing with an anonymous communication which had been circulated among the members accusing the President of having withheld from the Council in the autumn of 1895 and the spring of 1896 cases which were reported by the Medical Defence Union, in October, 1895, for consideration and inquiry by the Council. The report stated that at the invitation of the President they had examined the Council's letter-books and the minutes of the Penal Cases Committee, and it had been found that the cases referred to had been brought before the Penal Committee on November 13th, 1895, and at a meeting which was adjourned to November 20th. They were subsequently considered by the Committee in April, October, and November, 1896, the President being on each occasion in the chair. Ever since November, 1895, these cases had been under the careful consideration of the Council's legal advisers and had from time to time been reported on by them. The Committee therefore reported that there was absolutely no foundation for the charge brought against the President.

Dr. Heron Watson moved that the report be received and entered on the minutes.

Dr. Glover suggested that the dispute was founded on a misapprehension. He regretted that the charge should have been made anonymously, but it was in any case directed not so much against the President as against the Standing Orders. He pointed out that the Standing Orders permitted the President to dispose of certain cases without submitting them to anybody.

The President observed that Dr. Glover was not speaking to the question. He had felt the charge very much, and all that the report of the Committee was intended to do was to clear him of the charge thus brought against him.

Mr. Brudenell Carter expressed a desire to put the saddle on the right horse. The document was known to have been distributed in the building by a certain person, and he suggested that they should add the words "and subsequently ascertained to have been distributed" by the person in question.

Dr. Bruce thought it would be better to leave the horse in the stable.

Mr. Wheelhouse urged that the sender of an anonymous letter ought to be treated "with absolute scorn."

The report was then adopted *nem con.*

Reports of the Dental Education and Examination Committee.

Mr. Bryant bought up a series of reports from this Committee. He mentioned that this was the first time the Council had had before it reports with regard to dental qualifying examinations, and he said that the reports showed that the curriculum required by the Council had been fairly closely followed.

Dr. Heron Watson raised the question whether a licensing body had the right to make changes in its course of education and examinations without in the first place submitting them to the Council. The question, he said, arose from the fact that the Royal College of Surgeons had made certain alterations in the scheme of education and examination for their dental diploma to come into force on January 1st, 1897, without communication with the General Council. He therefore moved that the Registrar be instructed to apply each year in writing to the bodies granting dental diplomas or certificates for such details of their existing regulations under which such diploma was granted as would enable the Council to determine how far these regulations conformed to the recommendations of the Council.

Mr. Bryant repudiated any lack of courtesy on the part of the Royal College of Surgeons, but added that his College did not recognise, nor, he believed, did any other college recognise, the necessity of asking the permission of the Council to make alterations in their curricula. When new regulations were drawn up they were presented to the Council.

Mr. B. Carter quoted from a report of the Examinations Committee to show that the right of examining bodies to make their own regulations was recognised by the Council and too frequent interference with them was deprecated. He objected to any cast-iron rule, but saw no objection to the motion.

The motion was then agreed to.

Certain formal business having been disposed of,

Mr. Carter called attention to the fact that Sir Walter Foster and Mr. Wheelhouse were sitting there for the last time, and he moved a resolution expressing regret at their retirement in view of the great services which they had rendered to the Council during their tenure of office, and wishing them happiness and prosperity.

This was carried by acclamation, and the Session came to an end.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, Dec. 5th, 1896.

Intercranial Aneurism.

At the last meeting of the Académie de Médicine, M. Klein presented a little girl, æt. 4, who at the age of ten months had a fall on her head. A certain cerebral commotion followed, but disappeared at the end of a few days. Since that time the child enjoyed excellent health, but when the ear was applied to the head an intermittent noise was perceived isochronal with the cardiac pulsations. The most minute examination of the head failed to discover any trace of tumour or vascular dilatation. The diagnosis inclined to the existence of a circoid aneurism.

Intestinal Perforations.

M. Brun related a case of surgical intervention in perforation of the intestine due to typhoid fever. It was that of a boy, æt. 14, who entered the hospital at the close of typhoid fever; a relapse took place, and four weeks subsequent to his reception at the hospital the symptoms of perforation appeared. The abdomen was greatly enlarged and the pulse imperceptible. The speaker, in spite of the state of collapse in which the patient was found, did not hesitate to operate; the abdomen was opened from the umbilicus to the pubis, and in a few minutes the perforation was discovered and sutured according to the method of Lembert, the abdominal cavity was washed out with four quarts of boiled water, and the operation completed by suturing the first incision, except at the lower angle, in which were placed two drainage tubes. Thanks to injections of serum, the patient revived for two days, but on the third day, fæcal matter was observed to pass through the drains, and on the seventh day, the boy succumbed. The autopsy revealed five other perforations, and a sphacelous patch in the upper part of the small intestine.

M. Legars said he had operated in two similar cases.

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He received an urgent call to the Trousseau Hospital, for a child of eleven years who presented all the signs of peritonitis from perforation. He performed laparotomy without delay, and found without trouble a perforation at the lower part of the ileum. The patient died on the following day. The second case was more interesting. A young man, æt. 25, was treated in the hospital for typhoid fever. All was going on well, when suddenly he complained of severe pain in the right iliac fossa, and symptoms of peritonitis rapidly developed. The abdomen was opened, and a perforation large enough to admit the finger was found close to the cæcum. It was immediately closed by suture. For two days the patient did well, but on the morning of the third day he died suddenly. The autopsy showed that the sutures had healed well, and that there were no other perforations. The man had evidently succumbed to the typhoid fever itself.

HERNIA OF THE APPENDIX.

M. Guinard reported a case of hernia of the ileo-cæcal appendix. A few months ago he was called to see a lady of forty-five who for two years suffered from a crural hernia. When he arrived he found that the hernia had become irreducible for five days previously. An operation was indispensable, and when the sac was opened the vermiform appendix was found to be the portion of the intestine strangulated. The speaker removed it, and the patient made a good recovery.

INFANTILE ENTERITIS.

At the Medical Society, M. Barbier said he had treated a certain number of infants suffering from intestinal infections by subcutaneous injections of sterilised salt water (1-1,000). These injections were made beneath the skin of the side of the abdomen. The doses employed were half an ounce, morning and evening. The result of the injections was a general stimulation of the whole organism. The patients, in a state of collapse, with pinched nose, half-closed eyes, cold extremities, &c., recovered from this condition after two or three of these injections. The diarrhœa was uninfluenced by the treatment.

A PENDANT OF THE SWANSEA ABORTION CASE.

Considerable commotion has been excited in Paris this week over the death of a young English woman of the name of Thomson, who succumbed at the house of a doctor after a certain operation, and the tragic end of her lover. It seems that a gentleman of good standing and of fortune, married and with a family, living at a short distance from Paris, made the acquaintance some time ago of Miss Thomson, who was then employed at a fashionable dress warehouse. An illicit intimacy sprang up between them, and the gentleman in question soon made the girl his mistress. A few weeks ago she became pregnant, which annoyed them both greatly, and steps were taken to annul the natural consequences of their illicit intercourse. For this purpose the girl was sent to a doctor of some reputation who kept a *clinique* in his house. Assisted by a *confrère*, this doctor performed an operation from which she rapidly succumbed. On learning of the death of his mistress, and fearing the consequences, the gentleman shot himself. Both the doctors have been arrested, and a voluminous correspondence seized, implicating other persons and promising considerable disclosures. I may add that the unfortunate man's widow is also of English origin.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, December 4th.

BACTERIOLOGICAL DIAGNOSIS OF TETANUS.

IN the *Deutsch Med. Wochens.*, Dr. Holdheim describes four cases of epidemic tetanus, in which he succeeded by means of lumbar puncture in establishing the presence of the meningococcus intracelluraris. The lumbar fluid was centrifugated, and from the sediment samples were placed on glasses and stained by Loeffler's method. The meningococcus was cultivated in all the cases. In two cases autopsies were made in which the diagnosis was completely confirmed. No animal experiments were made with the cultures.

A number of cases of epidemic tetanus have lately appeared in Berlin and its surroundings, and under the direction of the Royal Sanitäte Commission the Bezirks physikers has instituted an inquiry into the origin and spread of the epidemic. On inquiry some of the cases announced appearhd to be doubtful, but excluding these twenty-two cases still remained. These cases have been notified as arising in the various parts of the city and neighbourhood during the last fifteen months. From the inquiry it appears that the infection was always through personal contact by means of intermediaries and by visiting infected places. The disease attacked children by preference, for the grown-up intermediaries remained healthy, whilst the infected children contracted the disease, and in the majority of cases died. The poorer classes were principally affected, and also persons in whom, from injuries to the head or nervous diseases, the cerebro-spinal fluid or meninges were possessed of abnormal qualities. The period of incubation was from three to four days. In most of the cases disease of the upper respiratory passages preceded the nervous symptoms. The mortality of the cases notified was high, but it was assumed that some non-fatal cases ran their course without the real nature of the disease being identified. The excitors of the disease seemed capable of existing and retaining their virulence for a long time outside the human body.

SWALLOWING ARTIFICIAL TEETH.

At the Medical Society, Hr. Rosenheim showed a patient who had swallowed a set of artificial teeth, which were removed by œsophagotomy. The teeth were swallowed on October 7th whilst drinking. Pain was immediately felt in the upper part of the œsophagus, and the patient was unable to swallow. The man was admitted into the Bergmann's klinik, an examination showed an obstruction in the œsophagus below the larynx. On the following day a sound was passed under an anæsthetic. It passed smoothly into the stomach, from which it was concluded that the teeth had already passed into the stomach. The plate was not passed, however, per anum, and the patient still had the same feeling in the gullet; this, in fact, became worse, and on again sounding the obstruction was felt. Attempts were made to extract, but without avail, and in the evening V. Bergmann performed œsophagotomy. There was some difficulty in extracting the plate even then, and, in fact, it had to be broken up before it could be removed. On the following day the patient became feverish, and the wound suppurated. Notwithstanding this, recovery took place rapidly until the fourth day, when double-sided paralysis of the recurrent nerve was noticed the cause of which was not quite evident. The œsophago-

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scope had readily shown the situation of the plate before operation.

At the Free Society of Surgeons Hr. R. Köhler read a paper on

The Action of Modern Projectiles.

He said that experts had expressed the conviction that the new weapons would do ten times as much work in the same time as those used in 1870-71, a calculation he did not think was beyond the mark, when one remembered that the projectile power was four times greater now than then. The vital power of a shot was made up of its mass and velocity, to which was to be added the subordinate *rôle* of rotation. He first described the effects of solid shot on different kinds of bodies, solids, fluids, the subject being treated as a question of physics rather than in its relation to surgery.

Austria.

[from our own correspondent.]

Vienna, Dec. 4th, 1896.

The Examination of Blood.

Rudolf R. von Limbeck treated the "Doctoren-collegium" at its last meeting with an exhaustive paper on "The Examination of Blood with its Symptomatic Interpretation." Since Hayem's announcement, in 1889, that the blood was the central point where the morbid transition took place, many observations have been made that tend to confirm this opinion.

The diagnostic value of a hæmatic examination was important, and required only a microscope, a blood corpuscle numerator, a hæmometer (Fleischl's or Gower's), and a spectral apparatus.

The normal blood taken fresh from the finger was of a dark red colour, or slightly bluish shade. This colour should be carefully noted, as it was sometimes difficult to distinguish this normal blue when the blood was chocolate or coffee-brown, as in methæmoglobin that occurs in the toxic administration, phenacetin, antifebrin, or the salts of chlorine.

The macroscopic examination being ended, he commenced with the microscopic observations by running a margin of vaseline round the drop of blood on the cover glass, when the discs, 8 μ in diameter when normal, could be noticed. The most frequent and important pathological change occurring in the blood was the degeneration of the blood corpuscle, where the hæmoglobin is deficient in the red discs. This morbid change can be observed in individual cells or erythrocetes in perfect health, but their relative number marks a neoplasm called into existence by cachexia that may be either acute or chronic.

The changes in the size and appearance of the corpuscles took place when the pathological condition had advanced; the red corpuscle forming either a very large size, the megalocite, or a very small one, the microcyte or dwarf cell. The latter condition occurs in acute diseases or any poisoning condition, while the former appears in anæmia. "Poikilocytosis" is a general term applied to normal deviations or irregularities that occur in the general outline of the red corpuscles, which are usually polymorphic, passing through pear-shapes, hammer-shapes, &c., which Quincke at one time affirmed as diagnostic of pernicious anæmia, but which is now recognised as a normal degeneration of the corpuscles appearing in varying degrees according to the stage of the anæmia.

Changes in the white blood corpuscles in fresh specimens are more difficult to diagnose, and are, therefore, better dried, but the expert will be able to follow many of the changes that occur, as the red corpuscles have a tendency to group themselves round the white as a centre. The network of fibrin is also diagnostic of pneumonia, pleuritis, scarlet fever, and small-pox. On the other hand, very little fibrin will be found on the cover glass in blood after phosphorus poisoning, hæmophilia, or scurvy.

The number of red blood corpuscles in normal conditions are five millions to the cubic millimetre in males, and four and a half millions in females. In the infant they vary rapidly in consequence of the rapid change of fluids. This has also a considerable influence in the adult, as a rapid increase of water diminishes the number of red blood corpuscles, while loss increases the number, such as a warm bath, diarrhœa and diuresis, &c. It has also been shown that elevation influences the number, as animals and individuals rising from a plain in Peru to different heights had the red blood corpuscles increased to six millions, seven millions, and even eight millions per cubic millimetre, which accounts for the rapid improvement in hilly districts of many diseases.

In pathological conditions there is often an increase of the red blood corpuscles, as in mitral disease and chronic endocarditis, where the red cells are increased to nine millions per cubic millimetre, and why this should occur is without an explanation unless it be due to some disturbance of the water economy. It is also to be noted that polycythæmia is diagnostic of phosphorus poisoning and the coma of diabetes. In the first this is important, as we have no enlargement of the liver to confirm the cause; it is also useful in differential diagnosis between phosphorus poisoning and acute atrophy of the liver. In the coma of diabetes it is often useful when the cerebral conditions are obscure.

This is well exemplified in a case that was brought into hospital a few days ago, unconscious, and without any history whatever to guide us in the diagnosis. The blood was examined, and the absence of polycythæmia led us to the conclusion that the cause was hæmorrhagic, which was confirmed at the post-mortem.

The reduction in the number of the red blood corpuscles is more comprehensive, and affects a wider class of disease, but the recuperative power being rapid leaves often a transitory effect, except the anæmia.

Quincke records a case where the red blood corpuscles were below 140,000 per cubic millimetre, that he had to perform transfusion, and the patient left the hospital with 3,000,000 per cubic millimetre.

For the diagnosis and prognosis of infectious diseases the number of white blood corpuscles are important, although varying between wide limits, as in a healthy male they will range between 8,000 and 12,000. The character of ingesta modifies the number, which has led to a practical diagnosis between ulcus ventriculi, where the leucocytes are found from two to four hours after food, while in carcinoma ventriculi they are constantly absent. We must always bear in mind the relation of feeding, as a poorly-fed old woman may not have more than 5,000 or 6,000, while a healthy well-fed labourer has 12,000 to 13,000.

The diagnosis between infectious disease and pneumonia in mild cases show the white blood corpuscles to be increased to 25,000 or 30,000, but in very severe cases of pneumonia this leucocytosis does not exist.

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The opposite condition prevails in typhoid, where they gradually diminish. This fact proved advantageous in the diagnosis of the case of a young woman who was attacked with high fever, headache, roseolar rash on the abdomen, gurgling, and constipation, with enlargement of the spleen, and pointed strongly to typhoid, which was confirmed by the Medical Officer of Health.

The blood was examined, and 22,000 leucocytes found in a cubic millimetre, which was quite opposed to the diagnosis of typhoid. This revelation caused the case to be held in suspense, as the blood examination pointed to an exudation. In a short time after facial paralysis set in that led to the more correct diagnosis of purulent meningitis having a tuberculous origin, which the post-mortem proved to be the case. In tuberculosis itself the leucocytes are normal; where serous effusion is present they are increased, but where purulent exudation exists the number is high. In pulmonary infiltration there is no increase until hæmoptysis occurs.

Septic conditions are characterised by increase of the corpuscles. In the febrile period of scarlet fever they increase to 20,000, and may continue thus for a month if the poison be not eliminated, which is useful in escaping subsequent nephritis.

Winternitz criticised the etiology of erythrocytis on mountains. According to Grawitz the cause was due to a contraction of the vessels, the serum being pressed out. Again, the blood corpuscles were not the same all over the body, as proved by Breitenstein. Winternitz believed the improvement was due to atmospheric pressure relieving the peripheral circulation, and thus strengthening the heart's action.

CONTINENTAL WINTER RESORTS.

[FROM OUR SPECIAL CORRESPONDENT.]

PAU.

THE attractions of South-West France are so varied and numerous that they have only to be made widely-known to induce more British people to come here as Winter residents. Several months can be most economically and most agreeably spent in the Basses-Pyrénées, with great advantages in the way of health recuperation to those constitutionally weak, and over-tired physically, or mentally overworked.

Pau offers many inducements. It is a very central point for excursions into the mountains, or to the coast. There are here all manner of what our French friends call "distractions." Really artistic concerts, fairly good theatre, amateur dramatics, two good subscription libraries (the "English circulating," in Rue Montpensier, and Lafon's French and English Library, in Rue Henri IV); a comfortable English reading room also in Rue Monpensier with London and Paris daily and weekly papers, and monthly magazines; the city gives a well-stocked public library (open free five days weekly) and rich in Pyrenean and Provençal works; at the English Club, in Place Royale, is likewise a large library and amply-supplied reading-room. The Fox and Drag Hounds meet every other day, and run a country some sportsmen say equals any in the Midlands, while golf experts claim that the Links on the extensive Billère Plains, near Pau, have no equal, except the classic St. Andrew's; livery-stables, schools, tennis-courts and lawns, promenades, rides and drives, and admirable cycling roads abound all around.

There are a number of Roman Catholic Churches (some with English priests). Two French Protestant Churches, one pretty Scotch Kirk, with a kindly old preacher who reminds one of the palmy days of the Free Church, when Thomas Guthrie brought, Sabbath after Sabbath, crowds together that made Auld Reekie's crooked streets too narrow for comfort.

The English Church is over abundantly represented: Christ Church has a good broad service, with an able chaplain; the Low School has ample "room and to spare" at Holy Trinity; while the most Ultramontane of Ritualists find at St. Andrew's all their latest fashions and innovations. "St. Andrew's" has an expansive frame of mind — nothing new or old comes amiss there; the most recent improvements appear promptly, while the most recondite of Oriental, Celtic, and Roman missals are ransacked that "things old" may re-appear from long-forgotten "treasuries." The French Catholics of Pau are confessedly confused by our British vagaries in these matters. They say it is easy to understand the simple black gown of the Scotch service, for it is analogous to the Temples of their Protestant compatriots. But they cannot readily comprehend why on one side of this simple Scotch Kirk there should be one English Church of Holy Trinity, with a layman taking part of the ceremonies (the Churchwarden, Colonel Wright, reads "The Lessons"), and on the other side of the same Scotch Church another English edifice of St. Andrew, with an incongruous display of Saints in its windows, or not very "sweet-smelling savour" of the strongest incense issuing from its portals; and if they look within those portals a changing of garments and diversity of colourings exceedingly perplexing even to Romanists.

The Russians, too, have what has not been inaptly termed "a drawing-room Church" at Pau. So most peculiarities of tastes in religious matters can be easily accommodated in this pleasant Bearnais city.

The visitor has quite as free a choice in the question of a home. The coming and going of English and Americans for half-a-century has enlightened the proprietors of property, and their agents, in the peculiarities of Anglo-American ideas about home-life. So the villas and apartment houses are in a large degree planned to meet these ideas. There are, however, some other peculiarities, namely, those of the French laws and insurance customs, which render it advisable for the stranger to consult reliable local agents. Pau possesses one of these, quite a character in his way, emphatic in his language and dramatic in his gestures: but, as his clients say, straightforward in his dealings: Monsieur Cazandehore, of No. 10 Place de Gramont. Anyone with half-an-hour at leisure can well amuse himself by strolling down to Place Gramont, whether he wants a domicile or not.

Pau is rich, likewise, in hotels. The "Grand Hotel Guichard" is surrounded by the British churches just spoken of, and is strongly recommended by its many English patrons. It is especially renowned for its *cuisine*. On the Place Royale, the fashionable lounging-ground of Pau, and the centre of its club-life is the old favourite "Hotel de France," of the Messrs. Garderes. Every traveller knows and speaks well of "The France." Its position at the corner of the Place Royale and the new Avenue des Pyrénées is superb; commanding a wide view of the magnificent mountain range. Pau is not really in the Pyrenees. It is situated on a plateau, 700 feet above the sea, and 150 feet above the river, (the "Gave de

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Pau,") and between Pau and the Pyrenees are about fifteen miles of beautiful scenery. "A country well worth visiting," said Dean Stanley, "were there no Pyrenees beyond it." A noble avenue runs along the brow of the bluff which rises abruptly 150 feet from the valley below. At one extremity of this avenue is the Great Park of the old Bearnais monarchs, and at the other end the public Parc Beaumont. The views of the mountains from this avenue are among the finest found in Europe.

Near the Great Park is the ancient Chateau de Pau with its many reminiscences of the Gastons and de Foixs of mediæval times, and the d'Albrets and Bourbons of the troublous days of the Reformation. Not far from the historic castle stands the imposing castellated building of the "Hotel Gassion," one of the best of French hostelries, possessing all modern luxuries, enterprising proprietors, and, besides its unsurpassed southern prospects of the great hills and intervening valleys, a western view across the Park and Billère Plains, to the antique Lescar, at one time the ecclesiastical capital of Béarn. All the needs of modern home-life are amply supplied at Pau. Fine shops, "Bazars," "Universelle-Maisons," "Bon-Marches," "Old Englands," "Union Jacks," "Villes de Londres, Paris," &c., innumerable. The markets are clean, well-ordered and well-stocked. Some of the butcher-shops are excellent, especially that of Madame Redon opposite the English Reading Rooms, where meat is apparently as good and as low in price as at home.

Next door to the English Library in the same street is Layrisse's grocery, with (a novelty in France) really exquisite tea. Adjoining is the wine depôt of Monsieur Dudoy, with a speciality added of salad oils of a quality seldom seen at home. In fact, one need not wander far away from these headquarters of Anglo-American life at Pau, the English Library and Reading Room, to learn all the latest news, meet the most recent arrivals, and find every requisite for a genuinely good dinner or an entertaining tea-table *causerie*.

One feature of Pau life is most pleasant. Although a health resort, you do not meet those depressing processions of bath-chairs and advanced invalids which detract from the enjoyment of a fine weather promenade at Bournemouth, Mentone, and elsewhere. Here the invalids seem bright and more bent on frolics than "constitutionals." There are no "Hot Springs" and the accompanying perpetual sippings of nauseous humidities ever in prominence as at so many Continental "cures." Pau has one good health-giving fountain, the "Fontaine des Marnieres," in the Billère suburb; but you only find the Bearnais people filling their flagons there, or on a sunny afternoon quietly quaffing its waters. The Anglo-American colony have not as yet apparently discovered its whereabouts, or its really-refreshing qualities. Or, as one French friend remarked to me, "you may prefer your *arsenic* in less aqueous proportions."

The Operating Theatres.

CITY OF DUBLIN HOSPITAL.

Strangulated Femoral Hernia.—Herniotomy.—Mr. Croly operated on a woman, æt. 75, a patient of Dr. Hearn's, who on admission to the hospital had the "hernial face" well marked and showed signs of great collapse. The hernia occupied the left femoral ring. It was the size of a walnut, and was very tense. It had existed some years, and had been always reducible until within forty-eight hours before admission. The patient vomited frequently, and suffered from severe colicky pain in the region of the umbilicus. The abdomen was much distended and tympanitic. The woman having been anæsthetised with ether, Mr. Croly proceeded at once to perform herniotomy. The patient was drawn down on the table, and the legs allowed to hang down, and Mr. Croly sat on a chair placed between them. He made a single incision, no director being used. The sac was held up, and the translucency test applied. It was then opened, and the gut was found to be very deeply congested and of a maroon colour. There was no omentum in the sac. A very large quantity of clear fluid escaped. The stricture was situated in the neck of the sac. Colley's fascia was divided by means of a hernia knife, and the under edge of Poupart's ligament incised. The loop of deeply-congested gut was not reduced into the abdomen. The vomiting ceased after the herniotomy, and flatus was passed per anum. Mr. Croly said that no taxis was employed after the patient's admission to hospital as the tumour was very tense, and the gut forty-eight hours strangulated. He pointed out that the hernial face was very marked, and that the collapsed condition did not make the case one likely to recover. The case, he thought, showed the great importance of avoiding the employment of mischievous taxis, and the great importance of prompt operative interference to free the gut from its strangled surroundings.

It is reported that chicken jelly, brandy and ice were given, and warm applications placed over the abdomen. Fœtid fluid discharge escaped from the wound on the sixth day. This subsequently ceased, the bowels have acted, and the wound is granulating, The patient, on the twelfth day after operation, is looking well, and is free from all distress.

ROYAL FREE HOSPITAL.

Trephining for Injury to the Head.—Mr. Battle operated for cerebral symptoms due to injury on a man, æt. about 45, who had been brought to the hospital by the police. The history given was that during the morning the patient had been arrested by the police because of his manner of walking, and his confused condition of mind when spoken to; he was supposed to be intoxicated. He was taken to the police station and kept there all day, but without any improvement manifesting itself in his condition. During the day the right eye had become discoloured, and the police surgeon, when fetched, considered that his symptoms were due to injury and not to drink. He had not vomited, nor had he been quite conscious at any time whilst under observation. On admission to the hospital he was in a semi-conscious condition, from which he could not be completely roused, though he manifested considerable irritability when attempts were made to make him give his name. The pupils were equal and acting to light, there was no paralysis of any part, the pulse was slow, the breathing heavy; the right eye was discoloured, there was sub-conjunctival ecchymosis. On the right side of the head above the ear, there was considerable puffiness which simulated very closely on palpation a depressed fracture. The patient had two epileptiform seizures at short intervals not long after admission, during which the left side moved more strongly than the right, but it was not known which part manifested the first movements. The temperature was normal. Mr. Battle considered the symptoms to be due to extravasation of blood within the head, but was not able to localise the exact spot of the lesion. He considered, however, that the proper treatment was to explore, and this suggestion was at once carried

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out. The trephine opening was made about two inches directly above the ear, and on removal of the disc of bone the dura mater filled the opening and was without pulsation; its colour was altered, there being the bluish-black appearance of extravasated blood. The opening in the skull was enlarged downwards and forwards, after which the dura mater was incised and exit given to several large black clots, some of which were removed by means of a small blood scoop. Presently the flow of blood became rather profuse in proportion to the amount of clot, and it was evident that considerable loss was rapidly taking place from a vessel of importance which the pressure of the blood clot had previously blocked. The opening in the dura mater was sutured, and a drainage tube put under the flap of scalp. When the wound was closed pulsation had returned to the dura mater, and the bleeding from beneath had apparently almost ceased. No change, however, had taken place in the condition of the pupils. Mr. Battle said it was one of those interesting cases which are occasionally brought under notice of hospital surgeons with a history of indefinite character. The man was arrested for supposed drunkenness, and the police authorities at the station to which he was taken considered themselves quite capable of deciding as to his condition without the aid of a surgeon, and it may have been hours before surgical aid was given. Until police surgeons were called upon to see every case of drunkenness such mistakes must occur. A man should not be found guilty on this charge without a full trial and expert evidence for or against him. The diagnosis in a case such as this rested between extra dural hæmorrhage and hæmorrhage from lacerated brain. In this case the probability was in favour of lacerated brain because there appeared to have been no absolute return of consciousness during the few hours that the patient had been under observation, and the loss of consciousness had not increased at the rate that usually attends the outpouring of blood between the dura mater and the bone, whether it comes from middle meningeal artery, vein of dura mater, or venous sinus. The temperature was of no use in this instance, although occasionally it may be a great help in diagnosis between cerebral laceration with hæmorrhage and extra dural hæmorrhage. In the former it is not infrequently considerably raised, while in the latter it is not raised unless there is an accompanying laceration of the cerebral substance. Although no fracture was found at the operation, the subconjunctival hæmorrhage made it certain that there was a fracture in the anterior fossa.

WE are glad to see that Dr. Francis T. Bond, of Gloucester, the Honorary Secretary of the Jenner Society, is dealing with the fallacies and misrepresentations of the anti-vaccinists in the *Echo* and other similar journals. For a long time these faddists have had it all their own way without anyone taking the trouble to show up their absurdities, No doubt it has happened that in consequence thereof much of the opposition against vaccination has been fostered. Irresponsible and utterly incorrect statements have thus come to be accepted as truths by many of the misguided followers of the anti-vaccinist agitators. We trust, however, that the Jenner Society, by means of its Honorary Secretary, will now lose no opportunity in disposing of the misstatements of the opponents of vaccination, wherever they may be made, and that the public will at last begin to accept the truth of the matter.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 9, 1896.

THE SYSTEM OF MULTITUDINOUS EXAMINATIONS.

THE question of how best to arrange and conduct examinations having for object to ascertain candidates' standard of efficiency in the subjects of medical education is as important as it is complex and delicate. No more worthy subject could possibly occupy the attention of the General Medical Council, which is privileged to supervise and control medical education and examinations. The progress of medical science is reflected in our present system of examination by an enormous multiplication of subjects of examination and consequently of the number of examinations. Now it is generally recognised, apart from medical education, that the system of periodical examination is, after all, only a *pis aller*. It presents serious and apparently insurmountable disadvantages, and its vogue is to be explained only on the assumption of no better means having as yet been discovered of ascertaining that candidates have obtained a suitable amount of knowledge. Examinations have the disadvantage of limiting the intellectual horizon of the student, who aims less at mastering his subject than at satisfying the arbitrary and often variable standard imposed by the examining boards. He is but too apt to conclude that when he has passed the test he has

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learned all that it is necessary for him to know respecting the particular subject, in blissful ignorance of the fact that his certificate only testifies to his having reached a minimum standard, which is hopelessly inadequate to enable him to discharge his duties as a medical practitioner with credit to himself and benefit to his patients. It is generally admitted that the value of an examination is materially weakened when it is unduly subdivided, for not only has this subdivision for effect to allow men to be passed whose intellectual status is not such as to warrant their being licensed to practise, but such a system is unnecessarily harassing to the student, who never feels himself free to abandon himself wholly and completely to the matters he has in hand, but is all the time haunted by the nightmare of an approaching ordeal. In studying cases of disease the student is apt to think far more what his examiner is likely to ask than to observe as best he may the phenomena of disease, which are manifested before him for his information if only he will devote himself to their observation in a really scientific spirit. We cannot too strongly deprecate the tendency which has shown itself of late years to subdivide examinations *à outrance*, a proceeding as wearying to the examiners as it is harassing to the student. The subject may not yet be ripe for any decision, but Mr. Wheelhouse made some very practical suggestions of a valedictory nature, which, we trust, will bear fruit when the time comes to decide the principle on which examinations shall in future be conducted. He urged, with a plain commonsense which must have appealed to his listeners, that the curricuium may conveniently be divided into three stages: a first stage of two years, during which the student should be expected to acquire a thorough knowledge of the twin subjects of anatomy and physiology, which must underlie all his future study; a second stage of two years, which should be devoted to practical work in the wards; and a final year, which might advantageously be spent in training the senior student in the actual duties of medical practice, such instruction to be given in the only way in which it can possibly be given, viz., at the hands of a general practitioner capable of offering the necessary facilities for practical work in this direction. The intermediate and partial tests might very well be left in the hands of the authorities at the various medical schools, who are keenly alive to the necessity of keeping men up to their work, and who may be trusted to reject men whose work has been perfunctory and inefficient. They, indeed, are in a far better position to judge of the student's progress than the casual examiner, and as the final tests would, in any event, be controlled by outside independent examiners, they could have no conceivable interest in passing men whose standard of attainments was not likely to come up to the required excellence.

LAY CRITICISM OF THE MEDICAL PROFESSION.

We had occasion in our issue for November 25th, to comment on the attitude assumed by the *Echo* in respect to the verdict in the Beatty *v.* Cullingworth case, and we felt it to be our duty to point out that our contemporary had again taken the opportunity to publish remarks which were antagonistic to the medical profession. The matter is one which demands further notice, especially in view of the reply to our criticisms which were published in the *Echo* on the following day. The Editor of that paper denies that he has ever published a "diatribe" against the medical profession; all that he has done, he claims, is to have treated the medical profession as any other. He, moreover, asserts that Mr. Lawson Tait informed him, in April last, that medical men and the medical journals were prone to look upon all opposing criticism as an attack upon the profession, and that all such criticism was resented as the offspring of ignorance or impertinence. But because Mr. Lawson Tait expressed this opinion it does not follow that he was speaking for any else than himself. We are not prepared to admit for a moment that the profession or the medical press resent the criticism of laymen when that criticism is rightly applied. The editors of lay journals, for example, who adopt the policy of the non-vaccinists, must know that their journals can only be productive of harm when circulating among the masses. Indeed, a very serious responsibility is assumed by such editors who, throwing accepted facts to the winds, cater for a noisy few when the cry of the latter may be assumed to be a popular one. That much harm has been done by a certain section of the lay press, braving their consciences, and ardently counselling their readers to oppose vaccination, is undeniable. The public are told by such journals that medical men have no interest in vaccination beyond the revenue that it brings them, and that it is for this reason that the profession are so strongly in favour of its continuance. But the *Echo* apparently feels secure in its contention that "the medical system," as it says, "is always undergoing development and change, and, what is more, this development and change are largely influenced and promoted by external inquiry and criticism." It is then pointed out that chemistry and biology, aided by the microscope, have gradually changed and are gradually changing medical opinion and medical practice. Of course, no exception can be taken to this statement; but it is difficult to comprehend what the advance of chemistry, biology, and the use of the microscope has to do with criticism of medical matters in lay journals. The *Echo* again asks "why should not the medical profession be subject to outside criticism as any other profession," and then refers by way of comparison to the criticisms which the legal profession is subject. But we hold that the issues are different. If a wrong judgment be given by a judge the effect of the wrong falls only upon an individual. On the other hand, if a journal by its advocacy of the policy of non-vaccination is instrumental in causing many persons to contract small-pox by making them anti-vaccinists, the harm falls upon the community. The *Echo*, however, seems to be satisfied that external criticism is good for the profession, and that it has been active in changing medical opinion. In reply, it may be said

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that we cannot recall any instance in which medical treatment, practice, or progress, has been in any way influenced for good by the critical faculties exercised by lay editors. It is needless to discuss why medical men cannot look to the lay newspapers for enlightenment so far as their profession is concerned. But it is quite certain that a large section of the public is very frequently apt to acquire erroneous ideas upon medical matters from what they see and read in the public press. It was mainly, then, on these grounds that we have referred to the various remarks upon the medical profession which have appeared in the *Echo*. On all occasions when there has been anything to discuss of a medical nature which could be construed into some complaint or demonstration of feeling against the medical profession, our contemporary has seemed to us to seize upon it. Obviously the continuous repetition of these criticisms could only have the effect of creating very unfavourable impressions regarding the profession generally upon the minds of the readers of that newspaper. Therefore, the incongruity of this policy was something which, as we said, appeared to be incomprehensible. For while on the one hand Mr. Passmore Edwards was building and endowing Cottage Hospitals all over the country, on the other he was disseminating in his paper bad feeling among his readers concerning the members of that profession whose services he would have to secure before his institutions could be made to fulfil their objects.

GENERAL MEDICAL COUNCIL CONSISTENCY.

THE educationalist section of the profession has, no doubt, been greatly edified by the Rhadamanthine justice with which the General Medical Council has hitherto enforced its decrees as regards curricula and examinations. But recently it has thrust vaccination, psychology, and other subjects of study down the throats of the qualifying authorities, under threat of disfranchisement if these bodies refused to conform. In fact, the beginning of the great Apothecaries' controversy was when the Committee of Management for the Irish apothecaries' examinations declined to weight its candidates with certificates in subjects which were, and are, in no just sense, necessary to their education. When the apothecaries were in question, the Council was Rhadamanthine, and would not mitigate its curriculum by a hair's breadth. But it is worthy of notice that the Council has, since then, learned to be diplomatically inconsistent, as is illustrated by the following narrative:—In 1879, it issued a programme for the licence in dental surgery, and required all concerned to knuckle down to that line, be it right or wrong, and the order was complied with. Recently, however, the Royal College of Surgeons of London thought that it might attract dental candidates by dispensing with three of the subjects of education, and one of the subjects of examination which, by order of the Council, all other licensing bodies insist upon, whereupon the Edinburgh College of Surgeons, having discovered the ruse, complained to the General Medical Council, which remitted the complaint to the Dental Committee, whose report thereon lies before us. It is a delicious sample of official tergiversation. The Dental Committee admits without parley that the London College has set the awe-inspiring regulations of the Council at defiance, and proclaims audaciously that it does not "require the sanction of the General Medical Council" for what it does. The decree of the Committee, which has been officially received, adopted, and approved by the General Medical Council, is too good to be lost. It says:—

The Council has no wish to bring all examinations into exact and literal uniformity. Liberty must be allowed to the different corporations and examining bodies to carry out their curricula and examinations in the way which seems best to their governing authorities; and so long as these examining bodies follow the main lines which the General Medical Council have formulated the details of their courses of study and examination may vary within certain limits without drawing upon them the displeasure of the Council. The arrangements of the English College (of which Mr. Bryant, the Chairman of the Committee, is the representative) do not appear to call for any adverse remarks. They come from a College which has had vast experience, and *are worthy of the careful consideration of other dental licensing bodies* (our italics).

We earnestly commend this official declaration to the attention of colleges and examining bodies which have pusillanimously yielded to the threats of extinction held over them by the General Medical Council if they did not conform, in the most literal sense, to its regulations, which we will say are as often as not nonsensical. Taking this particular matter of dental education as an illustration, we remind our readers that the Royal College of Surgeons of Ireland, not long since, in an inexplicable flurry over the wrath of this Council, imposed upon its dental candidates an apprenticeship fee of £200, for the personal advantage of a dozen Dublin teachers. It is at least satisfactory to learn, from the mouth of the General Medical Council itself, that the College may now, without hesitation, relieve the Irish dental students of that atrocious tax. There is something admirable in the audacity of the Committee's statement that an ostentatious violation of the law of the General Medical Council by the London College of Surgeons is to be emulated because it "comes from a college which has vast experience, and is, therefore, worthy of the careful consideration of *other* dental licensing bodies."

Notes on Current Topics.

The Situation at Mercer's Hospital, Dublin.

WE reported three weeks ago that the Governors of this hospital had determined to call on the whole of the Medical Staff to resign, in consequence, it is supposed, of the inharmonious working of the medical department of the institution. We understand that the Governors have since confirmed that resolution, and have intimated it to each of the physicians and surgeons, and that all, with the exception of one or two, have sent in their resignations. It is understood that some, if not all, of those who have so relinquished

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office will be re-elected. There are, however, one, or more, who have reason to believe that they would not be restored to office, and he, or they, therefore, refuse to resign, and dare dismissal. This being so, it is worth while considering what the legal powers of the Governors are in this connection. Mercer's Hospital was originally founded by Mrs. Mary Mercer, in the year 1724, for the reception and care of twenty poor girls, but it was subsequently converted by the testator into a hospital, in the year 1734. It worked on until 1750, when it was considered advisable to incorporate it by Act of Parliament, which was passed in the 25th of March, 1750. Six Governors were named in this Act, and power was given to them to elect a successor to any Governor who might die. As a matter of fact, the Governors, with or without legal warrant, did, from time to time, increase their number by fresh elections, until the board is now a large one. By the 4th section of the Act, the Governors have power—

"To make such reasonable laws, rules, orders, and regulations, for the better government and management of said hospital as they shall think necessary and convenient . . . to which laws all officers and servants belonging to the said hospital, except the apothecary attending the said hospital shall, for ever be liable and subject. The fifth clause delares that the physicians and surgeons, two-thirds of them at least, consenting, so long as they should continue to attend the said hospitals without fee or reward, shall have power and authority and are hereby authorised to increase their number as they shall see fit."

It will thus be observed that no power of dismissal is definitely vested in the Governors by the Act, but we believe that a legal decision exists which, if unchallenged, gives them that power. The question now pending seems to be whether they can dismiss upon their own motion and without cause shown. There may, or may not be, charges of neglect or inefficiency raised against any member of the staff, but, so far, we believe, that no such charge has been made the ground for dismissal. Without assuming to express any opinion upon a matter, the facts of which are imperfectly known, we think it right to maintain the principle that no man should be branded with dismissal or deprived of the usufruct of an office for which he has paid a heavy sum unless and until some offence of a nature to incapacitate him from the performance of his official duties is proved against him. Whenever such may occur we recognise to the fullest extent the authority of the governing body to remove such officer.

The Medical Defence Union and the General Medical Council.

For many months past there have been complaints that charges made against certain persons have been withheld from the General Medical Council, presumably in virtue of the powers conferred on the President by the Standing Orders. The matter reached a climax during the recent session, when pressure was brought to bear on some of the members to protest against this alleged arbitrary exercise of the power to withhold particular cases from the Council. The President, naturally enough, resented the imputation thus cast upon him, and referred the matter to the Business Committee for inquiry and report. They reported, in due course, that the matters referred to had actually been considered by the Penal Cases Committee and by the Council's legal advisers, but the fact remains that the cases have never been submitted to the General Council. Mr. Victor Horsley, therefore, assumed that the President had withheld them, basing his assumption on the Standing Orders, which appear to confer the power on the President alone. While no one can doubt for an instant that the President exercised his discretionary power to the best of his judgment and ability, it would seem undesirable that he should have the very grave responsibility thrust upon him of deciding what cases ought, and what ought not, to be adjudicated upon by the Council. Obviously, that function belongs by right to the Penal Cases Committee, though nothing in the Standing Orders specifies such to be the case. As the Standing Orders governing the penal procedure have been referred back to the Business Committee for further consideration, it is to be hoped that advantage will be taken of the opportunity to relieve the President of a duty which, however faithfully discharged, expose him to offensive innuendoes.

The "Plumping" Problem.

To plump or not to plump, that is (or was) the question. Mr. Victor Horsley has publicly committed himself to the statement that plumping is not allowed, but he has since had his attention called to the fact that if the voter may not give his three votes to one candidate, he is quite at liberty to vote for one candidate only, which amounts to much the same thing. Mr. Rivington, alone among the isolated candidates, seems to have taken the matter very seriously to heart, and obscurely threatens to challenge the result of the polling should this go against him. It is just possible, though we do not pretend to solve the delicate legal problem involved, that a misrepresentation of this sort would suffice to invalidate the election of the candidates named on the incriminated postcard, but it could not very well affect the election as a whole, seeing that the General Medical Council—the returning officers, so to speak—are innocent of any participation in the erroneous statement. There is reason to doubt whether the question will call for any judicial decision for reasons which will, we apprehend, be apparent when the results of the voting are made known.

A New Remedy for Cancer.

Some months ago a Russian doctor called attention to the sap of the wart-wort (*Chelidonium majus*) as a possible remedy in the treatment of cancer. The sap of this plant is widely used, in this country, as well as in Russia, in the treatment of warts, and this fact seems to have suggested to Dr. Denisenks to try its effects in cancerous formations. He used it internally as well as externally, and he has just published the results of his experiment in seven cases of cancer, four of these being external, in regions inaccessible to the knife, the other three involving the stomach and œso-

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phagus. He gives photographs of the cases of external cancer and these testify to the complete disappearance of the growths. In one case of cancer of the œsophagus the growth had so far diminished that deglutition, formerly attended with the greatest difficulty, is now comparatively easy. Unfortunately for science the all-important question of diagnosis appears to rest on the slenderest foundations. It is puerile to claim to have determined the retrogression of a cancerous growth unless and until the growth has been conclusively proved to be cancerous by the most careful histological examination. We do not gather that any proof of the kind is forthcoming, and this fact relegates the alleged discovery to the category of unsubstantiated hypotheses. There can be no objection to one's giving the remedy a trial, if it be borne in mind that the sap contains two extremely poisonous alkaloids, necessitating prudence in its administration. No harm is done even if the hopes of the unhappy victims of this disease are buoyed up only to be shattered, indeed an interval of sanguine expectancy would be an agreeable change to the anticipation of an otherwise inevitably fatal termination.

Homicide in the United States.

IN the country which administers the law of Judge Lynch it might be expected that the homicidal death-rate would be somewhat high; but no one could be prepared, we presume, for the actual figures which have been compiled in connection therewith. In a paper contributed to the *Journal of the American Medical Association*, for November 14th, 1896, Dr. Paul Bartholow states that the number of murders reported as having occurred in the United States last year was no less than 10,500, which means that the population in America loses every year from murder as much as from a battle or a plague. A further calculation shows that in every 100,000 of the population twenty murders are committed. Comparing this rate with the rate in other countries, it has been ascertained that homicide is a fourth higher in the United States than in Italy, nearly twice that of Spain, nearly five times that of Austria, nine times that of France, and nearly twenty times that of England, Scotland, and Germany. These facts are to say the least of it extraordinary. Supposing, moreover, that the perpetrators of the murders were all brought to trial and condemned to death, the loss to the country would be correspondingly greater. As a matter of fact, however, only 303 legal executions were carried out during the past year in the United States. This is but a small proportion in comparison with the number of murders committed, but small as it is, it largely swells the loss in human life which occurs as the indirect result of homicide.

The Wig as a "Medical Comfort."

AN out-of-the way kind of problem was lately laid before the East Preston Board of Guardians. Among the workhouse inmates under their charge was an old man, who applied for a new wig, on the ground that the one in his possession was nearly worn out. After long and anxious deliberation, the Board cracked this terribly hard Poor-law nut by directing their Medical Officer to order the desired headgear as a "medical comfort." Now, it may fairly be held that a wig is oftentimes a necessity of modern civilised life. Take the case of a young, or middle-aged and robust person, who has become actually bald from the not uncommon disease, *alopecia areata*. Absurd as it may seem, the sufferer would not, in ninety-nine cases out of a hundred, be able to obtain employment simply by reason of his infirmity. Nay, more than that, on becoming bald he would, most likely, forthwith lose any situation he might hold at the time. Wherefore, under such circumstances, a wig surely becomes a necessity, as well as a luxury. Curiously enough, neither the Metropolitan Surgical Aid Society nor the Surgical Appliance Committee of the Hospital Saturday Fund take that common-sense view of the matter. What has the Charity Organisation Society to say upon the point? Or, does a bald head fall outside the scope of organised charity? Anyway, a poor man might as well be a leper, or a pariah, as be bald and wigless in the midst of a twentieth-century civilised community.

An Old-Time Custom.

AN old custom, which seems worthy of being long preserved, is annually carried out by the medical men of Moretonhampstead (Devon). On the approach of Christmas the practitioners in question invite their moorland ex-patients to dinner. In other words, all the inhabitants of the district who have required medical attendance during the previous twelve months receive an invitation to dine at one of the local hotels. After the repast something stronger than the conventional "cup that cheers but does not inebriate" is placed before the guests in glasses, and then the Nicotian weed is indulged in. Thus everything conduces to the utmost harmony of feeling between hosts and guests, paving the way for the little matter of business which is the feature of the gathering. The practitioners gently throw out hints respecting the payment of their professional accounts, and the guests, knowing beforehand what will be expected of them, promptly respond to the suggestion, and discharge then and there their liabilities for the professional services rendered. The custom, of course, is similar to the old tithe-dinner function, which was so generally observed in former years, but is now almost extinct.

The Royal College of Surgeons, Ireland.

THE resignation by Mr. Kendal Franks of his office as Vice-President of the College, in consequence of his assuming practice in South Africa, was reported to the Council of the College on the 3rd inst., and since then, Mr. Swan, Surgeon to the Dublin Orthopædic Hospital, has resigned his position as Councillor of the College with a view to seeking the Vice-Presidency. Two candidates have already announced their intention of seeking the vacant seat on the Council, viz., Mr. Lambert H. Ormsby of the Meath Hospital, and Mr. Cranny, of Jervis Street Hospital. Mr. Ormsby is a Fellow of long standing and has served as an

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Examiner in the College on many occasions during many years. He has been also associated with Hospital teaching for a considerable period and he is well known as a most successful organiser and as virtually the founder and administrator of the National Children's Hospital. Mr. Cranny is Obstetric Surgeon to Jervis Street Hospital, and he has served the College both as examiner and as Councillor. He is deservedly popular. We have not yet heard of any other candidate for the Councillorship.

Football and Lockjaw.

The death of a well-known football player from tetanus following a compound fracture of the forearm received while playing in a match, forcibly recalls the risks attendant upon wounds into which earth or mud have found their way. Recent scientific investigations have clearly shown that traumatic tetanus depends upon the inoculation of wounds with a specific bacillus. This special micro-organism is found in garden mould; it is also to be met with in the pus of patients dying of the disease. One curious feature about the bacillus is the extraordinary vitality f its spores, experiments having shown that while 80° C., is a sufficiently high temperature for the destruction of other micro-organisms, it is nevertheless the case that the spores of the tetanus bacillus are in no way discomforted by this excessive degree of heat. But, of course, the obvious moral for all football playing persons who receive wounds into which earth gains access, is to lose no time in having them thoroughly cleansed with a strong antiseptic solution and dressing with antiseptic dressings. Unless this be the case, and especially so when the wounds are punctured ones, a considerable risk is run of traumatic tetanus supervening. The plan would be a good one were each club to provide itself with a small box containing the necessary appliances for the immediate antiseptic treatment of wounds which may be received in the course of the matches.

The Case of Dr. R. B. Anderson.

We notice with regret, but without surprise, that the General Medical Council has felt itself unable to take the official action in support of Dr. Anderson which was asked for, although we are convinced that every one of its members were in symyathy with him, and would be most anxious to help him if it could be shown a method of doing so which would be consistent with its official position and dignity. That Dr. Anderson is greatly to be pitied is everybody's feeling; that he has been the victim of gross judicial corruption has been established by the highest court; that he is deprived of the remedy which justice should afford to him by the incapacity of the law (as in many other cases) to give expression to justice—all these are postulates not open to dispute. But what can the General Medical Council, the Colleges, or any other public authority do? It is not clear that Dr. Anderson's case involves any medical principle, for he might have suffered the same persecution and the same professional damage if he had been an engineer, or clergyman, or merchant. His cause is, in fact, not the cause of the doctors, but of every one who values the liberty of the subject, and who rejects, as we do, the effete theory that kings, judges, and public departments can do no wrong, and cannot be made amenable for any wrong that they do. If, by cultivating public opinion, or by an appeal to a higher court, that theory could be set aside, and even justice could be secured for every subject, it would be the duty of every subject to contribute towards so desirable an object. If such purpose is unattainable it would be right that every one should contribute towards compensation to Dr. Anderson for the unmerited suffering which he has endured, and it is the more necessary that they should do so because it is found that public bodies like the General Medical Council are officially unable to do so.

The Royal Society.

At the anniversary meeting of the Royal Society, the President, Sir Joseph Lister, announced that during the past year nineteen Fellows, and four foreign Members of the Society had died. Among these were Sir William Grove, Sir Joseph Prestwick, and Professor Newton. In the course of the proceedings the various medals were presented, and, judging from the absence of British names among the list of the recipients, it is evident that the advance of science has not been a strong point in this country of late. The Copley Medal was awarded to Professor Gegenbaur for his researches in comparative anatomy and in the history of the vertebrate skeleton. Professors Lenard and Röntgen were awarded the Rumford Medal, and Professor Henri Moissan obtained the Davy Medal, while the Darwin Medal was awarded to Professor Grasse for his discoveries on matters relating to Darwin's speculations.

The Lay Press and the Electric Eye.

An incident curiously illustrative of some of the methods of modern journalism has lately tickled the public ear. As every one knows, the *Daily Chronicle* is an ably conducted and up-to-date radical newspaper. A week or two since its Editor received an advance proof of an article about to appear in the Christmas number of *Pearson's Magazine*. The article in question described a marvellous discovery by an Indian, Professor Bose, of some new rays, which could not be detected by any ordinary human sense, except through the medium of a newly-invented "electric eye." With the aid of the latter appliance, so it was advertised, "we shall see through stone walls and brick-built houses as clearly as we now see through a pane of glass." On the strength of these representations the *Chronicle* published a leading article describing the new discovery in glowing terms. But alas! a short letter from Dr. Bose toppled this deftly constructed house of cards to the ground. Why, as we have asked before, does not the *Chronicle* add a well educated scientific adviser to its staff? Such a step would enable it to steer clear of many a sunken rock. Nothing requires a saner and more specially trained intellect than to judge at a moment's notice of the possibilities and actualities of reported advances in science. After the real life romance of the Röntgen rays a layman-

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may be excused for accepting almost anything, however wondrous and startling, in the shape of a fresh conquest of mind over matter.

Guilty and Not Guilty.

THE procedure of the General Medical Council in respect of certain penal cases strikes the dispassionate reader as wanting in logical sequence. For instance, the professional offence known as "covering" has over and over again been formally declared by the General Medical Council to constitute "infamous conduct in a professional respect," yet in several recent cases though the accused was declared by one resolution to have been guilty of the offence charged against him, *e.g.*, covering, the next resolution was to the effect that this very offence did *not* constitute "infamous conduct in a professional respect." This is colloquially termed blowing hot and cold with the same breath. We fully understand and sympathise with the General Medical Council in their reluctance to inflict the extreme penalty on persons in whose favour there is something to be said, but it seems to us that they might have been consistent without forfeiting the exercise of a discretionary indulgence. In years gone by the practice used to be to follow the example of the Scotch jury who found the prisoner not guilty but strongly advised him never to do it again. This attitude could be understanded of the people who now marvel at the intellectual agility of a body which decides that a given person is guilty of an offence already declared to be "infamous," and with the next breath practically states that "in the opinion of the General Medical Council," it is the offence that is infamous and not the offender.

Unlicensed Drug Contractors.

WE note with satisfaction that the Council of the Pharmaceutical Society of Ireland has addressed to the Local Government Board a remonstrance against the giving by Boards of Guardians of contracts for Union drugs to whisky dealers, women grocers, and other unqualified and uneducated persons. It is many months since THE MEDICAL PRESS AND CIRCULAR called the attention of the Council to the fact that the contracts so given had received the official sanction of the Local Government Board. What makes the transaction worse is the fact that these unlicensed drug dealers, though they are supposed to supply the Union drugs and are bound by contract to see that the medicines are of standard quality and properly compounded, make no pretence of knowing or caring anything about the matter. They simply pass the contract on to some drug firm and take their own middleman's profit out of the ratepayers. Meanwhile, the guardians are not even supposed to know by what firm the drugs are actually supplied, nor can they exercise any control whatever over it. If the Irish Pharmaceutical Society permits such contracts to stand good, there is evidently an end to the drug selling and dispensing privileges of the Licentiates of the Society in Ireland.

Tot Homines—Tot Sententiæ.

FREE traders, in principle, have, probably, never reckoned for the extension of their dogma to medical education and practice. The full application of free trade to medicine may be found at present in America, the condition of which country in this regard may be estimated from figures presented by the *Virginia Medical Journal*. The population of the States is about 65 millions, and 132,000 practitioners cater for its medical wants; 26,000 of these are avowed quacks of one sort or other, eclectics, homœopaths, physiomedicos, &c., while of the 106,000 "regular" practitioners many are not much better. There is one "doctor" (save the mark!) for every 613 of the population. One hundred and seventy-five schools which profess to teach medicine are extant, each having a different standard of education and examination, and of these forty teach homœopathy and various forms of quackery. We Britishers, who "groan and sweat under the weary load" of puzzling and inefficient medical law, can scarcely conceive the utter chaos which exists, in this regard, in the New World. In a general way, it may be stated that each State is a law unto itself, and that not one agrees exactly with the other. The result is that, even in the most straight-laced State there is scarcely any limit to quackery, and, if there be, and if the quack is threatened with punishment, he has only to move over the border and practise in the next State, a few miles off, with perfect impunity. Here is liberty of the subject with a vengeance.

The Health of Dr. Jameson.

WE are glad to be able to record that since his release from Holloway Gaol, now a week ago, Dr. Jameson has made favourable progress towards convalescence. Of course, in the natural order of things this progress can only be very gradual owing to the low state of health to which his malady had reduced him—increased, no doubt, by the circumstances of his confinement—before the operation was performed. But in all respects improvement in his condition can be noted. His appetite is returning; he is now able to take some solid food, and there is less necessity for the use of a narcotic at night. Mr. Herbert Allingham is in close attendance upon his patient, and is quite satisfied with his progress. But should any further occasion arise for a consultation the assistance will again be sought of Sir William Broadbent and Dr. Scott. Meanwhile, under present circumstances, it will probably be three weeks or more before Dr. Jameson will have sufficiently recovered to enable him to travel into the country in order to recruit his strength.

THE Report of the Pharmacopœia Committee which was presented to the recent meeting of the General Medical Council announced that three-fourths of the labour of construction of the work has been accomplished, and it is expected that it will be ready in the latter end of 1897.

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Camera Obscura.

The recent session of the General Medical Council has beaten the record in the matter of *in camerâ* proceedings, and the strangers within their gates have passed a goodly part of their time in trotting to and fro between the Council Room and the waiting rooms. It may be desirable in such a body as the General Medical Council that the public should not be allowed to watch members wrangling over their verdict, and to note the various motives that are at work in deciding the majority, and, doubtless, it averts subsequent complications if the parties concerned are left in ignorance of the vagaries of the vote. We note, however, with some misgiving the growing readiness with which the Council resolves itself into a secret tribunal, and we trust that the direct representatives will take care that the press are excluded only when the interests of the profession—and not the dignity of the Council—are really at stake.

A New Theory and Cure for Sea Sickness.

Arguing from the allegation that deaf-mutes are rarely or never sea sick, even in the worst weather, Dr. Minor, of Memphis, starts, in the *New York Medical Journal*, the hypothesis that sea-sickness arises from want of equilibrium and consequent irritation in the semi circular canals. He also thinks that the vertigo and nausea caused by rapid rotation of the body is the same thing, and he has made experiments upon subjects on *terra firma* in whom he induced, by rotation, what he thinks was sea-sickness. He asserts that by dropping oleate of cocaine into the ear he has succeeded in bringing the semi-circular canals to their senses and that anyone who likes to try the treatment can cure *mal de-mer*. *Q.E.D.*

Cheap Oxygen.

The *Daily Chronicle* reports that oxygen is now being made in America at a cost of threepence per thousand feet. It is produced by blowing air, at a temperature of 600° through a mixture of caustic soda and black oxide of manganese, and, afterwards, acting upon the gas so evolved by a jet of steam.

PERSONAL.

Professor Carl Gerhardt, M.D., has been elected an Honorary Fellow of the Royal Medical and Chirurgical Society of London.

Dr. Monk, Medical Officer of Health for Leicester, is suffering from an attack of scarlet fever, but he is making favourable progress.

Sir William MacCormac continues to make good progress towards convalescence. His temperature has for the past week been quite normal.

An Anonymous Donor has sent £1,000 to the new Quarrier Homes for Consumptive Patients in Scotland, "in memory of a beloved mother."

Prof. Edmund Lesser, of Berne, has been appointed Director of the Charité Clinic for Dermatology and Syphilis, as successor to the late Professor Lewin.

The Testimonial Fund promoted by the alumni of St. Mary's Hospital to Sir William Broadbent amounts to about £300, and a decision will shortly be arrived at respecting the form which the testimonial shall take.

We regret to record that the Registrar of the Genera Medical Council, Mr. W. J. C. Miller, is now suffering from the effects of a hemiplegic attack. He has been granted leave of absence for three months.

Dr. Joseph Crofts Russell died last week from an overdose of morphia, self administered for the purpose of procuring sleep. He was a Bachelor of Medicine of the London University, and resided in Ravenscourt Park.

The death is announced of an old woman, an inhabitant of Fitchburg, whose age was 109 years. Her grandfather and grandmother lived to be 115 and 105 years of age respectively. Her eldest son, now living, has reached the comparatively elderly age of 87.

The contributions for the erection of a memorial to Dr. William Meyer, have reached the sum of £1,000. The fund, therefore, has been closed, since this is all that will be required for the completion of the monument, which is to be designed by a Danish sculptor.

We learn that Miss Shuter has been appointed to be Lady Superintendent of the City of Dublin Hospital. Miss Shuter was trained in London, at St. Bartholomew's Hospital, afterwards at St. Mary's and St. Thomas's, and has been selected from among thirty-three competitors.

Dr. Bernard O'Connor, who is both a medical graduate of many years' standing as well as a Barrister-at-law, is a candidate for the Essex Coronership. From personal knowledge of his qualifications, we should say he is peculiarly fitted for the position, and we hope he will get it.

Sir Douglas Maclagan has resigned the chair of Forensic Medicine in the University of Edinburgh, which he has held for many years, having now attained the ripe age of 84. Sir Douglas is one of seven brothers, three of whom were in the medical profession, and a fourth is the present Archbishop of York.

Dr. Brouardel, the Doyen of the Faculty of Medicine, Paris, presided last week at the annual banquet of the Medical Syndicate, of France. He promised to resist, as much as he could, the invasion of foreign medical men, and mentioned as a splendid opening for young practitioners in want of work, the neighbourhood of Montreal in Canada.

Dr. Sheen, of Cardiff, who for the past twenty-five years has filled the post of Honorary Secretary of the South Wales and Monmouthshire Branch of the British Medical Association, will be presented with a testimonial in consideration of his services. Towards this end his Branch have just voted a sum from their funds of fifty guineas.

Dr. Enoch Davies, whose name will be best remembered as leader of the Tithe riots in Wales some ten years since, died on Thursday last. A fortnight ago Mr. Reginald Harrison operated on deceased with a view to giving relief in a case of long standing kidney disease, but it was unfortunately too late, and death ensued in a few days.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

BEATTY v. CULLINGWORTH.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It is most remarkable how dense some people are, and it is equally strange how necessary it is to repeat at intervals arguments on such questions as those involved in this trial, arguments which are never answered, only forgotten. I sat out the whole of the trial as a witness for the defendant, and I had the additional advantage of having had an interview with the plaintiff, of hearing her story, and examining into all the circumstances of her case within a few months of the operation. The only really clever thing done by the Counsel for the plaintiff was his refraining from cross-examining me upon that interview.

"An Operating Surgeon" says that the plaintiff's legal advisers rested her case on two points, the first of which was that the removal of the second ovary was not surgically necessary. If they did, they most effectually concealed their claim, and they had no evidence whatever to support this view. Evidence given by Sir Spencer Wells and Dr. Bedford Fenwick may have been intended to be in this direction, but it clearly had exactly the opposite effect on everybody who heard it, particularly on the earned Judge.

The second point, according to "Operating Surgeon," was that, whether this was necessary or not, the plaintiff had definitely refused to allow it to be done. Even this is not quite as she put it, for in her interview with me (Oct. 3rd, 1893) she put to me exactly the position she took in the witness-box, to the effect that she had insisted that her abdomen should be opened and her instructions fulfilled to the effect that if one ovary only was found to be diseased, it was to be removed, *but that if both were found to be diseased, neither was to be removed.* She asserted that Dr. Cullingworth accepted this as her instructions, to me and to the jury. I said that the story was preposterous, that no man in his senses would accept such a condition, and that I did not believe her. Sir Spencer Wells asserted that no competent surgeon would accept such conditions. Mr. Justice Hawkins said it was against common sense that any one should do so, Dr. Cullingworth said he did not, Dr. Bedford Fenwick spoilt the plaintiff's case completely by that forgotten letter, and the jury accepted Dr. Cullingworth's version of the story. That is the case briefly as I heard it in Court, and that is a very different version from the story as conveyed by "An Operating Surgeon."

The issue of the second part of "An Operating Surgeon's" letter is equally obscured by error and by a most unfortunate misuse. I agree with him that we are bound to accept a patient's instructions as influences in our decision, but there are two sides to every bargain. A surgeon, if he is hampered by conditions on the part of the patient, which he regards as dangerous to the patient, unfair to himself, and detrimental to the principles of surgery, is quite entitled to refuse to be the second party to the bargain, and that is what Dr. Cullingworth did. Until he received an intimation that the patient agreed to the operation as he had laid it down, he made no arrangement for it. He re-asserted his condition in the operating room and the patient assented by placing herself on the table. This is the story the jury accepted. Suppose we transfer the conditions from a surgical case to one of pneumonia. The patient says: "Doctor, if the disease exists in one lung, I will submit to your treatment, but if it appears in the other lung, I insist that you do nothing, I will not be treated." What would the physician do? He would at once stand aloof and say, "You must please take your own way, and get somebody else, for unless you leave me a free hand to exercise my judgment as best I can in your interest, I cannot accept further responsibility in the matter." We cannot operate in defiance of a patient's wish. Every tyro in surgery or in law knows this, but we can, and do refuse to treat any, or every patient unless implicitly trusted to do the best we can, and to the best of our knowledge. This Dr. Cullingworth did, and the jury have asserted that he did.

To say that Dr. Cullingworth had a very lucky escape is a preposterous misjudgment of the case and the parallelism urged by "An Operating Surgeon" between the eyes and the ovaries is incomplete and misleading. If a shot entered an eye and destroyed it the ophthalmic surgeon would remove it, and he would also remove the other if sympathetic inflammation had extended to it, completely destroyed its function, and threatened life by an extension of the inflammatory processes to the membrance of the brain. This would be a complete analogy to the plaintiff's case which really was one of acute inflammation of both ovaries, fatty degeneration of their structures and hæmorrhage into their cyst formations. The plaintiff's own story in my consulting-room showed this. In a few weeks she was driven by severe suffering from Dublin to Liverpool and from Liverpool to London in search of relief, and in the process she saw a number of men who agreed upon the necessity of the immediate operation without a shadow of difference of opinion.

Any one at all familiar with inflammatory diseases of the uterine appendages knows how futile unilateral operations are in the great majority of cases. With the disease so far advanced as it was in the second ovary in the present instance to leave it and subject the patient to a second and increased risk would have been a "surgical outrage." The expression slipped from my lips in the witness-box, but on maturer consideration I do not modify it one bit.

Dr. Herman asserted that such an organ as the second ovary in this case was practically destroyed and every one must agree with him. If functionally destroyed why not remove it for the purposes above specified? Here comes in the phrase used by "An Operating Surgeon," a phrase which I thought had been buried for ever, "complete emasculation of a young woman." If this phrase is used in reference to the fecundity of the patient, then I say with Dr. Herman that the capacity for child-bearing had been destroyed by the disease long before the plaintiff ever saw Dr. Cullingworth, and that she was no more emasculated by him than would be a young man with two tubercular testicles when they were both removed by "An Operating Surgeon."

If the word "emasculation" is used to imply that the patient's sexual appetite would be destroyed by removal of both ovaries, I assert that this implication is not true and that if it were, it is an argument against good surgery which might be used by a brothelmonger, but ought not to be brought forward by "An Operating Surgeon" even in an anonymous letter.

In his opening speech plaintiff's counsel laid great stress upon that lady's religion. She is a Catholic. I have had a long and close relation with the doctrines and teaching of the Catholic Church, and am wholly unaware of any teaching within its canons which bears on the subject, unless it be a general acceptance of the rules of surgery conveyed in the text "if thy right hand offend thee, cut it off &c.," but, curiously enough, in the cases of some half dozen patients of the Catholic faith I have had to discuss with their spiritual advisers the question of marriage after removal of both ovaries and the argument followed is alike curious and interesting. The instance of most moment was a discussion with a dignitary whose mind was as logical as any perhaps who has ever contributed to English literature. He argued that though there was no authoritative pronouncement on the subject, such marriage might be regarded by some as mortal sin; because, as marriage is a sacrament, any entrance into that sacred contract with a fore-knowledge of any hindrance to its complete fulfilment in maternity must be regarded as its profanation.

"Then your ruling would also and of necessity pronounce as mortal sin the marriage of a woman of sixty unless it subsequently transpired that she was to be aided by a miracle as in the case of Sarah of Old. How then is the case of the Dowager—who contracted her second marriage at the age of sixty-three years, and if I remember rightly your lordship performed the marriage ceremony." "So I did; I must reconsider my decision," and he did, for he raised no bar to the marriage of the young lady upon whose case the discussion arose, a marriage which has been happy in every way, even in spite of the sterility caused by two large ovarian tumours and confirmed by their removal.

I am, Sir, yours, &c.

LAWSON TAIT.

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LISTERISM.

To the Editor of The Medical Press and Circular.

Sir,—"Oh that mine adversary had written a book," exclaimed the prophet of old; and lo! "Ignoramus" has accepted my challenge, and has given examples of what he calls my unsupported assertions.

"No one has seen a germ, and if he believe in germs he has no means of proving their presence or absence." If "Ignoramus" had carefully read my letter—a proceeding to which I can lay no claim except on the ground that it is necessary for the purpose of discussion—he would have seen the meaning I attach to the word "germ." In that sense, the proper sense, the only sense in which the word should be used, it means, "a seed," "the first stage in the life of an organism." I therefore reassert that no one has seen an atmospheric germ. Men have seen the bacillus which is developed from the germ, and there is probably as much difference between a germ and a fully developed bacillus as between an egg and a hen. Nor is "Ignoramus" more fortunate in continuing the sentence; for it must be evident, from the context, that an operator has no means of proving their presence or absence *during the operation*. The evidence of all bacteriologists, who have studied this subject, goes to show that the bacilli lurking in the skin and under the finger-nails cannot be got rid of by any known process, and therefore it is not possible to perform any operation—much less an abdominal section—without introducing fully-formed bacilli or their germs into the wound, especially the staphylococcus *pyogenes*.

Dr. Stoker has disposed of his second example in this week's number of your journal. It may be assumed that "Ignoramus" has not read Dr. Stoker's paper, perhaps as being unworthy of his notice. I now direct his attention specifically to it, and shall be curious to know what he thinks of it.

"The various forms of bacillus are the result, not the cause, of disease." I need not go over this ground again, but will refer him to Dr. Campbell Black's last letter, and will ask his consideration of the latter's arguments founded on passages quoted from Sir Joseph Lister's address, for on this subject our views are identical. That the condition spoken of is the essential element must be apparent to any unprejudiced mind from the results of the injection of Koch's fluid in cases of tuberculosis, for the symptoms produced are in proportion to the dose administered. Diphtheria also affords a striking instance in point. Thus it is contended that Loeffler's bacillus is the cause of the disease. How is it, then, that this bacillus can be found in the throat weeks and months after all symptoms of the disease have disappeared? Here the vibrio is present, but the *condition* is wanting. On this point I have often used a very homely illustration, which conveys my meaning well. You go into the country and shoot—say a rabbit—in the summer or autumn. You leave it where it falls. You revisit it in the course of a few days and you find it swarming with maggots. You might as well maintain that the maggots had caused the death of the rabbit as maintain the modern doctrine of bacteriology. The animal all its life through had been exposed to the same influences, but the *condition* was absent—that condition being death.

Thus it only requires that Sir Joseph should take one step more forward in his change of views to arrive at those "I have long maintained."

"Ignoramus" distorts the sense of his next quotation, which is not an assertion, but an expression of an opinion. The sentence runs thus: "The great source, *in my opinion*, of the fallacy underlying the modern doctrine of bacteriology is to be found in the fact that all the observations on which it is founded have been made on dead animal or vegetable matter," &c.

Again, "He denies that the specific virus of rabies has been isolated." I have done nothing of the kind; but I have refused to admit the claim that has been set up on behalf of the treatment. Will he be good enough to contradict me by giving the figures representing the number of deaths in France during the period of the Pasteurian treatment as compared with an equal period immediately preceding? Then, if they support his views, he will have a right to characterise my statement as an "unsupported assertion." But the reply of "You're another" is not sufficient. Being unfortunately away from home, I am unable to give him the name of the writer from whom I quoted in French in my letter of October 4th. But he will find the letter, *with signature appended*, in the *Journal de Médecine de Paris* just previous to the date of my letter. If he will read the quotation again, he will see that he has no right to speak of the statements of the writer as mere assertions. He was stating the results of his own observations as well as results now in evidence, especially in the hands of M. Loir, a "pupil and relative of the Master."

With regard to the staphylococcus pyogenes, it is an evasion of the question to say that "he does not" feel called upon to affirm or deny what I said. Allow me to repeat what I did say—viz., that in a wound—say, for example, a chronic ulcer—"*the activity of the healing process is in proportion to the number and size (healthiness, if I may be allowed the expression) of this very staphylococcus pyogenes*," which, I presume, "Ignoramus" even now regards as the cause of suppuration, in accordance with modern doctrine. I further said, "This is a *fact*, not an opinion, capable of demonstration," and he will find the demonstration in Dr. Stoker's paper, and may see it amongst his cases, if he choose to accept the latter's invitation. Then I asked, "What is the common-sense view of this fact?" I answer in the words quoted by "Ignoramus," viz., "that these bacilli play a very important rôle in the economy of nature," &c. If "Ignoramus" can put a different interpretation upon it I should like to know what it is.

I have now the agreeable duty of thanking "Ignoramus" for the compliment he has paid me for work done, and as I have lived to see my views on Listerism, as a method of practice, prevail, and my prophecy come true (see Address on Listerism *British Gynæcological Journal*), so I believe the time will come when "Ignoramus" will admit that I have established a title to the honour he has further promised me on certain conditions, viz., that the modern doctrine of bacteriology will be proved to have been founded on a "gigantic mistake," and that "the various forms of bacillus," characteristic as they seem to be of the diseases with which they are found associated, and of which the study may be valuable from a diagnostic point of view, will come to be recognised as "the result and not the cause of disease," and as playing a very important rôle in the economy of nature, not as destructive but as beneficent agents—in other words, as "scavengers."

Finally, I desire to thank you, Sir, for granting me so much of your valuable space.

I am, Sir, yours, &c.,

Geo. Granville Bantock.

December 4th, 1896.

To the Editor of the Medical Press and Circular.

Sir,—Dr. G. Stoker mistakes what seems to me was made sufficiently plain. My point was that Dr. Bantock did not describe the experiments upon which he relied, nor show their exact bearing in support of one of his assertions. Dr. Stoker "objects to conducting a correspondence with any one who does not sign his real name." This is a pity, and, although no one has a right to press or coerce any individual with such a feeling, the validity of the objection does not seem evident when the matter at issue is a purely scientific question far removed from personalities in any form. The solidity of a writer's facts and the logic of his arguments are not affected by his personality, but if, on the one hand, his name have weight, or, on the other, imply no authority, the value of his contribution may be affected one way or another in the minds of some weak readers. Dr. Bantock, at any rate, did not so despise me as to refrain from issuing a specific challenge. He challenged me to point to a single unsupported assertion of his; and in my last letter I quoted several. I trust for the sake of scientific progress he will now support at any rate the more important of these assertions. There are especial reasons why he should begin with his statement that "no one has ever seen a germ; and if he believes in germs he has no means of proving their presence or absence." Not the least of the especial reasons why it would be interesting to have Dr. Bantock's proof of this assertion lies in the circumstance that his position in this matter is opposed to that of his able ally Mr. Lawson Tait. Mr. Tait, in the opening paragraph of his paper this week (p. 569, Medical Press and Circular, Dec. 2nd) speaks of the "germs of decomposition," and he used similar terms in describing his jam-making experiment

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in a previous contribution. It is quite evident, therefore, that Mr. Lawson Tait has either seen a germ or believes that others have, or that means exist of "proving their presence or absence." It seems evident also that Mr. Lawson Tait does not go altogether with Dr. Bantock in the second of his unsupported assertions, namely, that "the various forms of bacilli are the result not the cause of disease," and it is to be hoped that Dr. Bantock will kindly furnish the world also with the facts upon which bases this opinion.

I am, Sir, yours, &c.,
IGNORAMUS.

Dec. 4th, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR

SIR,—It is a difficult matter to argue with so doughty a champion of his convictions as Dr. Campbell Black has proved himself to be. The position of affairs seems to be that no matter what may be said Dr. Black still intends to maintain that he is right on the subject of Listerism. This is clearly discouraging with respect to those who, myself, for example, have attempted as "half-instructed people," as Dr. Black has described us, to demur to the opinions he has expressed, and been audacious enough to publish our protests. But I should like to ask Dr. Black what in his opinion the nature of the process is which is known as decomposition. He says that germs are not the cause of putrefaction. Are we to understand from this that he is advocating the exploded theory of spontaneous generation? If decomposition is not a vital process dependent upon micro-organic life, what is it? If germs are *the consequence* of changes in organic matter, what causes those changes which cause the germs?

I am, Sir, yours, &c.,
Nov. 30th, 1896. F.R.C.S.

DOYNE ON "THE COMMON DISEASES OF THE EYE."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I have received a copy of your journal, containing a review of my book, "Notes on the more Common Diseases of the Eye." All who venture to write a book must be prepared, as I am, to receive adverse criticism. I do not, therefore, resent that apparently your reviewer has never before heard of "clouds" or "nebulæ" in the cornæ, nor do I mind his attributing "sanguine expectations" to me, though he has no foundation for doing so, and it happens to be contrary to fact; but when, in order to ridicule my English, he distorts a passage almost beyond recognition by suppressing a comma, inserting a full stop, and changing "though" into "through," I have a right to be angry and to suggest to him that before he attempts to criticise he had better learn to read. The paragraph in your journal to which I allude is as follows:—"On page 6 occurs the following sentence:—'When it is considered necessary to shade the eyes from light a patch (*sic*) over one eye should be avoided. Evidently the author does not believe in 'patching' eyes up.' Again on the same page occurs the following:—'The margins of the lids are often found to be red, irritable, scurfy, or caked with discharge. An error of refraction is often the prime cause through excessive use" (*sic*). Now, the passage in the book really is—"An error in refraction is often the prime cause, though excessive use, wind, or glare most commonly excite it." If in this connection he wishes your readers to consider that, in order to make my meaning clear to them, the words "of the eyes" are needed after the words "excessive use," he pays a very poor compliment to their intelligence.—I am, sir, yours, &c.,
ROBERT M. DOYNE.

64 St. Giles, Oxford,
November 26th, 1896.

[We forwarded the foregoing letter to our reviewer, who replies as follows:—"I regret that Mr. Doyne, who, personally, by the way, is entirely unknown to me, should have felt aggrieved with what I have had to say concerning his book. But he is quite entitled to the correction of the inaccuracies of which he complains, these having been allowed to appear in the review through inadvertence in proof-reading. The inaccuracies are as follows:—In the sentence, 'when it is considered necessary to shade the eyes from light a patch (*sic*) over one eye should be avoided,' insert a *comma* after light. Again, the paragraph, 'The margins of the lids are often found to be red, irritable, scurvy or caked with discharge. An error of refraction is often the prime cause through excessive use (*sic*),' should read 'The margins of the lids are often found to be red, irritable, scurvy, or caked with discharge. An error of refraction is often the prime cause, though excessive use, wind, or glare most commonly excite it.'"]

A NEW ASEPTIC MEMBRANE PERFORATOR.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—There are times at a confinement when one's finger-nails cannot readily rupture the membranes, and when one needs a probe or a hair-pin with which to perforate them. One cannot always procure a clean hair-pin; and in any case the rendering it aseptic wastes time and causes trouble, particularly if one insists on boiling it. Then again certain patients are apt to think the use of a hair-pin in labour somewhat clumsy, and may even resent it.

For the ordinary hair-pin this clean perforator will be found a good substitute. It is made of celluloid, or, if desired, of glass or vulcanite; and it is kept in a 1 in 1,000 solution of perchloride of mercury in a little glass-stoppered bottle without collar. Being small, it can be used without fuss or the patient's knowledge. It was shown before the Leeds and West Riding Medico-Chirurgical Society on the evening of Friday, November 6th, 1896.

It is made by Messrs. Reynolds and Branson, of Leeds.

I am, Sir, yours, &c.,
HERBERT J. ROBSON, L.R.C.P., M.R.C.S.

Leeds, Dec. 2nd, 1896.

THE *BRITISH MEDICAL JOURNAL* AND THE PUBLIC PRESS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Not for the first time do we find the *British Medical Journal*, so valiant in its insistance of a stringent code of ethics in the individual, endeavouring to outpace its contemporaries by a procedure which, I trust, is unique in medical and in every other form of journalism.

On Wednesday, the 2nd inst., the *Times* contained a quotation on the condition of the health of Dr. Jameson from the MEDICAL PRESS AND CIRCULAR, which, as we all know, is published on that morning of each week. This intelligence was, however, preceded by another paragraph to the same intent from the *British Medical Journal* which goes to press on Thursday afternoon, and is published nominally on Saturday, but in reality on Friday. The paragraph could not be one from the *Journal* of the previous week, for that had been sent in the previous Wednesday, and had appeared on Thursday, the 26th, at least twelve hours before the printer went to press.

But here we have intelligence forwarded forty-eight hours before the *Journal* is in the printer's hands, and fully three days before it is in the hands of its subscribers.

There is, it will be said, nothing very new in this as regards the *Journal* in question, but what is new, though not altogether surprising, considering how events often contradict prophecies, remains to be recorded—namely, that no item whatever of news regarding the health of Dr. Jameson appears in the *British Medical Journal* for the current week. This plain statement of facts needs no comment. It only remains to me, as one of the 19,000 members of the Association of which the *Journal* is the organ, and, therefore, as one of its proprietors, to protest against a policy so contrary to all the ethics of fair play and truthfulness.

I am, Sir, yours, &c.,
A DISGUSTED MEMBER OF THE ASSOCIATION.

Dec. 5th, 1896.

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THE LONDON HOSPITALS "HAT" ONCE MORE.

To the Editor of the Medical Press and Circular.

Sir,—The "good suggestion" (as your correspondent, "Hospital Surgeon," thinks it) that the Lord Mayor of London shall signalise his year of office by raising £900,000, or even a million, for the London hospitals would, be a "good" joke, but that it suggests melancholy feeling, inasmuch as it forcibly illustrates the thoughtlessness of so-called charitable people, and the anxiety, even of those in the highest positions, to associate themselves with the most fashionable forms of benevolence, and to cultivate popular publicity without giving themselves a moment's trouble to inquire or to consider whether the object of that benevolence is good, bad, or indifferent. It is quite possible that the Lord Mayor never dreamt of this "good suggestion," and I will not do him the injustice to assume that he would engage in such an enterprise without having satisfied himself, by proper investigation, that the London hospitals, taken as a whole, either need or deserve a further enormous subvention. But it is evident that your correspondent sees nothing improbable—not to say reprehensible—in the Chief Magistrate, who is supposed to be the guardian of the alms given by the City, lending the prestige of his high office and his personal influence to a colossal begging campaign on behalf of institutions respecting whose financial merits or demerits he has never made particular inquiry, nor does "The Hospital Surgeon" appear to entertain any doubt that, if the Lord Mayor fathered such a movement, all the monied men in the City would "cast their alms into the Treasury" as the Pharisee did, without caring to inquire where the alms went as long as their name or that of their firm stood well in the contribution list beside that of their competitor in trade. It seems to be forgotten by those in high places, such as the Prince of Wales or the Lord Mayor of London, that a great responsibility attaches to their public advocacy of a particular charity, that a great crowd of wealthy people—of people who are too busy to make inquiries for themselves—and of people who care for nothing but to be benevolent in good society, will certainly follow the right or the wrong road, according as they are led by such great personages, and such personages ought, therefore, to feel that they have no right to direct the overflowing stream of charity without being well assured that they are rightly directing it. Now I am quite convinced that they never look at the matter in this way. They are usually well-intentioned people who desire to outlay their superabundant money in doing good, and they have a vague idea that hospitals offer a good method of so disposing of it. Moreover, they are eternally bored by some friend to give £50 or £100 to *his* particular hospital, and they give it to save themselves the trouble of asking questions, to get rid of importunity, and to "be seen of men" doing good.

Is this charity which anyone should admire or emulate? Is it not rather a sort of indolent good nature and a palpable evidence that though the giver would like to do the proper thing he cares too little whether he does it or not to take the trouble to inquire.

Your readers will judge from what I have said that I regard the "good suggestion" as a most pernicious proposal—that the London hospitals, as a whole, neither need nor deserve a single shilling—that every penny of the Lord Mayor's million would represent an encouragement to the administrators of these hospitals to pursue the system of reckless and wicked extravagance which, heretofore, they have found to pay so well. I have in former letters presented the proofs of this statement to your readers by a comparison of the cost of working of the best extra metropolitan hospitals in the Kingdom with the sixfold cost of those in London. Anyone who cares to satisfy his own mind on the subject can do so in half an hour by looking over the pages of *Burdett's Hospital Annual*. The facts and figures which show the monstrous waste of charity money are supplied by the Hospitals themselves and the conclusions are not and cannot be denied. Those who finger the money simply laugh in the face of remonstrants, for they know that when their wanton waste has plunged their hospital into bankruptcy they have only to start a "good suggestion" and the thoughtless monied classes, led by an equally thoughtless Prince or Lord Mayor, will pour into their lap the necessary funds for another career of extravagance. It is my emphatic opinion that, if justice could possibly be done, the London Hospitals ought to be forced to disgorge a million of their wealth for the benefit of the poor who now get but a small fraction of the money entrusted to these institutions. I call that "a better suggestion."

I am, Sir, yours, &c.,

The Young Man from the Country.

Medical News.

Port Sanitation for Dublin.

By the passing of the Public Health Amendment Act of last Session, an obstruction to the precautionary sanitation of Dublin has been removed. Heretofore, the Port Hospital-ship, provided for the reception of infected patients, arriving by water, has been under the control of several sanitary authorities, which have jurisdiction in the locality, each of whom had to pay its share of the cost, while none had power to act when danger threatened. The Public Health Amendment Act now authorises the Local Government Board (and we have no doubt that it will do so) to concentrate the control and executive authority of the ship in the Public Health Committee of the Corporation, so that we may expect that, in future, the ship will serve its avowed purpose, which it has never yet done.

Doctors and Servants.

The London and Counties Medical Protection Society send us the following with a request for insertion in our columns:—The facts are shortly these: A doctor was called to a patient's house and he was asked by his employer to see and prescribe for her maid-servant and to report to the employer upon the girl's state of health. In consequence of the doctor's report, the servant was dismissed. She commenced an action for slander against the doctor, who finally upon the advice of the Council of the Society settled the matter by paying her a solatium, the costs of the case being borne by the Society.

The solicitors to the Council advised that a medical man paid by his employer to attend upon the servant of the employer (the servant not objecting to being attended by the doctor) might divulge to his employer the result of this attendance, that being a privileged communication; but if the report is made in the presence of or to any other person than the employer, as happened in the above instance, the report is not privileged, and the matter may become actionable.

The Council expressed a distinct opinion that a doctor consulted by an employer in reference to the health of a servant should obtain the written consent of the servant before prescribing or divulging the result of his examination to the employer in such cases where the servant might be likely to object to his doing so.

Extract of Meat Litigation.

In the Court of Appeal, last week (before the Lord Chief Justice of England, Lord Justice Lindley, and Lord Justice A. L. Smith), an appeal against a previous decision by Mr. Justice Kekewich, which restrained the defendants, the Chemists' Co-operative Society, from selling meat extract in wrappers similar to those used by the plaintiffs, the well-known Liebig's Extract of Meat Company, and from passing off meat extract sold by the defendants as meat extract sold by the plaintiffs. This appeal by the defendants was dismissed on the present occasion without the Court calling upon counsel for the respondents. The Lord Chief Justice having compared the two wrappers, came to the conclusion that the defendants' wrapper was calculated to deceive buyers into the belief that they were buying the plaintiffs' goods. If the defendants had nothing but an honest intention, they could have avoided all possibility of deception by the simple expedient of changing the colour of their wrappers. Lords Justice Lindley and Smith concurred, and the appeal was dismissed with costs.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

TO HIS DELINQUENT PATIENT.

If I should die to-night—
And you should come to my cold corpse and say,
Weeping and heartsick, o'er my lifeless clay;
If I should die to-night—
And you should come, in deepest grief and woe,
And say, "Here's that £10 that I owe,"
I might arise, in my great white cravat,
And say, "What's that?"

If I should die to-night—
And you should become beside my corpse and kneel,
Clasping my bier to show the grief you feel;
I say, if I should die to-night—
And you should come to me, and there and then,
Just even *hint* about paying me that ten,
I might arise awhile—but I'd drop dead again.

[From Gross's *Medical College Bulletin.*]

DR. S. A. (Lincoln).—Chloroform was discovered first by M. Soubeiran, in 1831; then by Baron Justus Von Liebig; and its chemical and physiological properties were more fully investigated by Dumas, in 1835.

VERY MUCH MISTAKEN.

"DOCTOR," said the sufferer supinely, as he dropped into the dentist's chair, 'my nerve is completely gone." "Oh, no, it isn't," was the cheerful reply. "Wait till I get a firm hold of your tooth, and you'll realise your mistake."

GENERAL PRACTITIONER.—French law requires that a body shall be buried within forty-eight hours after death, unless it is embalmed.

MANGO AS A MEDICINE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—At page 558 of the MEDICAL PRESS the medicinal value of the terebene, contained in the rind of the mango fruit, is mentioned, and a reference to Section 58; 3 of the *Medical Digest* will show that this has long been known. My object, however, in writing is to call attention to the true botanical name of the mango, *mangifera indica*, and to the fact that it is quite a different fruit to the *garcinia mangostana*.

I am, Sir, yours, &c,
RICHARD NEALE, M.D.Lond.,
Editor of the *Medical Digest*.

Meetings of Societies, Lectures, &c.

WEDNESDAY, DEC. 9TH.

LARYNGOLOGICAL SOCIETY OF LONDON (20 Hanover Square, W.).—5 p.m. Cases and Specimens.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus).—8.30 p.m. Clinical Evening. Cases:—Dr. C. M'Donnell: Rheumatic Nodules in an Adult. Dr. J. H. Sequeira: (1) Perforation of Palate in Congenital Syphilis; (2) Deformity of Hand. Other Fellows have also promised cases.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (Limmer's Hotel, Conduit Street, W.)—8 p.m. A Discussion will be opened by Mr. Alfred Haviland on the Thorough Investigation of the Vital Statistics of Health Resorts, with the view of comparing them with those of the registration districts in which they are situated, or which immediately surround them. Paper:—Dr. W. Ewart: Note on the Decrease of Malaria and Malarious Affections in London.

THURSDAY, DEC. 10TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.)—8.30 p.m. Dr. W. F. Cheveland: Induction and its Association with the History and Progress of Medicine. (Harveian Lecture.)

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.).—8.30 p.m. Dr. Purcell: Fibro-myoma Removed by Pan-hysterectomy, description of Operation. Dr. Elder (Nottingham): Remarks suggested by Four recent Cases of Hysterectomy, also some specimens and photographs. Mr. Collins (Cardiff): (1) Specimen of Strangulated Ovarian Cyst; (2) Some Notes on Dudley's Operation for Anteflexion. Dr. Edge (Wolverhampton): Fibro-myomatous Uterus removed by Doyen's Method of Abdominal Pan-hysterectomy. Dr. Meek (London, Canada): Notes on the Treatment of Advanced Carcinoma of the Cervix Uteri by Curettage and Chloride of Zinc Paste.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos Street, Cavendish Square, W.)—8.30 p.m. Clinical Meeting. Cases and Specimens:—Mr G. Lawson: Cystic Tumour of Orbit. Mr. Holthouse and Mr. Batten: Superficial Choroido-retinitis of Peculiar Form and Doubtful Causation. Mr. R. D. Batten: Sudden Failure of Vision with Obscuration of Fundi in a healthy Young Man. Mr. Silcock: (1) Essential Shrinking of the Conjunctiva; (2) Retinal Detachment of Obscure Origin. Mr. R. Williams: Sarcoma of Orbit. Mr. Lang: Epithelioma of Cornea and Conjunctiva. Dr. Bronner: Drawing of a Case of Coloboma Lentis Upwards and Outwards.

FRIDAY, DEC. 11TH.

CLINICAL SOCIETY OF LONDON.—8.30 p.m. Dr. D. Newman: Cases Illustrating Increased Vascular Tension of the Kidney as a cause of Hæmaturia and Renal Pain, with or without Albuminuria, Cured by Surgical Treatment. Mr. A. Parkin: Case of Removal of a Cerebellar Tumour, no return of symptoms for two and a half years. Dr. H. D. Rolleston and Mr. Marmaduke Sheild: Case of Excision of the Uterus.

THURSDAY, DECEMBER 17TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.)—8.30 p.m. Dr. W. F. Cheveland: "On Induction and its Association with the History and Progress of Medicine. Third Harveian Lecture.

Vacancies.

Brighton, Hove, and Preston Dispensary.—House Surgeon (unmarried). Salary £140 per annum, with furnished apartments. Applications and testimonials to the Assistant Secretary before Dec. 15th.

County Lunatic Asylum, Lancaster.—Assistant Medical Officer. Salary £100 per annum, with board, apartments, attendance, and laundry. Applications, with testimonials, to the Medical Superintendent.

County Asylum, Whittingham, Preston.—Assistant Medical Officer, unmarried. Salary commencing at £100 a year, with apartments, board, and washing.

Dover Hospital.—House Surgeon. Salary £100 per annum, with board and lodging. Applications to the Hon. Sec., E. Elwin, Esq., 13 Castle Street, Dover, before Dec. 15th.

Glasgow University.—Four Examinerships: Pathology, Physiology Surgery, and Medicine Applications to the Secretary of the Court before Dec. 31st (see advert.).

Manchester Royal Infirmary.—Resident Medical Officer of the Convalescent Hospital at Cheadle (unmarried). Salary £150 per annum, with board and residence. Applications and testimonials to the Chairman of the Board before Dec. 12th.

Sussex County Hospital.—Physician and an Assistant Physician. Candidates must send applications, with qualifications, to the Secretary, on or before Dec 23rd.

West Riding Asylum, Wadsley, near Sheffield.—Pathologist. Salary £100 per annum, with board, &c. Applications, with testimonials, to be sent to the Medical Superintendent.

Worcester General Infirmary.—Assistant House Surgeon and Dispenser (unmarried). Salary £70, with board, lodging, and washing. Applications and testimonials to the Secretary on or before Dec. 12th.

Appointments.

GREER, W. JONES, F.R.C.S.Irel., Certifying Factory Surgeon for Newport, Mon.

GRIFFITHS, J. A. K., M.B.Lond., M.R.C.S., L.R.C.P., Junior House Surgeon to the General Infirmary, Macclesfield.

HAWKES, C. S., L.R.C.P.Lond., M.R.C.S., acting Health and Medical Officer at Rockhampton, Queensland.

JELLY, GEORGE AUBREY, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., Senior House Surgeon to the General Infirmary, Macclesfield.

JONES, SAMUEL CROMWELL, M.D.Lond., M.R.C.S., Medical Officer for the Troedyrhiw District, Merthyr Tydvil.

MCANNALLY, A. A., L.R.C.P.Lond., M.R.C.S., Medical Officer *pro. tem.* of the Workhouse Infirmary, Eastry, Kent.

NOLANS, F., L.R.C.S., L.R.C.P.I., Medical Officer of the Govey Dispensary, Co. Wexford.

RIDDELL, ANDREW WILSON, M.R.C.S.Eng., L.R.C.P., Honorary Physician to the New Brighton Convalescent Home for Women.

SEQUEIRA, JAMES H., M.D Lond., M.R.C.P.Lond., F.R.C.S.Eng., Medical Registrar to the London Hospital.

THOMSON, G. D., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health by the Ruskington Urban District Council.

THOMSON, J. L, M.B., M.S.Edin., Medical Superintendent of the Ballarat Lunatic Asylum, Victoria, Australia.

WHILLIS, SAMUEL S., M.D., B.S.Durh., Assistant Surgeon to the Fleming Memorial Hospital for Sick Children, Newcastle.

WILLIAMS, R. J. PROBYN, M.D.Durh., L.R.C.P.Lond., M.R.C.S., Assistant Instructor in Anæsthetics to the London Hospital.

Births.

BEST.—Dec. 5th, at 1 Cambridge Terrace, Dover, the wife of W. J. Duncan Best, M.R.C.S., of a son.

KIDD.—Dec. 2nd, at 18 Montpelier Row, Blackheath, the wife of Walter Kidd, M.D., of a son.

PENROSE.—Dec. 3rd, at Woodhays, Wimbledon, the wife of E. G. Penrose, M.D., F.R.C.P., of a daughter.

Marriages.

PLOWDEN-MORTON—SMITH.—Dec. 2nd, at St. Mary's, Willesden, Surgeon-Captain John Plowden-Morton, I.M.S., only son of the late Surgeon-Major Morton, of Raleigh, Bideford, to Laura Annie, daughter of Charles Smith, solicitor, Ongar, Essex.

Deaths.

BENISON.—Nov. 27th, after a short and painful illness, at King's Heath, W. Bedall Penison, L.R.C.P.Ed., L.S.A., aged 40.

CHILD.—Dec. 1st, at Headington Hill, Oxford, Gilbert William Child M.A., M.D., Exeter College, Oxford, aged 64.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, DECEMBER 16, 1896. No. 25.

Original Communications.

ON DIET IN CASES OF CHRONIC BRONCHITIS AND ASTHMA.

By JOHN C. THOROWGOOD, M.D., F.R.C.P.,

Senior Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

THE importance and advantage of paying attention to the diet and feeding of bronchitic and asthmatic patients has been impressed upon me from more than one point of view, and in these few remarks I wish to offer some suggestions that may prove useful.

I have often noticed that when a patient, who has been long ill with chronic bronchitis and emphysema of the lungs, dies suddenly, it has almost always been soon after partaking of a full meal. I have met with instances among hospital out-patients where a man, after a heavy day's work, in cold foggy weather, has come home to a hearty tea or supper, and afterwards has been taken with breathlessness, quickly followed by cardiac failure and death by his own fireside.

On the other hand, I have come across elderly patients, greatly afflicted with asthma and chronic bronchitis, who, either in obedience to the doctor's orders, or from some instinct of their own, have modified and cut down their diet with such relief to their breathing powers as has been most remarkable.

One man told me that a cup of Revalenta meal at night, followed by a slowly sipped glass of cold spring-water, gave him a better night's rest than all the pills and draughts we had ever prescribed for him.

This case impressed me much, for the patient seemed to have passed into the ranks of the incurables. Endeavours to make others follow such an exemple do not always succeed—so many plead that they have always been told that the heart is very weak, and, therefore, a regular dose of brandy or whisky every night is essential.

That stimulants are invaluable in cases of acute heart failure few will deny, but the regular administration of alcohol night after night, often in potency, is pretty sure to cause congestion of the liver and overfulness of the right auricle; conditions powerfully conducive to heart palpitation and breathlessness.

Many farinaceous foods, wholesome enough in themselves, are often taken in such large quantity and in such injudicious combination that they set up flatulent fermentation in the stomach and cause distressing acidity and heartburn. This is especially the case with elderly people who have slow digestion. The distended stomach rises up against the heart impeding, and sometimes permanently stopping, the action of this organ. The patient will declare that all he takes is most wholesome. Breakfast perhaps consists of a great soup plate full of porridge followed by eggs and mutton chops. The last meal of the day is made up of some bulky farinaceous food with roasted apples and sometimes lemonade, sometimes a glass or two of claret as a drink.

In the treatment of such a case the doctor has his opportunity. He will look at his patient's tongue and will find it large, swollen, and indented by the teeth, it is more or less furred and the breath is sour. The urine is often copious, clear, and frequently passed. There probably is never any gastric pain or tenderness, the stomach being in a dull and torpid condition yet constantly craving for food. Good may here be done by banishing the plate of porridge from the breakfast table, and allowing one egg with a thin slice or two of bacon, and rusks or dry toasts in place of bread. As a change, fish, fresh or salted, suits well, and salt herrings are reckoned good for the throat.

At midday meal roast meat is proper, with such vegetables as are found to agree. Light puddings, in moderate quantity, are allowable, and often a glass or two of sherry or good Marsala appears to aid the digestion. If aerated waters are taken, the best seem to me to be the Apollinaris or Johannis water. These are not too strongly aerated, and, therefore, not likely to cause distension of stomach. The quantity, however, must not exceed one tumblerful, and this must be taken gradually, then the water will be a wholesome stimulant to the torpid stomach, and the patient may feel able to get through his meal without any alcohol.

The most important part of this dietetic treatment consists in the arrangement of the evening meal. This should be taken not later than eight o'clock, and must be light, digestible, and nutritious. Soups as a rule do not agree, especially when the heart is feeble. Chicken or game seems to suit most people. Ham and tongue in thin slices also agree well. Beef, and even mutton, late in the day, are often too much for some stomachs.

If animal food of all kinds is objectionable from its causing pain and lying long undigested, then unsweetened rusks, over which boiling milk has been poured, form a very good food. This preparation digests quickly, and rarely causes flatulence or acidity if taken slowly and in moderate quantity. Many preparations of lentil-flour also agree well, provided the patient does not object to the beany taste of these aliments.

Nearly all will agree that malted foods are very valuable. The diastase they contain renders them very digestible and nutritious, and rarely do they fail to agree with the stomach. Recently a fluid extract of malt has come under my notice containing much diastase. This liquid can be taken in water, and thus taken after a meal of farinaceous food it is of unmistakeable use as an aid to digestion.

Much more might be said as to articles of diet, but my main object in this paper has been to advise that asthmatic and bronchitic patients should beware of overloading the stomach with much farinaceous and starchy food. In the first place an enormously distended stomach may stop the action of the heart in an elderly person, and in the second place a mass of amylaceous food lying long in a weak stomach ferments and causes an unhealthy acidity and irritation in the coats of the organ from which before long will arise a condition of the blood likely to issue in all manner of evils of rheumatic or gouty nature.

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ON TAPPING THE PERICARDIUM— WITH REPORT OF TWO SUCCESSFUL CASES. (a)

By AUSTIN MELDON, F.R.C.S.I.,
Ex-President R.C.S.I.

IN 1663 Riolanus first proposed paracentesis pericardii. One hundred years later Senac stated that the operation was possible, and still later Van Swieten suggested a method of performing it. In 1806 Corvisart stated that it was not justifiable. Lænnec believed it was possible. It is, however, more than probable that until 1819 it was never attempted. In that year Romero, of Barcelona, operated with perfect success. He made his incision in the fifth intercostal space at the junction of the cartilage and rib, picked up and opened the pericardiun. Jowett, of Nottingham, operated in 1827, and Schuh in 1839. Since that period the operation has been performed so many times, and with such eminent success, that surgeons are now in a position to consider the circumstances and mode of operation which conduce most to its successful issue.

At present just one hundred cases have been recorded, and I believe that many more have occurred which have never been published. Out of all these cases, only once has the operation proved fatal. In this unsuccessful case the right ventricle was lacerated by the trocar. Some others have died soon after the operation, but these were cases that were moribund at the time it was undertaken. The remainder were, without exception, relieved and many of them cured. Under these circumstances it is clearly the duty of the surgeon, whenever death is imminent from cardiac pressure, to resort to tapping. Experience, too, has shown that the operation is not attended with great danger, and certainly in cases of effusion from rheumatic pericarditis there is every prospect of recovery. It is generally held that death caused by pressure of fluid in the pericardium is a rare occurrence, but the correctness of this view I am inclined to doubt. I have seen several cases within the last thirty years, in which I am convinced that the fatal termination was due to this cause, and might have been averted by drawing off the fluid. On one occasion I was able to verify this opinion by a *post-mortem* examination. It is with the view of eliciting the opinion of the members of this Section that I have brought these cases forward.

The first case occurred some years ago. The patient was a woman, æt. 58, and was admitted into Jervis Street Hospital with dyspnœa, under the care of the Senior Physician, Dr. Stephen Myles M'Sweeney. On examination she was found to be slightly cyanosed, respirations 24; she had a feeble pulse and heart-beat, with increased præcordial dulness. From this condition, and from the history of the case, it was evident that the patient was the subject of very gradually-developed "hydrops pericardii." For some time treatment seemed to be followed by improvement. Three weeks after admission, however, Dr. M'Sweeney became convinced that the effusion was increasing, and as death seemed imminent, he requested me to tap the pericardium. The instrument I selected in this pre-antiseptic period was a long hydrocele trocar, which was washed well in very hot water. An incision was made into the skin, two inches from the sternum in the fifth intercostal space, and at the suggestion of the surgeon, M. H. Stapleton, in order to make it valve-like, I drew up the skin to the full extent possible before making it. The trocar and cannula were pushed one and a half inches backwards with a slight inclination upwards. On drawing out the trocar, no fluid came, and as the point of the cannula did not move freely, it was evident that the instrument had not entered the pericardium. Again inserting the trocar I pressed it in a quarter of an inch further, and on withdrawing it, fluid of a dark colour followed. I was now able to push in the cannula to the full extent without feeling any obstruction. When 8 oz. had been withdrawn, the fluid flowed very slowly, and the instrument was therefore taken out, and the wound covered with flexible collodium. As the patient appeared faint a little brandy and ammonia was administered. An hour later all difficulty of breathing had disappeared, but although the patient expressed herself completely relieved, a very slight cyanotic condition remained. On the following morning this was gone, and her pulse was strong and regular. She left the hospital five weeks later in perfect health.

On the 5th of March, 1894, I was summoned to the bedside of a man, æt. 26. Ten days previously he complained of a severe pain in the right side, which was relieved by the application of mustard. Next day both knee-joints were inflamed, and this, together with the temperature and copious perspiration, marked its rheumatic nature. Under the use of salicylates the disease assumed a sub-acute form, and until the 3rd of March he seemed to be progressing favourably. On that date pericarditis was first diagnosed. On the 5th his condition was as follows: The breathing was extremely difficult, respirations 32, pulse 108 and feeble, the heart-beat could barely be felt, and præcordial dulness was greatly increased, and extending to the fifth right intercostal space. Cyanosis and epigastric distress to a considerable amount were also present. Believing that death was imminent if not relieved, I obtained the consent of his friends, and finding on my return with the necessary instruments that no relief had followed the active treatment I had ordered, I proceeded to operate. Selecting the fifth intercostal space, I carefully measured one inch from the left margin of the sternum. The spot thus determined I marked with ink, having previously adopted the usual antiseptic precautions. I next selected the smallest-sized needle and washed it and the aspirator by passing through some hot carbolic lotion. The vacuum was now created in the instrument, and a small incision made through the skin at the point marked. I next measured two inches from the point of the needle, and here fixing my finger I plunged the needle backwards with a slight inclination upwards until stopped by my finger. The cock of the aspirator being now turned, I was gratified to find serum appear in the glass. Almost immediately the patient's breathing improved to such an extent that when 5½ oz. had been removed I thought it right to withdraw the needle. I remained in the house for several hours, and when leaving the pulse was 100, the temperature 100°, respirations 24. Cyanosis, dyspnœa, and epigastric distress had completely disappeared. The fluid, unlike that in my previous case, was a healthy serum.

The progress of this case was not satisfactory. Two days later the pains in the knees returned, but were readily relieved.

On August 31st, 1894, a case occurred in the practice of my friend, Dr. Joseph Redmond, in which 22½ ounces of dark-coloured fluid were removed, and seven days later 27½ ounces were also taken out. In this case, which recovered perfectly, a drainage-tube was subsequently inserted. Dr. Patrick Hayes was the surgeon who operated.

The careful consideration of the statistics of paracentesis pericardii shows that the fifth left intercostal space, at a point one inch to the left of the sternum, is the most suitable place for puncture. The selection of the instrument would likewise seem of some importance. If too small a cannula be used it is apt to become plugged with flakes of lymph.

(a) Read in the Section of Surgery, Royal Academy of Medicine in Ireland, November 15th, 1896.

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I show two instruments to-night which have been made for me by Messrs. Smith and Sheppard. One is to be used with, and the other without, an aspirator. Both becomes arrested when two inches of the instrument have passed into tissues, and then any further depth is obtained by a screw motion. This latter is the suggestion of Dr. Woods. I believe that when there is any fluid in the pericardium it is quite safe to plunge the trocar in fully two inches.

I may conclude this paper by quoting Dr. Samuel West's conclusions to his able article in the Medico-Chirurgical Transactions, and which I believe should be adopted by the profession :—

"1. Paracentesis pericardii is not only justifiable, but an operation which may be safely undertaken with ordinary precautions. One case only is recorded in which the operation was fatal. With this exception all the patients were greatly relieved by the removal even of a small amount of the fluid, and many recovered completely, who would probably have died if the operation had not been performed. 2. The most suitable place for puncture is, in ordinary cases, in the fifth left intercostal space, one inch from the edge of the sternum, but if the pleura be adherent, the puncture may be made safely much further out, and even in the sixth space. 3. The instrument employed should be a trocar and cannula, with or without aspiration. 4 The operation may be performed with advantage not only in the pericardial effusions of rheumatic or primary origin, but also in those which occur in the later stages of general dropsy, if it should appear that the fluid in the pericardium is adding to the difficulties under which the heart is placed. 5. Purulent pericarditis is best treated on general principles like an empyema. (*a*) The pericardial sac may in these cases be safely opened and drained. (*b*) The treatment, moreover, appears to be the only one which offers the slightest hope of recovery. (*c*) The results are likely to be more favourable than those of empyema, for the walls of the cavity are better able to contract rapidly and thus permit of complete obliteration."

Paris Clinical Lectures.

ASCARIS LUMBRICOIDES SIMULATING TYPHOID FEVER.

Delivered at the Cochin Hospital.

By Dr. A. CHAUFFARD,

Professor Agrégé at the Medical Faculty of Paris; Physician to the Paris Hospitals.

[FROM OUR FRENCH CORRESPONDENT.]

We have in our wards a young man who has been under treatment for a long time for infective symptoms due to round worms. He presents a typical example of a parasitic disease, minutely described by medical men of the last century, but which is now almost forgotten.

The patient is eighteen years of age, and was admitted on April 25th last in a miserable condition. His emaciation and general weakness, his drawn features and sunken eyes, indicated that he was suffering from a grave abdominal affection of some kind. The marked dryness of the nostrils and lips, the stupor, headache and insomnia, the gurgling sound in the ileo-cæcal region, with general abdominal tenderness, and slight swelling of the spleen, pointed to typhoid fever, the more so as the patient had been ailing for a week and had had two attacks of epistaxis.

The tongue, however, was large and foul, without trembling or redness, except at the margins, and did not present the appearance usually observed in typhoid fever. The breath was fœtid and the bowels costive. The heart, lungs, and kidneys were normal. Lastly, there was no trace of lenticular pink spots at any stage of the disease, although a careful search was made for them daily.

On April 26th, 27th, and 28th, the temperature oscillated between 39° C. in the evening and 38° in the morning, the gurgling sound in the ileo-cæcal region disappeared, the abdominal tenderness became localised in the pyloric region, while the constipation persisted. On the 29th, 50 centigrammes of calomel were administered. The same day there was epistaxis, and the following day a round worm was evacuated in the fæces. The temperature then fell to 37·6° C. Other worms were subsequently passed when an anthelminthic treatment was instituted.

His general condition then began to improve, the tongue assumed a healthy appearance, the appetite returned, and the drawn look, denoting an abdominal lesion, disappeared from the patient's face.

The administration at intervals of santonica (1 gramme daily) was continued and each time worms were expelled. From April 30th to June 20th the patient evacuated 39 round worms, of which the longest measured 32 centimetres. When he ultimately left the hospital, complete recovery was not assured, seeing that only three days had then elapsed since the last ova of ascaris lumbricoides had been passed in the fæces.

On May 18th, the patient was evidently convalescent. The facial expression was normal, and he was daily gaining in appetite and strength. The body weight, which on May 14th was 40 kilogrammes, had on June 24th increased to 52 kilogrammes.

Such is, briefly stated, the somewhat unusual history of this patient, suffering from an affection which in every detail recalls the gastro-verminous fevers of medical authors of the last century, being, in fact, the putro-verminous fever, described by Lepecq de la Clôture in 1770.

Now, we must ask ourselves how it is possible for such an extensive invasion of round worms to take place. We frequently find one or two worms evacuated by children, and sometimes by adults; but such an abundance of worms in the intestine of a human being is certainly exceptional. Since the use of good, filtered drinking-water has become more and more general, lumbricosis has almost entirely disappeared from the list of diseases of modern times, parasitism of this nature being rare, and, so to speak, accidental. The hygienic conditions, however, under which this man had been living were very faulty. A month before his admission into hospital, he had come from Brittany, a country which is not by any means a model of cleanliness, and had since been working as a hodman at Fontenay-aux-Roses, near Paris, where, he states, he frequently drank unfiltered water. He thus imbibed very impure water, which no doubt led to his being infested with parasites.

The question presents itself, however, whether this parasitism was the sole cause of the morbid symptoms, or whether it was not associated with another independent infection, typhoid fever for instance.

The age of the patient, his recent arrival in this part of the country, the frequent occurrence of epistaxis, the slight swelling of the spleen, all suggested typhoid fever. This was, indeed, the diagnosis at which I first arrived, though I noted that the tongue was not that of a typhoid fever patient, being larger and flatter, that the breath had a strong odour of putrefaction, which is not usually the case in typhoid fever, that the fever was slight and yielded immediately to cold baths, of which only three were given, and, lastly, that there were never any lenticular pink spots.

Although the diagnosis of typhoid fever could not be maintained under the circumstances, it was evident from the appearance of the patient that something more serious was the matter with him than simply an

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acute attack of indigestion. He presented the sunken and drawn, almost peritonitic facies, considered by older clinicians as characteristic of verminous affections. His condition at first sight was a surprise, because, apart from marked, diffuse tenderness of the abdomen, there was no obvious cause for it. Even in the absence of any modification of the pupils, this appears to me to be an element of considerable value for diagnostic purposes.

The diagnosis, however, was soon cleared up by the repeated and spontaneous evacuation of ascarides, and all doubt was removed by the anthelminthic treatment. Within a week, 28 round worms were expelled, after which the fever ceased, the patient gained in weight, and convalescence was established. The fact that the evolution of the disease, and the expulsion of worms progressed on parallel lines pleads, in my opinion, in favour of the diagnosis of *lumbricosis simulating typhoid fever*.

It is not often that it falls to our lot to pronounce a verdict on an affection like this, and the diagnosis could not be arrived at from the meagre descriptions contained in our present treatises on pathology, which merely mention, as determined by the presence of round worms, reflex symptoms in the form of epilepsy, chorea, tetany, aphasia, or various types of paralysis. Of such nervous disturbances, however, there was no trace in the patient under discussion, for the obvious reason that, the young man being phlegmatic and undeveloped, his spontaneous nervous action is rudimentary, sluggish and imperfect. On the other hand the insalubrious surroundings in which he lived and the fact of his not being acclimatised prepared the way for an overwhelming infection.

The *rôle* played by the ascarides in the development of these symptoms of gastro-intestinal infection is another question. There can be no doubt that, under certain conditions of the medium in which they live, the worms may, by their presence, be the source of an infective process, inasmuch as they take up from the intestine pyogenic germs, of which they become the vehicle, being, to use E. Dupré's expression, *bacterferous*. This is the explanation of certain cases of purulent infection of the bile-ducts, and probably also of verminous abscesses, which have been repeatedly described.

What is then more natural than that an intestinal canal filled with worms by this very fact becomes a prey to virulent and toxic fermentative processes? It may be that the excreta of the worms tend to bring about these processes, or that the virulence of the bacillus coli is increased by the presence of the worms, in any event we know that infective symptoms like those observed in this case may easily be determined under such conditions. That such a result is exceptional is accounted for by the fact that lumbricosis, developed to such an extent, is extremely rare nowadays.

Incidentally I may mention that tæniæ behave very differently in this respect, as they appear to have no effect on the virulence of intestinal germs, neither determining nor increasing infection.

Admitting that the infective symptoms are due to the presence of ascarides, they ought to disappear after expulsion of the parasites, and this is precisely what did occur. Looking at the history of this patient, however, it is surprising how long the worms continued to exist in the intestinal tract. Each time a vermifuge was administered, worms were evacuated, at first in considerable quantities, then gradually getting less numerous, until they finally were expelled one at a time. Why should the parasites resist the anthelminthic treatment, and be passed in this intermittent fashion?

Experiments by Leuckart, Davaine, and Grassi have shown that eggs of ascarides do not develop in the intestine of human subjects until they have undergone *outside*, and under conditions which are still open to discussion, a process of segmentation and embryonic evolution, until, in fact, they have matured. As soon as ova, thus developed, and containing living, mature embryos, have been ingested, they attach themselves in the upper regions of the small intestines and there develop into worms. Gradually, in proportion as these develop, these pass into the lower regions of the intestine. When they have reached the adult stage they lay eggs, which are found in the fæces, where they are readily recognised by their oval shape and their double envelope, of which the inner is smooth and elastic, while the outer one is granular and mulberry-like. Finally they reach the large intestine, whence they are sooner or later expelled with the fæces.

Moreover, round worms do not appear to be affected by any vermifuge until they have reached the adult stage. At any rate, they are never expelled except at this stage, the presence in the intestine of human subjects of young individuals of small size having been detected only on post-mortem examination.

These facts account for the phenomena observed in the patient under discussion. Embryos at different stages of their development were ingested, either once or on several occasions; these developed successively into ascarides, and after each administration of a vermifuge, the parasites at a sufficiently advanced stage of their evolution to be affected by it were expelled; the younger ones remaining and continuing their development.

That this is the real explanation was clearly shown by methodical examination of the fæces. Each time after the administration of santonica for two or three days, not only were worms evacuated, but the ova disappeared from the fæcal matter. Then the eggs again made their appearance, at first in small quantities, but becoming more and more numerous until the remedy was repeated.

The ova found in the fæces are, therefore, in this state of embryogenic evolution, incapable of developing *in situ*, and becoming the starting-point for new generations of intestinal parasites. Their presence, however, indicates that the patient is not cured, adult worms still existing in the ileum. Examination of the fæces is consequently necessary as the only means of controlling the effects of the treatment.

When the patient in question left the hospital at his own request, the fæces had contained no ova for three days. Though apparently cured, it would have been better for him to remain a few days longer, in order to make sure that the last worm had really been expelled. Recovery from lumbricosis, therefore, is not so easily obtained as one might *a priori* be led to assume, as it requires time, patience, and methodical treatment. Nevertheless, we are in possession of truly specific remedies for this affection. The principal one of these remedies is santonica, the minute, unopened, flower-heads of various species of *artemisia*, the active principle of which is *santonine*. I obtained excellent results from the administration of these worm-seeds, combined with calomel, although I never gave more than 1 or 2 grammes daily. This drug, however, easily produces toxic effects, and it must therefore be used with prudence. The dose mentioned proved to be sufficient for the purpose. On the other hand, salol in doses of 2 or 3 grammes daily produced no effect whatever, as no worm was expelled under this treatment and ova continued to be present in the fæces.

The practical deductions from this case may be summed up as follows:—Intestinal lumbricosis, when the parasites are present in sufficient number, may determine infective symptoms, simulating those of typhoid fever; methodical search in the fæces for the ova is indispensable for the institution of a suitable treatment, and for determining whether permanent recovery has been obtained.

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Clinical Records.

WEST LONDON HOSPITAL.

A Case of Impregnation without Penetration.

Under the care of G. Drummond Robinson, M.D. and B.S. Lond., M.R.C.P.,
Assistant Physician for Diseases of Women.

A healthy-looking girl, æt. 16, recently attended at the West London Hospital complaining that she had not menstruated for nearly five months. The monthly periods had, previous to their sudden cessation, been perfectly natural in every respect. There had been no abdominal pain, and during the period of amenorrhœa robust health had been enjoyed.

The patient was tall for her age, of bright complexion, and there was no trace of anæmia. The breasts were prominent and tense; areolæ pigmented, mucoid secretion easily expressed from both nipples.

The abdomen was full, but not markedly prominent. On palpation an elastic tumour was felt rising above the pubes nearly to the navel. It did not harden on manipulation, and no fœtal parts could be felt. It was dull on percussion, dumb on auscultation. On the passage of a catheter, a few drops of urine escaped from the bladder, and the size of the abdominal tumour was in no way diminished.

The external genitals were well developed. The inner surfaces of the labia presented a distinct violet colouration. The hymen was intact. The hymeneal orifice was small, admitting the extreme tip of the finger, but when the finger was passed further, the margin of the hymen was put tightly on the stretch, and the patient, who did not seem to be at all neurotic, experienced so much pain that the examination was completed with difficulty. The cervix was soft—no fœtal part could be felt. Bimanually the abdominal tumour moved and seemed to be continuous with the cervix, and I felt almost certain that it was the body of the uterus. No positive opinion was given. A month later the patient was again examined. The abdominal tumour had extended above the navel, it showed no contractions and still remained dumb to most careful auscultation. But now the outline of the fœtus, fœtal parts, and fœtal movements could be felt. The hymeneal orifice was as small as on the previous occasion, and the vaginal examination again caused much pain. There was no longer any reason to refrain from giving a positive opinion.

The patient, who appeared to be much distressed, then tated of her own accord, that pregnancy could not have taken place. Coition had once been attempted, by a man several years older than herself, but on that occasion she experienced much pain, penetration had not occurred and the semen had been deposited partly on the external genitals and partly on her clothing. The man had told her that she could not possibly become pregnant as penetration had not occurred, which, he stated, was shown by the fact hat there had been no trace of bleeding.

When the patient was first seen, although I felt almost certain of the diagnosis, I did not give a positive opinion for the patient was a mere child, the condition of the hymen seemed to me to prove that penetration had not taken place and there was no absolute signs of pregnancy.

I am inclined to believe the patient's story. I am well aware that penetration does not always rupture the hymen. I have myself seen cases in which a perfectly intact hymen will dilate with the greatest ease to admit two or even three fingers without rupturing or causing the slightest pain. I have seen such a condition in a child of fourteen.

But the case above recorded was very different. One finger passed with difficulty, putting the hymeneal orifice tightly on the stretch and causing great pain. The passage of two fingers would, I think, certainly have resulted in rupture.

These cases of impregnation without penetration are not common, and I think that this record of such a case may be interesting.

The late Dr. Matthews Duncan has reported a very interesting case in his "Clinical Lectures" in the chapter "On Retention of Mucus."

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, Dec. 11th.

The President, Dr. Buzzard, in the Chair.

INCREASED VASCULAR TENSION IN THE KIDNEY A CAUSE OF RENAL PAIN, HÆMATURIA AND ALBUMINURIA.

Dr. David Newman (Glasgow), read a paper on this subject in which he pointed out that the causes of increased vascular tension in the kidney were, (1) mechanical and (2) some morbid process. The first four cases illustrated direct mechanical interference while the remaining three showed how the relief of tension due to morbid conditions might benefit the patient. Torsion of the renal vessels and of the ureter might give rise to (1) a dull aching pain in the renal region associated with occasional paroxysms of colic similar to that produced by renal calculus. (2) Hæmaturia, with or without blood casts in the urine. (3) albuminuria, with or without tube casts in the urine. *Case* 1.—Movable enlarged kidney with hyperæmia from torsion of renal vessels and ureter caused by strain. The symptoms were severe paroxysmal pain, hæmaturia, gastric disturbances, &c., stimulating those of renal colic. There was no albuminuria independent of the presence of blood. In January 1896, he operated by a lumbar incision and found the kidney not only movable but rotated so that even with the patient on his left side the upper extremity of the organ pointed forwards. He incised the fibrous capsule along the outer border of the kidney and stripped off the cortex for a third of an inch around the incision. He then removed the superabundant fat and the remaining adipose capsule was sutured to the parietes so as to fix the kidney as high up as possible. The patient made a good recovery and there had been no return of the symptoms. *Case* 2.—This patient complained of severe paroxysmal pain and hæmaturia without gastric disturbances. There were occasional blood-casts in the urine with tube casts and sometimes albumen independent of blood. On June 29th, 1896, he made an incision over the left kidney which was found to be moderately movable, displaced upwards and forwards, and rotated on its short axis so that the lower margin of the organ pointed forwards. He adopted the same procedure as in the preceding case, with the addition that the deep parts of the wound were kept open for two days, after which it was allowed to heal. At the operation a sufficient explanation was found, the rotation of the kidney having caused the ureter and blood-vessels to be coiled round one another thus impeding the circulation. The patient reported himself on November 2nd, 1896, and stated that though he occasionally had slight pain in the cicatrix he had had no return of the old renal pain or hæmaturia. His urine was then free from albumen and tube casts. *Case* 3.—Here there were severe paroxysmal attacks of renal pain with sickness and vomiting. No history of hæmaturia, and the urine was normal between the attacks of colic. At the operation in July, 1896, the cortex of the right kidney was found to be deeply injected, the organ was enlarged and moderately movable, but no torsion of ureter or vessels could be made out. The operation was the same as in the previous cases and the patient made a good recovery, and has been quite well since the operation. *Case* 4.—This patient, æt. 49, was thrown from his horse, and when he got up after a fortnight in bed, he discovered a movable tumour in the hypochondriac region. At first he complained of pain in the right renal region with gastric symptoms, worse after exercise or constipation. Palpation revealed a freely movable oval swelling immediately under the lower edge of the liver about two inches from the umbilicus. There was occasional suppression of urine. The urine at no time showed any abnormal constituents. He refused operation in 1882, but in 1888 Dr. Newman performed nephrorrhaphy with a good result. In corroboration of Mr. Reginald Harrison's view that inflammatory hyperæmia might lead to considerable pain in the kidney accompanied by albuminuria and relieved by incision, he quoted the following cases:—*Case* 5.—A patient came complaining of pain in the loins, most marked on the right side, which had come

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on suddenly two months previously. The urine contained albumen, but no casts. There was a history of small oxalate calculi and occasional hæmaturia, and while under observation he had several attacks of renal colic, leading to the diagnosis of calculus. On operating, the kidney was seen to be much enlarged, very tense, and of a dark chocolate colour. No calculi were found, and the bleeding from an incision into the pelvis was so free that the wound in the cortex had to be plugged with iodoform gauze. The patient made a good recovery, the albuminuria entirely disappeared, and his health has since been excellent. *Case* 6.—Three years ago a man, æt. 62, came suffering from severe abdominal pain associated with sudden and almost complete suppression of urine, nausea, and vomiting. The urine was highly albuminous, and contained numerous blood casts. Temperature, 100·3° F. There was some increased dulness and resistance over the right Poupart's ligament, and he suspected a small strangulated inguinal omental hernia, so he operated and relieved it. The patient made a good recovery, and the albuminuria disappeared in three days. *Case* 7.—A man, æt. 71, was admitted to the Glasgow Royal Infirmary on December 3rd, 1895, suffering from severe pain in the hypogastric region. This had come on on the previous day, up to which date he had passed urine normally. On admission he was collapsed and complained of pain over the bladder, the abdomen was slightly distended and tympanitic above the level of the umbilicus. There was obstinate constipation. On passing a catheter the bladder was found to be empty. He was cupped over both kidneys, and later on he passed 8 ounces of urine. He was cupped again in the evening, and the following morning a considerable quantity of urine was secreted. This contained albumen, blood, and some pus. On December 5th fæcal vomiting set in, and on opening the abdomen a constricting band was found at the junction of the jejunum and ileum including a portion of almost gangrenous bowel. The author said that in the last two cases he had no doubt that the strangulation produced reflex spasm of the renal vessels or of the walls of the ureter. He was disposed to regard marked hyperæmia of the kidneys as a frequent occurrence in cases of acute intestinal obstruction, and it ought to be carefully looked for in all acute abdominal affections. The non-elimination of urine might be due to spastic stenosis of the ureter or to spasm of the smaller renal arteries secondary to lesions of the bowel or omentum. Examples of reflex inhibition of the functions of the kidney, he observed, were numerous. In some instances no doubt the anuria might be the result of a general fall in the blood pressure consequent on shock. In other cases the suppression of urine was caused by a decrease in the secretion, as in cases of lead colic or that which preceded paroxysms of eclampsia. In these conditions, however, the spasm of the renal arterioles was probably not as marked, as the attacks were not usually followed by hæmaturia or albuminuria.

Mr. BRUCE CLARKE asked the author to say how they were to distinguish between cases calling for surgical measures and those which would best be dealt with by medical means. He observed that it was by no means an uncommon experience for surgeons to cut down on to a kidney in the expectation of finding a calculus without discovering any, so much so, indeed, that it was really difficult to define the exact indications of renal stone. He suggested that probably many of these were cases of movable kidney, and in such the condition of the urine varied very greatly.

Dr. KINGSTON FOWLER recalled the case of a lady with symptoms suggesting renal calculus. She had frequent attacks of severe pain in the right kidney and intense hæmaturia. The kidneys were obviously larger than normal, especially the right one. They diagnosed movable kidney and operated, but found both kidneys in an advanced condition of cystic degeneration.

Mr. BARKER said it had occurred to him that some of the cases in which, though the symptoms pointed to renal calculus, none were found, the symptoms might be due to some of the uriniferous tubules being packed with crystals of uric acid, and this would explain the relief that often followed manipulation of the kidney, which would dislodge the crystals or small concretions. He recalled the case of a patient whom he saw while actually passing a stone along the ureter. He had subsequently to cut down on the left kidney, but he found no calculi, though he punctured the organ and then incised it. After that the patient passed a huge amount of uric acid, and for some days his urine was almost solid on cooling. He ultimately made a good recovery.

Mr. G. MAKINS observed that the important question was whether the organ could be fixed so as not to press on the renal vein. He too had seen cases in which, though no stone was found, the patient was relieved by the operation through the lumbar region. He mentioned the case of a youth presenting symptoms of this kind whose kidney had twice been explored *from the front* without benefit.

The PRESIDENT congratulated his surgical brethren on the fact that even when they made an error of diagnosis and operated accordingly, they still appeared to relieve their patients.

Dr. NEWMAN, in reply, admitted that there was very great difficulty in deciding what cases were likely to be benefited by surgical measures, but he added that the Röntgen rays might possibly assist them in determining the presence of calculi. He remembered a case in which the patient suffered from a very painful affection of the kidney, and after an ineffectual search for a supposed calculus, he passed large quantities of uric acid as in Mr. Barker's case.

REMOVAL OF CEREBELLAR TUMOUR—NO RETURN OF SYMPTOMS FOR THREE AND A HALF YEARS.

Mr. PARKIN (Hull) read notes of a case of a child, æt. 4, who came under his care in May, 1894, for gradually increasing difficulty in both walking and talking of several months' duration. At that time the child was listless and dull, and complained of constant headache. The gait was markedly ataxic with a tendency to falling backwards, and the patient could not raise herself in bed without assistance. The left leg was rigid, both knee-jerks exaggerated. Temperature subnormal; pulse irregular, not slowed; there was no ocular paralysis, but there was intense optic neuritis with hæmorrhages, not, however, accompanied with much loss of vision. The child was kept under observation for a month, during which time she had three very severe general convulsions accompanied by marked cyanosis, the duration of each being about three-quarters of an hour. As the condition of the child was rapidly becoming worse, the cerebellum was explored. A large scalp flap with the apex well down on the neck was raised, and after removal of the bone, a flap of dura mater with its apex in the opposite direction was turned downwards after ligature of the occipital sinus. A portion of each lateral lobe and the posterior part of the middle lobe were removed, these parts being obviously of a different colour from the rest of the cerebellum. Subsequent examination indicated that the tumour was of a gliomatous nature. The wound healed rapidly, and in the course of the next three months the child regained the power of talking, distinctly and quickly, and at the end of that time could walk quite well; the optic neuritis subsided, and up to the present time there has been no return of any of the symptoms. Since the operation the child has had whooping-cough and measles, but no one would now imagine that there had been at any time anything very serious the matter with her.

Mr. BARKER asked whether there was any history of syphilis in this case?

The PRESIDENT commended the author for having waited two and-a-half years before publishing his case, surgical cases improving by keeping like wine. Had there been any syphilis, other indications thereof would, he urged, almost certainly have shown themselves during the time he was under observation. Supposing the growth to have been a diffuse glioma, the middle lobe of the cerebellum probably suffered from the pressure of the two enlarged hemispheres. He raised the question whether the operation had stopped the growth, cases being on record in which, though it had not been possible to remove the growth, it had ceased to grow after the operation.

Dr. TAYLOR observed that this was one of the few cases in which a tumour of the cerebellum had been removed with a satisfactory result, a fact which would encourage surgeons in this direction.

Mr. PARKINS, in reply, said that the middle lobe appeared to be distinctly affected, and he removed the

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posterior part of it. As far as one could tell, the whole of the growth was removed.

Dr. Rolleston and Mr. A. Marmaduke Sheild brought forward a case of

EXCISION OF THE CÆCUM FOR COLLOID CARCINOMA.

The patient had noticed a lump in the left side of her abdomen since the birth of her last child in February, 1896. The tumour was as large as an orange, hard and irregular in outline, and freely movable between the umbilicus and the left iliac fossa. There were no symptoms suggesting that it implicated the alimentary canal and the diagnosis was a floating kidney. There was dull pain in the tumour and as the patient was anxious to have something done, laparotomy was performed by Mr. Sheild on August 22nd. The growth was at once seen to be in the cæcum which was accordingly excised together with four and a half inches of the ileum and the adjacent part of mesentery which contained enlarged glands. The ileum and colon were united by end-to-end suture, no apparatus being used. The wound was not closed entirely as some fæcal extravasation was feared, this did in fact occur to a slight degree on the 12th day, but complete recovery resulted. The patient, æt. 29, was much below the average of 30 cases of carcinoma of the cæcum which was 47 7 years, and of 100 unselected cases of carcinoma of the root of the large intestine 49·3 years. The latency of intestinal symptoms in cases of carcinoma of the cæcum render the diagnosis difficult. In 22 cases of excision of cæcum for carcinoma, 7 died from the effects of the operation, 4 from recurrence, while 11 were reported as recoveries. The prognosis, therefore, was encouraging.

Mr. Burghard asked how the author joined the ileum and the cæcum? In a case in which he himself had excised the cæcum he hesitated to employ the end-to-end method, preferring to imitate the formation of the ileo-cæcal valve by making a slit in the cæcum and passing the end of the ileum through it. That case did perfectly well.

Mr. Walsham said that had he known, he could have brought two similar specimens from the museum of St. Bartholomew's Hospital. The first was a clear case of carcinoma of the cæcum, the size of the fist. He had cut down and removed it, joining the ileum to the cæcum by approximation, using Senn's plate. The patient had not had any bad symptoms since. In the other case he had cut down, and finding the glands too much enlarged to allow of removal, he had merely united the ileum to the large intestine to relieve the obstruction, using a Murphy's button. She made a good recovery from the operation, but died four months later from extension of the disease.

Mr. Parkin said that some years ago he had operated on a case which he took to be one of carcinoma of the cæcum. On cutting down he found a large mass involving the glands, removal being impossible. To his surprise the mass gradually diminished in size and ultimately disappeared. The patient was 62 years of age, and had since been in excellent health. The symptoms were of only six months' duration and pointed clearly to a malignant growth.

Mr. Shield observed that this case would serve as a lesson to those who were disposed to undertake exploratory operations in the abdomen with a light heart. He would not recommend end-to-end union in such a case, but not being prepared for what he found, he had to do the best he could. He thought the slight fæcal extravasation was due to the removal of a large portion of the mesentery and consequent interference with the circulation. He recalled a case in which, both at the operation and at the post-mortem examination, the growth presented every appearance of a malignant growth, but when examined under the microscope it was found to be merely inflammatory.

ROYAL ACADEMY OF MEDICINE IN IRELAND

Section of Surgery.

Meeting held Friday, Nov. 13th.

The President, Mr. William Thomson, F.R.C.S.I., in the Chair.

The President delivered an address entitled "Some Surprises and Mistakes," which appeared in our last issue.

ON TAPPING THE PERICARDIUM—WITH REPORT OF TWO SUCCESSFUL CASES.

Mr. Austin Meldon read a paper on the above subject, which will be found on page 622.

At the conclusion the President said he would be glad to hear this important case discussed. The principal questions for consideration were, as to the place where the puncture should be made, and as to the best way of dealing with the conditions that occurred when the disease became purulent.

Dr. Lentaigne said that the principle of the procedure which Mr. Meldon recommended should be adopted much more often than had hitherto been the case. The operation was comparatively easy of performance, and the results were likely to be satisfactory. In two cases, not long ago, which came under his notice, the operation, which would very probably have given relief, was not permitted. One was that of a little boy in whom an examination unmistakably indicated an enormous effusion in the pericardium. His parents, with the sanction, he feared, of the gentleman who had charge of the case, refused to allow any operation to be performed. In the other case the gentleman in charge would not permit an operation, saying it would be absurd to attempt to do anything in the region of the heart. Both patients were consequently allowed to die from what he might call simple heart suffocation, resulting from extreme distension of the pericardium.

Dr. Frazer said he was reminded of a case which came under his notice many years ago. It was at first thought to be one of pleural effusion, but turned out to be pericardial. The patient died, and after death a measured gallon of fluid was drawn off. That case might have been beneficially treated by operation. He had, however, had fair success in treating pericardial effusion in rheumatic cases medically. In one of them the patient, a child, had three distinct attacks of rheumatic fever accompanied with effusion; and the child had recovered, and was in health at present. Two things excited doubt in his mind in connection with cases of rheumatic fever, of which he had had three severe attacks himself. He did not know what would be the use of tapping in the case of a "pine-apple" heart surrounded with three inches of lymph. Again, there was a class of cases of rheumatic fever in which carditis occurred, followed by delirium, and in which the effusion was not at all in proportion to the severity of the cardiac symptoms.

Sir Thornley Stoker said the great crux was, not as to the propriety of opening or tapping the pericardium in cases of serous effusion, but as to how the case was to be dealt with when there was pus in the sac. He could not conceive that there should be any question as to the propriety of using an aspirator to remove serum in order to prevent death by what Dr. Lentaigne had so aptly called suffocation of the heart. But when there was pus other considerations arose. Not only had it to be evacuated, but means should be provided for the removal of pus that formed subsequently. When there was only serum, after it had been removed a reactionary condition was set up, and no further accumulation of serum occurred. But where there was pus, although the heart was relieved by the removal of it, a secretion of pus would continue where there were ulcerated or diseased surfaces; and the removal of it in the first instance was almost useless, unless means for subsequent drainage were provided. One anxious question was whether this should be effected by a series of independent operations, or by the introduction of a permanent drainage tube. He thought the introduction of a trocar and cannula to such a depth as two inches totally unnecessary, except in the case of a patient of exceptional obesity. The cases to be dealt with were to be regarded as of an average type in that respect; and the question was not how far the instrument used might be put in without scratching or injuring the heart but what was the depth necessary in order to drain the pericardium.

Prof. Bennett said he could only speak of a single case. Very early in his experience as an hospital surgeon he received a note one summer evening from a physician, long since dead, requesting him to tap the pericardium of a patient. The physician did not meet him to consider the

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conditions of the case—that being the practice in those days. At that time Trousseau, of Paris, had formulated an operation to be performed with a bistoury rather than a trocar and a cannula; and he (Prof. Bennett) would prefer the bistoury for an operation of the kind. He examined the man to the best of his lights at the time. He found him too ill to give any details of his previous life history; but he was unable to satisfy himself that there was fluid in the pericardium. As the man was in great distress he opened first the basilic vein on one side, and then that on the other. After there had been a full flow of blood from the second opening the symptoms were relieved. The man fell asleep, and the cyanosis entirely disappeared. He (Prof. Bennett) was soundly abused at the time for not having followed the lead of the physician in the case. After three or four days the man had a second attack of the same kind. He (Prof. Bennett) was not in attendance at the time, and in two or three hours the man died. He (Prof. Bennett) made a *post-mortem* examination which disclosed an adherent pericardium and huge heart; and there was no doubt that if he had tapped him with a trocar and cannula he would have killed him on the spot.

Mr. WHEELER said he had had experience in two cases. In one of them Dr. Gordon diagnosed fluid in the pericardium, and the late Dr. McDonnell tapped with his (Mr. Wheeler's) assistance. He performed three separate tapping operations, fluid coming each time; and on the third tapping there was pus. The form of operation adopted was to dilate an opening with a forceps, pass in a cannula, and pass through it a very fine probe. The gentleman made a rapid recovery, was well in three months, and was perhaps alive now. The other case was one which was treated by the late Dr. Stoney, and subsequently by Dr. Hudson and Dr. William Moore; and he (Mr. Wheeler) tapped once with an aspirator. The gentleman got quite well.

Dr. TOBIN said the difficulty as to depth might be met by using an aspirator and needle; and as soon as the needle was inside the skin the aspirator should be turned on. The moment the needle entered the pericardium the flow of fluid would show that it need be pressed no farther.

Sir WILLIAM STOKES said it had never fallen to his lot to perform this operation, but it struck him as somewhat remarkable that in the cases mentioned by Mr. Meldon, a single tapping should have been sufficient. In many cases it was sufficient; but they knew that cases of serous effusion occurred in which frequent tapping was necessary.

Mr. HEUSTON said he did not believe in tapping the pericardium in a blindfold manner. When they were sure that there was only serous effusion they would be justified in using the trocar or aspirator in such a way as Mr. Meldon had adopted with such excellent results. But there were other cases in which the only proper thing for the operator to do was to make a free opening down to the pericardium, so as to be able to see what he was doing. In suppurative pericarditis it was absolutely necessary to make an incision at an early stage.

Mr. MYLES asked could Mr. Meldon give him any authentic information as to the exact extent to which displacement of the heart took place in his case, or in cases of the kind? Students were taught that in cases of pericardial effusion, the apex of the heart was displaced upwards. If the heart simply lay in its normal place, it would lie at the bottom of the fluid, and a displacement would take place in the thorax at the expense of the lungs. Again, with reference to the position to be selected for the insertion of the instrument, he wanted to know what was to become of the left pleura? He believed that in the majority of cases the trocar, if inserted at the spot indicated by Mr. Meldon, would invariably go through the left pleura.

Mr. M'ARDLE remarked that the only person who seemed to know anything about the subject was the gentleman who read the paper; and he had the fact of success to support his position. Although knowing nothing of the subject, he (Mr. M'Ardle) held that Mr. Meldon was justified in passing the trocar and cannula into the pericardium in the manner he had stated, for two reasons. First, because a safer exit for the contents of the pericardium was thereby obtained than by any other procedure. If the pleura was cut through in order to make a free opening before reaching the pericardium, the patient was exposed in a tenfold degree to the danger of an inflammatory attack. The question of depth was very easily determined. When the point of the instrument was found to be in connection with the fluid, there was no reason for going two inches into the thorax. He supported Mr. Meldon's position of tapping in preference to incision.

Dr. TRAVERS SMITH asked did Mr. Meldon consider tapping for the second time more dangerous than the first tapping?

Dr. TAYLOR said he recently saw a case in Sir Patrick Dun's Hospital which was under the care of Dr. Purser. It was that of a boy who had been four or five days there with symptoms of ordinary pericarditis. He was cyanosed, cold, covered with perspiration, and in a dying condition. He aspirated his pericardium by passing a needle into the fifth intercostal space close to the sternum, and fluid came out of a sero-fibrinous character, the fœtor of which was intolerable. Over a pint of fluid was drawn off, after which the boy seemed much better. He continued better for some hours, but the next morning suddenly got cyanosed and died. A post-mortem was made by Dr. Purser and Dr. Walter Smith, and on taking away the sternum and costal cartilages on each side they found that the two pleural sacs had separated some distance from the middle line of the pericardium, and had come up behind the sternum and costal cartilages on both sides. So that neither of the pleural sacs would have been opened either by a needle or by any other instrument cutting down at the point selected. He agreed with Sir Thornley Stoker that there was no necessity for inserting any instrument so deep as two inches. In most cases one inch would be sufficient.

Dr. JOHN W. MOORE remarked that in Murchison's text-book a distended pericardium was represented as displacing the liver downwards, so as to cause an apparent displacement of it, the tumour caused by the distending fluid pushing the left lung to the left, and the right lung to the right. That condition of things was sufficient to show that tapping might be performed with confidence within an inch of the sternum on the left side.

Mr. MELDON, in reply, said the position of the patient was of great importance in determining the depth to which the instrument should be inserted. In the first case, while the patient was lying on his back, he only put in the trocar an inch and a half, and did not succeed in reaching the fluid. In that position, when the pericardium contracts as the fluid escapes, any lesser depth than two inches would result in the instrument parting company with it. Of course, he would not plunge a trocar in to that extent unless satisfied that there was effusion into the pericardium. In doubtful cases he would follow Mr. Tobin's suggestion. Selecting a No. 1 needle, and having created a vacuum in the aspirator, the instrument should be pushed in until the eye is covered and the stop-cock then turned on. The needle may now be pushed in to a reasonable distance in search of fluid. Even should the heart be touched by such a small instrument, it would not be so very serious as has been stated, especially as the left ventricle has been designedly punctured and the patient relieved by the operation. The direction, too, which I adopted in my cases is another point of safety. He was not aware of any case of rheumatic pericarditis in which a second tapping was required. The patient in the second case was kept in hospital for five weeks after the operation, because it was thought that all the fluid had not been drained off; but it never collected afterwards. Dr. Moore had answered Mr. Myles as regarded the anatomical conditions of the case. As to a second tapping being more dangerous than the first, he had never tapped a second time, so that he could not say whether it was or not. Statistics did not show it to be so. He had never, of course, attempted to tap unless he felt perfectly sure that there was fluid in the pericardium. If he felt the smallest doubt that there was, he would not attempt to tap. In one of his cases the man's death was imminent from the pressure of the fluid, and he had not the smallest hesitation in going in the two inches. He would like, in reply to Dr. Smith, to say that there are two special points in reference to the signs of pericardial effusion to which he would draw attention. The first manifestation is increased broadening of the cardiac dulness at the lower portion—first to the left and then to the right, until there

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is absolute dulness in the 5th intercostal space in the region named by Elstein—the cardiac hepatic angle. The second symptom to which he wished to refer was the occurrence of intermission of the pulse during inspiration at a time when the heart was beating without such intermission. Most of the other observations had reference to purulent pericarditis, which was not treated of in this paper, but he quite agreed with the opinions expressed to-night that this condition is best treated by incision and drainage.

The Section then adjourned.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Meeting held Friday, Dec. 4th, 1896.

The President, Mr. W. Bruce Clarke, in the Chair.

Dr. Henry Sutherland showed three cases. (1) A patient with Multiple Fatty Tumours, æt. 58. The tumours had existed since birth, and were attributed by the patient to a maternal impression. (2) A patient with well marked varicose veins affecting the lower extremities. (3) A patient with a supernumerary nipple situated below the left nipple.

Dr. Johnston showed a case of Facial Hemiatrophy. The patient, æt. 21, noticed sixteen months ago that the left side of her face was getting thinner than the right. This has steadily increased, so that the left side of the face is sunken over the upper jaw and teeth, with increased prominence of the malar bone. The muscles act well and their electrical reaction is normal. The skin is paler and smoother than that of the sound side. The bones do not appear to be atrophied. There is no affection of sensibility or taste. No cause is known for the onset of the disease.

Dr. Campbell Pope showed a child, æt. 8, with a fracture of the lower epiphysis of the humerus, with radiograph.

Mr. Keetley showed, (1) A girl, æt. 13, with congenital dislocation of the right hip. She had shortening of the limb to about 3½ inches. By division of the straight head of the rectus, and some other tense muscular fibres and fascia, the anterior part of the capsule of the hip-joint, together with extension gradually increased to 161bs. (which was comfortably borne), the shortening was reduced to 1½ inches. Three days previously, under ether, an extension of 84 lbs. was applied for twenty minutes, which reduced the shortening to three-quarters of an inch. A part of this is doubtless due to mal-development of the head and neck. There is no acetabulum. An operation will be undertaken to make an acetabulum in order to place the head of the femur in it. (2) A child, æt. 3, with dislocation of the head of the left femur, which had been replaced and is being maintained in an abducted position by means of a plaster of Paris splint.

Dr. Charles W. Chapman showed a cretin, demonstrating the improvement which had occurred under thyroid treatment.

Dr. Robinson showed a patient who had had an ovarian tumour removed 19 years ago, the pedicle being clamped in the abdominal wound. Hæmorrhage occurred from the abdominal scars during menstruation.

Dr. P. Paton showed a case of "Nephrolithotomy with the Stone removed," and a specimen of "Rupture of the Bladder."

Mr. McAdam Eccles showed a girl, æt. 16, with multiple exostoses. Two brothers and her father were similarly affected. Exostoses existed in the following situations:—Right hand: the first phalanges of each finger and the second and fourth metacarpals. Left hand: first phalanges of second, third, and fourth fingers. Lower end of right radius. Right humerus: upper end. Right clavicle: acromial end. Lower end of femur: right and left. Upper end of tibia: right and left. Right tibia: lower end.

Dr. Seymour Taylor showed a patient, æt. 50, with right hemiplegia.

France.

[from our own correspondent.]

Paris, Dec. 12th, 1896.

The "X" Rays.

At the last meeting of the Académie de Médecine, M. Péan presented a child of four years on whom he practised œsophagotomy to extract a halfpenny which had been swallowed ten days previously. Not being able to feel the foreign body in the upper part of the œsophagus, the professor applied the "X" rays, when the coin was perceived to be lying at the entry of the thorax, and was removed by the operation above mentioned.

M. Fournier showed photographs of a white swelling of the knee and of the foot of a young girl who presented osseous deformation from infantile paralysis. In both cases the bones could be distinguished with great clearness. The speaker said that a few days before he was able to perceive, by the Röntgen method, the beating of the heart and the considerable displacement of the hepatic gland at each inspiration.

M. Ch. Bouchard said that if the thorax of a healthy man was placed between a Crooke's tube and a phosphorescent screen, every one knew that the skeleton of the thorax would figure on the screen by a black vertical band, and on each side by oblique well-defined shadows representing the ribs. Moreover, at the right of the column and in the centre of the dorsal region, another shadow, representing the heart, is seen, while below is the dark mass of the liver moving up and down under the influence of the respiration. Outside these shadows all the rest of the thorax is clear.

In three men affected with pleurisy of the right side he remarked that the liquid presented a darkish tint, contrasting with the clear aspect of the opposite side. Where the effusion did not completely fill the cavity the upper part was transparent. He mentioned these experiments as offering a means of controlling the diagnostic, but he was well aware that the usual methods were amply sufficient for any careful observer. In any case there was every reason to hope that the Röntgen rays will render as much service to medicine as to surgery.

Infantile Pneumonia.

Prof. Comby, of the Trousseau Hospital, recommends the following treatment for pneumonia in children:—Poultices sprinkled with mustard to the chest and back, or local applications of cold water, or dry cupping; blistering he considers as dangerous. Where the catarrhal state is very pronounced, he prescribes an emeto-cathartic; in a child of 10 years, for instance, he gives: tartar emetic 1 gr., sulphate of soda ʒii, syrup ʒss, water ʒiv, a fourth to be taken every half-hour. The child vomits three or four times and is purged at the same time. The result is: less dyspnœa, slower pulse, and an improvement in the general condition. If high fever be present the cold bath is indicated and should be preferred to every other anti-thermic. The temperature should not be above 77° and the bath should be renewed every three or four hours. If, however, considerable weakness of the heart is present with small and irregular pulse, the cold bathing should be proscribed, and stimulants given, alcohol, caffeine, sparteine or digitalis, and frequently two or three of these together. Where there exists great agitation, delirium or convulsions, M. Comby gives from 5 to 18 grains of trional in the evening in a little milk; a calm and prolonged sleep is the result.

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A BROOM HANDLE IN THE RECTUM.

In September last a man entered the Pitié Hospital for an abdominal tumour which prevented him from continuing his work as a rag picker. From interrogation it was discovered that the patient had introduced, three weeks previously, a piece of a broom handle, of about a foot in length and four inches in circumference, into his rectum, "in order to provoke fever, so that he should have a few days' rest!" The foreign body was felt on the right side, the upper extremity reaching within two inches of the right costal cartilage, while the lower end could be felt by the finger in the rectum, through which the instrument was removed with much facility, and in two days, this curious patient left the hospital.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, December 11th.

In the Gynæcological Section at the Congress of German Naturalists and Physicians, Hr. Kcher brought forward the subject of

DELIVERY IN CASE OF PUTRID FŒTUS.

So long as the membranes were intact, no harm was done, but after their rupture, the mother became infected. Every dead fœtus should be removed with due regard to the mother, sparing her as much as possible. In case of very tight cervix, or contracted pelvis, it was best to do a Porro, taking care, however, to close the abdominal wound before amputating the uterus. He related the case of a woman who was brought into the Klinik in a febrile condition, whilst the cervix was still long and contracted. Dilatation was performed, and the woman died thirty-six hours afterwards. It was seen after the death that rents had been made in the process of the turning. A Porro would have been better.

A discussion followed, principally relating to the indication for operation in the later stages of puerperal infection.

Hr. Freund said that in septic peritonitis operation was of no use, the patients died whether operated on or not. He had thought that it might be of use in suitable cases to extirpate the diseased ligament along with the internal spermatic vein, and tried it in two cases, but both died, and the autopsies showed that the thrombus reached up to the vena cava. In continued fever after placental operation total extirpation might be thought of, and also in intermittent fever, if tender cords could be felt on the placental side of the uterus. Experience showed, however, that the majority of such cases get well even without operation. There was only one indication for early operation, pyæmia from infected criminal abortion, but he had never seen a case recover.

Thorn proposed vaginal extirpation, but Fritsch opposed it; he said he had done it once in sepsis, and would never do it again.

Hr. Leopold (Dresden) gave an account of

THE EARLIEST FŒTAL OVUM.

The ovum in question was one of eight days, and was found in a uterus removed for malignant disease. On cutting up the uterus after the removal, a small ovum, the size of a lentil was found, which on careful questioning was ascertained to be about eight days old. It was in a perfect condition. At the periphery the swollen mucous membrane showed a pit-like depression. Both ovum and adjacent mucous membrane were carefully examined. On opening the ovum one could see that the periphery was surrounded by delicate fringes. It was remarked that even in that early stage delicate vessels were seen in the uterine mucous membrane that opened with open lamina in the chorionic spaces and supplied the ovum with blood.

THE ORIGIN OF CANCER.

Hr. Leopold then said that convinced that nothing but the examination of perfectly fresh tissue would throw light on the origin of cancer, he had had a microscope constructed that projected into a warm chamber in which a temperature of 37° C. could be constantly kept up. By the use of this he had been able to distinguish certain glass-clear vacuole-like structures in the cells, and that these "girdled" themselves. What significance the discovery would have regarding the genesis of carcinoma could not at present be determined.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, D c. 11th, 1896.

ERYTHROMELALGIA.

HERR WEISS showed a young woman, æt. 20, at the Gesellschaft suffering from a troublesome form of erythromelalgia. In appearance she was strong, well-built, and healthy-looking; but at intervals of three weeks she suffered from severe attacks of hyperidrosis plantarum pedum accompanied by intense redness, swelling, and painful to the touch. It was frequently so severe that she was unable to dress herself, and was confined to bed. Weiss here quoted from Kaposi, who had given his opinion that a genuine case of erythromelalgia, the pathology of which he considered was a transitory reduction in the innervation of the vascular system of the periphery which was usually associated with anæmia. This low state of the blood was present in this case at the beginning of the disease when nothing abnormal in the nerve system was observed. The treatment applied was Chapman's tubes to the loins, with liberal diet.

CREMATION.

Karl von Eugerth, as a visitor, treated the Gesellschaft to a long lecture on the benefits and technicalities of cremation. The oft-repeated arguments of hygiene and national economy were advanced in favour of cremation, while the forensic, religious, and danger to health aspects were raised against it. When the incinerating process was complete nothing remained but a pale white dust free of all smell and gas. To prevent admixture the "regenerative oven" has been adopted, where the temperature is raised to 1,000° Centigrade and the walls brought to a white heat which sets the coffin on fire and consumes the whole organic matter. This principle of cremation is not always met with in Italy, although the oven does not cost more than 6,000 or 7,000 marks. A single cremation will not cost more than 8 or 10 marks, but where a number are performed the cost should not be more than 2 or 3 marks The Juriste' objection to cremation was met by Kratter's argument in preserving the body long enough and making the necessary examination before cremation. He was in favour of introducing this mode of disposing of the dead into Austria. There are now 110 societies with 37,000 members scattered over the world in favour of this mode of disposal of the dead. There are now 53 crematoria conducted by

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private companies, 23 of which are in Italy alone, and in America, and the rest in Germany, France, England, Sweden, Denmark, and Switzerland.

Poliomyelitis or Hysteria.

At the Medical Club, Carl Berdach showed a boy, æt. 15, who had been admitted into hospital thirty hours after a fall from a ladder, with his right arm apparently dislocated at the shoulder. The limb was easily moved passively, and there was flattening at the shoulder-joint, which was against the idea of luxation, while no fracture at the neck of the humerus was present. The next idea was paralysis, but its sudden appearance with such amount of muscular atrophy immediately after the accident was incompatible with the facts. The atrophy had affected the skeletal parts with decided paralysis of the serratus. The problem to solve was the origin of this change. Had he been affected before the fall and had the changes only been recognised after the accident?

From the history of the boy we learn that he had had scarlet fever and diphtheria. Paralysis occurring in the latter is usually bilateral and apt to recur, which lends weight to the suspicion that the right arm had been affected before the fall. He now admits that the right arm was always weaker than the left. We are, therefore, forced to the conclusion that the case was originally one of poliomyelitis acuta anterior. and had passed on to the accident unrecognised, when complete paralysis was induced.

The latter change is an interesting one in the history of these cases, as we must suppose a traumatic neurosis to complete the analysis. Electric stimuli is now being applied to restore the loss of function caused by the traumatic lesion.

Frenkl Hochwart, in the discussion that followed, thought the case was one of traumatic hysteria in one who formerly suffered from peripheral paralysis. He related two cases of this nature that had come under his notice. The first was a gasworker, and heavy drinker, who had fallen from a ladder and produced total paralysis of the right arm with hemi-anæsthesia which enfeebled the patient's mind and weakened his lower extremity. The electric diagnosis of the arm gave the muscular degeneration reaction in the muscles supplied by the median nerve. After the electric treatment had been continued for some time the nerve recovered, but the hysteria still lingered, though finally disappearing. The second case was a young girl who had a splinter of glass driven into the hollow of her hand, and gave great pain in the cicatrix. Excision was ineffectual, and resection in the metacarpus of the thumb was undertaken and a part of the nerve removed. The arm became perfectly paralysed, for which no other cause but hysteria could be attributed, as many other symptoms of this were present.

The Operating Theatres.

GUY'S HOSPITAL.

Resection of a Portion of a Rib for Empyæma in a Young Child—New Apparatus for Drainage.—Mr. Arbuthnot Lane performed this operation on a boy, æt. 6, or an empyæma involving the greater part of the pleural cavity; he made use, for the first time, of an apparatus he had devised for establishing perfect drainage and which could be introduced and fitted instantaneously. The steps of the operation were the ordinary ones, and the condition found was a cavity involving half the pleural sac and containing a good deal of caseating lymph. The instrument he employed for drainage, which consists of an arrangement of metal plates and flanges, when closed forms a structure readily introduced into the aperture made in the thorax, and when it is opened out it is perfectly self-retaining; it does not project into the pleural cavity, and it forms a complete channel through which the contents of the empyæma can readily escape. The object of the instrument, Mr. Lane said, was to obviate the considerable loss of time which is taken up in sewing a rubber-tube in the orifice in the chest in such a manner that its internal orifice is flush with the chest wall, also so that it does not project into and the pleural cavity and so delay the approximation of the pleural surfaces. In the case in point the great saving of time effected by the use of the apparatus shortened very materially indeed the length of the period during which the feeble patient was under an anæsthetic, and consequently diminished the shock sustained by the boy. It was obvious, Mr. Lane pointed out, that in the face of the various conditions of such children anything that served to reduce the length of the operation was of incalculable benefit to the patient. He also mentioned a paper published by him in the "Guy's Hospital Reports" for the year 1882, on the treatment of empyæma in children by the removal of a portion of a rib, which was of interest as being the first time that any account of the operation was described, as far as he was aware. In it he said that, finding that the results of intercostal incision and drainage by a long rubber tube were unsatisfactory and tedious, these being the only means by which this condition was treated at the time, he practised excision of a portion of the length of a rib with the object of:—1. Establishing perfect drainage. 2. Ensuring the removal of the more or less solid caseating lymph which exists not uncommonly in empyæma in young life. 3. Enabling the surgeon to secure a large tube in such a position in the chest wall that the inner aperture of the tube shall not project into the pleural cavity, but will be flush with the parietal pleura. 4. Breaking down any adhesions, and giving the surgeon an opportunity of examining the condition of the pericardium, which, if distended with pus, could be drained into the cavity of the empyæma through an incision in the pericardium. The rule he adopted was to remove a portion of the rib above the lowest interspace in which pus was obtained with the needle. During the last fourteen years, though he had performed this operation on a great many occasions, nothing has arisen to make it advisable to alter in the least the method then adopted. He also pointed out that the advantages gained by removing a portion of a rib for the more effectual drainage of the pleural cavity in infancy was evidenced by the great popularity of the operation at the present time.

WESTMINSTER HOSPITAL.

Aural Polypus.—Mr. de Santi operated on a girl, æt. 21, who had been sent up to him by Dr. Charsley, of Slough, suffering from aural polypus and old-standing perforative otorrhœa. The patient had had a discharge more or less continuously for three years, and ordinary treatment had failed to improve her ear mischief. Of late she had been suffering from giddiness and headache, as the discharge had diminished, but had become very fœtid. She had no redness or œdema over the mastoid, but pain on deep pressure. The head having been carefully rendered aseptic and the external auditory meatus cleansed and packed with iodoform wool, a curved incision extending down to the bone, was made immediately behind the

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left auricle. The periosteum was then raised on either side, and the mastoid process laid bare. A small aseptic conical trephine was next applied to the mastoid at a point corresponding to the intersection of two lines, one drawn horizontally along the upper margin of the meatus, the other vertically, a quarter of an inch behind the centre of the meatus. A small piece of bone having been removed, the rest of the bone was attacked with gouge and mallet. The mastoid antrum was cautiously opened, and some foul-smelling polypoidal granulations carefully removed with a curette. The mastoid cells were also explored; there was some smart bleeding, a not unusual occurrence. The posterior and upper part of the bony wall of the external auditory meatus were then chiselled away, and the middle ear thoroughly opened up. The wool having been removed from the external auditory meatus, the polypus was carefully removed, under a good light, with a small curette, and the wound syringed through from behind into the middle ear and out of the external auditory meatus. The wound was swabbed out with one in ten carbolic lotion, the skin incisions closed with horse-hair sutures, and a pewter drainage tube inserted from behind into the middle ear; some Sanitas and boracic lotion was then syringed through the tube, and dressings applied. Mr. de Santi, in his remarks, stated that in these old cases of otorrhœa which had resisted careful treatment by the ordinary methods, and which were complicated by polypi and pain and tenderness over the mastoid process, an operation should not be delayed. A polypus such as was present in the case under observation caused retention of purulent matter, and often led to the gravest consequences. In performing the operation, it was, he said, a common occurrence to find the mastoid bone very hard and sclerosed. The dangers of the operation, he pointed out, were opening the lateral sinus, wounding the facial nerve, or the labyrinth, and wounding the dura and brain in the temporal fossa. These dangers are to be avoided by working the gouge or other instrument downwards and forwards parallel with the course of the external auditory canal, and by having a good light and using a curette with great care and caution. Careful after-treatment is necessary, syringing with a solution of peroxide of hydrogen, or equal quantities of Sanitas lotion and boracic lotion, being done three times a day through the tube left in. Later, the tube should be shortened, and eventually left out altogether. In some cases the tube should be worn for three to six months. Mr. de Santi stated he had performed this operation in several cases, and in nearly all with an excellent result. In some of his cases not only had the discharge entirely ceased, but the hearing had very markedly improved. In none of the patients did he have a bad result, and he therefore advocated the operation in cases of old-standing perforative otorrhœa when the discharge was fœtid and constant, and the patient evidently losing ground. Where these were symptoms of pus pent up there was no question of any delay; the operation of exploring the mastoid was imperative.

THE raw material of "ichthyol," heretofore found only in the Tyrol, has recently been discovered on the Adriatic coast, and the yield of the material is said to be extremely rich.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 16, 1896.

MEDICO-PEDAGOGIC TREATMENT OF THE IDIOT.

A RECENT number of *Le Progrès Medical*, under "Questions of the Day," has an interesting article on the medical pedagogic treatment of the idiot by Dr. Ch. Eloy. The term "idiot" here may be regarded in its broadest sense as including imbeciles and backward children. M. Eloy refers particularly to the work of Prof. Bourneville, who has, from time to time, published papers on this question, and has shown much enthusiasm and good work in this direction. A sketch of his work at the Hôpital Bicêtre, Paris, has been given by Dr. Comby, this work being specially devoted to the physical and intellectual education in the section for retarded children. Similar methods in the Medical Pedagogic Institute of Vitry are in vogue, and of this institution he is the founder and experienced director. The last-named institute is more modern than the Bicêtre, and has exceptional conditions of construction, of comfort and of sanitation, which in themselves are valuable adjuncts in the treatment of backward children. As M. Eloy says, it reproduces the hospitality of the Bicêtre, while at the same time improving on it and taking care not to copy its faults or inconveniences. It is regarded in France as a unique therapeutical medical establishment, and is open to all medical men

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who wish to study this particular subject. The processes of treatment have been borrowed everywhere and from all, from the most classic, scholastic methods, and from special schools; from Seguin and others, Itard, Belhomme (1824), Ferret (1831), Felix, Voison, &c. The psychologist, physiologist and clinician, the wise therapeutist will here try to find out "what is — what subsists in these children." He will make use of these resources, even the most trifling, for the development of what is in a latent state, so as to gain the most possible. That is, in fact, the fundamental principle of the medico-pedagogic treatment which is to occupy the patients in some way every moment from morning to night, and to vary the physical, hygienic and intellectual exercises, and while curing laziness, remembering also to avoid fatigue. The question may be asked, at what age does treatment begin? The answer is as early as the first signs of idiocy make themselves apparent. That is easily understood, and Itard and Voison fully recognise this guiding principle, the latter especially. The young idiot is found at an early stage to be deficient in the excitability of his sense organs, in his musculature, his powers of accommodation, speech, &c. It is natural that the initial and primary indication should be to attend to the education of the senses. This is, so to speak, the medical part of the treatment. Then at the same time, or more likely, later, the education of the intellectual faculties proper and direct becomes a part of the system. This is the pedagogic part of the treatment from which arises the term "medico-pedagogic." To quote Dr. Eloy, "the processes in use are now so varied that one begins to find a difficulty in the choice of them. Many must escape description, and space would not permit of their full enumeration, To begin with, the education of sight and smell; this task is relatively easier when large gardens are at our disposal, these being filled with flowers of all colours and odours as at the Hospital Bicêtre and specially at the Medical Institute of Vitry where the idiot learns to see, smell, touch, and even name the plants along many paths under the guidance of an attendant or master." At the same time progress is being made in walking, in the exercises of the muscular sense, in special movements such as flexion, extension, the springing board, by massage treatment, and so on down to the finer movements of sewing, tying, the use of the awl, of needles, and so forth. It is regarded, and very properly so, that two faculties in particular constitute essential clinical features of many cases of idiocy, namely, the absence or deficiency of the faculty of attention and absence or feebleness of the instinct of preservation; and all is done that can be done to engage the attention and develop the instinct of preservation. Much more might be said of the efforts which have been, and are being, made at these institutions, but enough has been shown to indicate the splendid work achieved by M. Bourneville and his assistants, and we have every confidence that as a result of this enlightened and humane policy the greater proportion of these idiots and backward children will have their intelligence increased and their capacities enlarged to a degree sufficient to enable them to live in society, provided, however, that they are treated early. There is certainly every reason for encouragement and satisfaction, and the general medical practitioner, who reflects on the results now achieved, should be stimulated to make special efforts to have backward children properly treated by such methods as have been described.

QUALIFYING EXAMINATIONS IN DENTISTRY.

The General Medical Council has just issued the report of the Dental Education and Examination Committee. This report is based upon the information supplied by Mr. Charles S. Tomes, the Inspector appointed by the Council to visit the dental licensing bodies. In each case, together with his report, are published the remarks of the body inspected, so that the whole forms a tolerably large amount of material. Most of it will be read with advantage by those closely associated with the dental branch of the profession, and some topics are likely to interest the general medical reader. One most important thing comes clearly out from the evidence contained in these reports, and this is that the education for the licence in dentistry is admirably adapted to produce thoroughly competen practical dentists; and that the qualifying examination of all the licensing bodies is of such a character and is conducted with such care as to ensure a high standard of efficiency in successful candidates. Compared with practitioners in any other department the dental surgeon needs relatively a small amount of general medical science, the diagnosis of the conditions with which he has to deal being very simple, and these conditions being pathologically confined almost solely to the phases of simple local inflammation. The dentist needs above all things to be a skilled handicraftsman, but working as he does on living tissues he cannot properly practice his profession without such knowledge of physiological and medical principles as raises him far above the level of a mere mechanic. This is what the qualifying examinations in dentistry ensure. The Dental Committee of the General Medical Council points out that, while there is but one licensing body in England and Ireland, there are two in Scotland, viz, Edinburgh and Glasgow. The Committee recommends that the two Scotch dental boards should unite and form a conjoint board, so that there would be but one dental licensing body in each division of the United Kingdom. The Committee expresses regret that the College of Surgeons of Ireland has not yet fallen into line with the three other dental licensing bodies by giving up as they have done examination of *sine curriculo* candidates. It appears that since the passing of the Dentists' Act, 1878, only 14 candidates have passed *cum curriculo*, whilst 490 have passed *sine curriculo*. The Committee considers that so long as such candidates are admitted to examination and can obtain a licence upon easier terms, so long *cum curriculo* candidates will not apply for the same qualification; and, as a consequence, the good which might have been expected from the

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'Dentists' Act in raising the standard of the Dentists' Diploma will hardly be attained; and the Committee strongly urge, upon the General Medical Council to so influence the Irish College as to induce them to give up the *sine curriculo* examination. In their reply to the passage in Mr. Tomes' report upon which this recommendation of the committee is founded, the Board of Examiners of the College point out that they exact a pledge of professional conduct from all candidates, and they express their belief that the policy of the Irish College by which it has gained a control over above a tenth part of the legitimate dentists of the United Kingdom has done a great deal to advance dentistry as a profession, and they consider the arguments in favour of continuing this policy far outweigh those for abandoning it.

FOOTBALL AND ITS FATALITIES.

THE game of football, after centuries of evolution, has taken a foremost place among the athletic pastimes of the youth of Great Britain. Within comparatively recent years, it has attained a popularity that has been simply phenomenal in its rapidity of growth. Like cricket, it is now followed up keenly in well-nigh every village throughout the length and breadth of the Kingdom, and in the centres of population is productive of much "gate money," garnered from all classes of the community. Its doings are chronicled in the sporting pages of the leading daily newspapers, and its players are divided more or less sharply into two opposing camps of amateurs and professionals. Latterly, indeed, it has even been taken up by womankind, but, so far, public matches between "lady footballers" have not been attended with very brilliant success. Possibly the national mind has not yet been sufficiently educated in these matters, although the progress from tennis, cycling, golf, and rounders to the rough and tumble of football is not after all an altogether abrupt transition. But while the inborn roughness of the game makes it unsuitable for most women, it is pre-eminently fitted by that essential fact, on the other hand, as an outlet for the muscular energies of our young men. As everyone knows, football is played in two main fashions, namely, Association and Rugby. Of these two games, the latter is far the more dangerous, but both are answerable every year for a long list of casualties of various kinds, with here and there a death. A fortnight ago one of the finest players in England died shortly after an accident in the football field. The unfortunate man came into violent collision with another player and broke his arm, an injury which proved fatal a few days later owing to a surgical complication. He had met with a similar fracture once before, and in the sporting columns of a contemporary we read the significant remark: "Perhaps the number of accidents which attended him was the result of the wonderful dash and pluck which were brought to bear upon his play." From this passage it may be inferred that the deceased was one of those players who are a constant source of danger both to themselves and others. In other words, their spirit and dash, call it if you will, their courageous and devoted bravery, are qualities untempered by ordinary common-sense judgment. Every old football player must recall scores of men of this class, who rarely play without inflicting some uncalled-for damage upon the bodies either of themselves or of their opponents. These hotheaded individuals bring upon the game the reproach of brutality under which it labours before many a parental tribunal. Judging from the signs of the times, the number of such misguided players, who confuse mere muscular brutality with skill, is not decreasing as the seasons go by with their slowly accumulating death roll. We do not hesitate to assert that if football is to maintain its popularity in this country the preventible dangers of the game must be diminished. Upon the face of it there is no particular reason why this pastime should be more dangerous than cricket. But the unpleasant fact remains that one can never be tolerably sure at a football match he will not see one of the players carried off the field like a gladiator from an ancient arena, seriously or mortally injured. The remedy for this undesirable state of affairs appears to be very much in the hands of the clubs themselves. Nothing would be easier than to exclude men who habitually resort to an unnecessary amount of violence in their play. A healthy determination, moreover, on the part of the public attending matches would soon put an end to the feats of gratuitous brutality that are now common in some parts of the country. Of course, accidents must occur at football just as they happen at cricket or any other game, but there is all the difference in the world between a manufactured and an unavoidable average. For many reasons, it would be a bad day for this country if football were abolished. It is a valuable means for developing endurance, strength, pluck, energy, and good temper, qualities which we are proud to think are ingrained in our national character. For all that, it is well to raise a note of warning betimes lest a wholesome sport degenerate into a deadly encounter. The whole question is worthy of the serious attention of the powerful associations that have been organised with a view to the central control of this most characteristic and, be it confessed, most attractive of athletic exercises.

Notes on Current Topics.

The Apothecaries' Hall of Ireland.

THE majority of the General Medical Council has, in its communication to the Privy Council, narrowed down its objections to the claims of the "Hall" for additional examiners, to the irreducible minimum which may be regarded as the kernel of their side of the controversy. They submit for the consideration of the Privy Council the questions:—

1. Whether it would be for the public interest that the Council would . . . . confer on (the Hall) the powers of an independent qualifying body?
2. Whether the Council would be able to preserve an

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efficient control over the standard of education and examination . . . ?

3. Whether the constitution and powers of the Governing Body of the Hall are such as to enable it to exercise proper supervision?

4. Whether . . . experience . . . has been such as to afford reasonable hope that its qualifying examinations would be efficiently conducted . . . ?

The answers to these questions are simple. The General Medical Council is not called upon to "confer upon (the 'Hall') the powers of an independent qualifying body," because, in fact, the authority of the Medical Act of 1858, interpreted by the General Medical Council in 1859, granted such powers, which have never been withdrawn. As to the power of the Council to "preserve an effective control" over the examinations of the "Hall" with which the other three questions are conversant, it is plain that the Council, by expressing doubts as to its own capacity to control the examinations of any body, still less to control the additional examiners appointed by itself, "gives itself away" completely. The dispute is, at length, after years of wrangling, in a nut-shell. The Dublin College of Physicians wishes to extinguish the Apothecaries' Hall, and is backed by a majority of licensing bodies, whose representatives repent themselves because the "Hall" was ever granted the status of a qualifying body, and think that the opportunity now offers to repair, even after the lapse of nearly forty years, what they consider to have been an error. It appears to us that the question of the status of the "Hall" as a medical qualifying body does not now arise at all. The Medical Act conferred upon it *a* status, and the General Medical Council itself interpreted the Act as establishing the "Hall" in the position of a medical licensing body, and now, again, in its letter to the Privy Council, it recognises the right of the "Hall" to continue, *ad infinitum*, the issue of registrable licenses. The only question, therefore, seems to be whether the "Hall" is able and willing to test efficiently the attainments of candidates supposing it should be granted the additional examiners which it asks, and we find it difficult to understand how the Privy Council can entertain any hesitation on this subject. In fact, the guarantee that the "Hall" examinations of the future shall be properly conducted and shall be up to standard, rests not with the "Hall" but with the General Medical Council, and, judging by the attitude of the majority of that body towards the institution, we are very safe in assuming that the supervision of the examinations, if held, will not err on the side of laxity or leniency.

The Rivalry of Charities.

A somewhat curious condition of affairs has just occurred in the town of Southport. Within the past few weeks a new charity has come into existence there in the form of a special hospital for the treatment of diseases of the eye, ear, and throat, for which, of course, appeals for support have been freely disseminated. It so happens, however, that for many years Southport has supported a local infirmary, and it is now claimed that the establishment of a new charity will have the effect of diverting many of the subscriptions from the older institution. So much, then, have the Infirmary Committee taken alarm at this prospect that they have even gone the length of issuing a manifesto on the subject, plainly asking that none of the old subscribers shall allow themselves to be induced into contributing to the new institution to the detriment of the old. But without knowing the full facts of the case we cannot be certain that the promoters of the new institution have not acted rightly in the course which they have taken. There seems to be some cause for believing that the Infirmary Committee have been lax in providing special departments at the institution which they control, and if the want of such departments is one which has been felt in Southport, we cannot see that the Committee have any grounds of complaint by reason of the fact that the deficiency has been supplied by others. It goes without saying that the management of charities, for example hospitals, must be up to-date, otherwise competition in some form or another is bound to arise by which the institutions will suffer. The treatment of special diseases, in the present day, has become so specialised that it would be an expedient plan for all local infirmaries and hospitals, where the size of the locality seemed to demand it, to inaugurate special departments in connection with the institutions. Doubtless had the Infirmary Committee of Southport carried out this policy they would not be lamenting the difficulty in which they now find themselves.

The Curiosities of Aphasia.

The vagaries of cerebral lesions involving more or less pronounced loss of the power of speech are well-known even to the writers of cheap novels, but the explanation of the curious dissociation of the speaking and writing faculties still continues to puzzle those whose work lies in this direction. In the discussion on an interesting case of Dr. Bastian's which was brought before the last meeting of the Royal Medical and Chirurgical Society, Dr. Dickinson mentioned the case of a man who had lost the power of articulate speech but retained the power of writing, of which he availed himself to give full details of his desires and sensations. The interesting feature in this case was the fact of the patient being left-handed so that although he had complete right hemiplegia he still retained the ability to write. It may be reasonably supposed, moreover, that the corresponding centre in a left-handed man is situated in a different part of the brain from that of the normal dexterous individual so that it escaped injury in presence of a lesion of the left hemisphere. Another curious fact which, though often recorded is still of the nature of a mystery, is that many aphasic patients retain the ability to count and to write figures from dictation when they are totally unable to express thoughts in words or to write words from dictation. It has been suggested that number symbols are registered in a part of the brain which is distinct from the ordinary word centre. In support of this view it is urged that figures are learned in a different way from letters and that their number is

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smaller than the number of letters forming the alphabet, the process of remembrance being consequently less complex than with words, each of which involves a conception. It is true that numerals are committed to memory by rote *i.e.*, parrot-wise, but so are the letters of the alphabet. More to the point is the argument that figures are registered only in the visual centre and are largely acquired by the aid of the tactile centre, wherever that may be, for its whereabouts is still unknown. It must be borne in mind that the visual and the auditory centres do not necessarily comprise the auditory and visual word-centres respectively, and Dr. Bastian suggests that the latter are probably areas less highly specialised in function. Sir William Broadbent, on the other hand, holds that there is a special centre for idealisation, as well as one which he calls the word centre. He believes that a particular auditory or visual impression calls up associated impressions from all the sensory centres, and that these, by the aid of the centre for idealisation, are welded into a homogeneous whole. According to this observer, therefore, the conception of a word is a blend of all these associated impressions, and it is by a further association of these conceptions that ideas are formed. It is easy enough to postulate centres in the brain in response to a psychological need, but until anatomy or pathology enables us to localise the exact spot their very existence must remain a matter of doubt. The difficulties in the way of localising such a centre as that for idealisation, must of their nature be quasi-insuperable, and we have to choose between a working hypothesis which may lead us astray, or a confession of ignorance which becomes more painful the more frequently it has to be reiterated.

The Risks of Cerebral Surgery.

IN view of the striking advances that have been effected in the *technique* of brain surgery within the last decade one is sometimes tempted to believe that this organ can be even extensively injured (in a surgical sense) without any great measure of risk, and it is well to be reminded from time to time that such is not the case even when the operations are done by surgeons who represent the acme of skill in this direction. These considerations are suggested by the notes of a case under the care of Dr. Guthrie. His patient was afflicted by violent spasmodic movements of the arm altogether beyond his control, which rendered him a dangerous person to approach within striking distance. In similar cases, for several such are on record, the surgeon has attempted to moderate the disordered movements by repeated and extensive tenotomies and neurotomies, but, as it would seem, with signal want of success. Dr. Guthrie, therefore, determined to try more drastic measures, and he persuaded a surgeon to trephine the skull and remove the arm-centre after this had been carefully localised by the aid of the electrode. The immediate results were most alarming, for symptoms of bulbar mischief supervened, and for a time the patient's life was in the greatest jeopardy. He, however recovered, and at first the movements remained in abeyance, but they subsequently returned, and he left the hospital after three months' treatment in much the same condition as when he entered the institution. A strikingly similar case in all respects was mentioned by one of the speakers, and in this case also the patient rallied from her perilous plight only to find that her last state was worse than the first. The results of surgical treatment in this curious class of cases are, therefore, far from reassuring, and it is doubtful whether any means are as yet available for dealing with them.

Guardians' Treatment of their Medical Officers.

WE should, no doubt, be very sanguine were we to hope that the time will ever arrive when a Board of Guardians will prefer the good of the poor to that of their own friends, but we hope that it is not too much to look forward to some period when the Local Government Board, which is supposed to supervise the acts of guardians, will intervene to prevent the perpetration of "jobs." We observe by the *Cambridgeshire Times* that the North Witchford Guardians have been at work upon a little personal arrangement in connection with the succession to the position of Medical Officer to one of the districts. The Medical Officer, whose term of office had expired, lived and practised for years past nine miles away from the district, and the treatment of the sick poor therein was confided mostly to an unqualified assistant. In anticipation of his reappointment to the charge of the district, a friendly guardian had tabled a motion for an increase of salary, but the people resident therein strongly objected to be remitted to the custody of the unqualified assistant for another period, and got up an agitation which led to the appointment of a practitioner resident on the spot. The friends of the displaced doctor retaliated by moving a reduction of the salary which they had previously moved to increase, and the motion was carried. It is to be expected and hoped that the Local Government Board will not sanction the reduction until convincing reasons for it are shown. It is clearly to the advantage of the sick poor that their Medical Officer shall be living among them, and not, as heretofore, nine miles away, and it is to be assumed that the Local Government Board will prefer their interests to those of a minority of the guardians.

Mercer's Hospital, Dublin.

WE hear that a conference between the medical staff of the hospital, who have been called on to resign, and the Board of Governors, who have called on them, has been arranged for the middle of January, and that pending that conference no move is likely to be made on either side. We have also reason to believe that whatever intentions as to resignation may have been verbally expressed by any members of the staff no formal resignation has yet been handed in. If it be true that the Governors assert their right to dismiss any or every officer of the hospital without showing sufficient or any cause it is scarcely possible that the existing disputes can be amicably adjusted. If the

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Governors of Mercer's have that power we can only say that we know of no other public conclave which has. The Queen may gazette an officer out of the Army on the plea that she no longer requires his services, but the authority of even the Lord Lieutenant of Ireland to do the same has been recently questioned, and we know that no such power resides in the heads of any public department. We should be surprised to hear that it rests in a hospital board, and without for a moment prejudging the case of Mercer's Hospital we hope that it will never be established that a Medical Officer can be got rid of without formal accusation and proof.

Journalistic Competition.

Last week we printed a letter from "A Disgusted Member of the British Medical Association" regarding the transmission by the Editor of the *British Medical Journal* to the *Times* and other daily papers of a paragraph relating to the health of Dr. Jameson four days before the date of publication of his journal. Moreover, when the journal for the week did appear no such paragraph was to be found. The following explanation is given in the *British Medical Journal* of the current week :—

"By inadvertence during the making-up of the pages of the *British Medical Journal* last week, a paragraph relating to the health of Dr. Jameson, which was prepared for publication, and was issued as an advanced slip to some of the daily papers, was omitted from the pages."

The Editor of our contemporary does not, however, inform us what was the sense of sending "as an advanced slip" a bulletin which was supposed to be the latest intelligence so many days before they even went to press! Considering that the information was entirely discounted at the date of issue, and of no value, the *employé* responsible for the "making-up" should surely be rather praised than, by insinuation, blamed for this "inadvertence."

The Royal Society.

It is currently reported that discord has invaded the Royal Society, and that the invasion has led to the resignation of the Secretaryship by Lord Rayleigh. It appears that the younger and more revolutionary members have got the upper hand, and have given away the honours of the Society to men of their own class to the exclusion of older men whose lives have been devoted to the Society and to science. This estrangement is greatly to be regretted, but it is usual. Old men may be fogeys, but, none the less, young men are bumptious, and, if a selection must be made between the senility of the seniors and the self-confident flippancy of the juniors, one is disposed to side with those who have more experience, a calmer temperament, and greater time-earned wisdom. It is fervently to be hoped that these jealousies will not be pushed to extremes in the Royal Society, for we know that time-honoured institutions have, ere this, been broken up by similar dissensions. It is quite probable that the party in possession of the Society has given away its honours to its own friends. Such parties always do. But no doubt a *modus vivendi* will be arrived at, which, for the advancement of science, is to be hoped for.

Another Homicide by Quack Medicine.

A fortnight since we recorded the homicide of a clergyman, in Dublin, by a dose of "Wallace's Specific" a nostrum which, it appears, is sold by an old man and his wife who reside in London, and are totally unqualified for either the prescribing or the sale of medicine. A second case of homicide by the same process was brought to light last week by an inquest held at High Wycombe, at which the evidence proved that this nostrum, which contains a large proportion of aconite, was given, on the advice of an "evangelist" to a young man who suffered from a strangulated hernia. Neither the "evangelist" nor Wallace the quack diagnosed the hernia, although the latter went through the farce of examining the discharges by the microscope. But the "evangelist" prescribed also some lemon juice for the purpose, as he said, of "cleansing the patient's abdomen." It is, we suggest, a scandalous state of the law which enables traders on the credulity of the public to make money by this form of swindle, when they ought, each one of them, to be engaged in the picking of oakum in jail.

Southend and Oyster Sauce.

Southend comes badly enough out of the recent report on oysters in relation to disease issued by the Local Government Board. It has on the foreshore two "layings" for oysters in a position which their owner admits is, "perhaps, more exposed to sewage than any other in England." But the wily merchant salves his conscience with the theory that deep-sea oysters can be laid down in those unsavoury quarters because they are mainly used for oyster-sauce. That imagining, however, is vain and will not bear examination. First, it has to be proved by something more than mere assertion, that many of the Southend oysters are not eaten raw. Secondly, as every cook knows, if oyster-sauce be properly made it should not be boiled, and we know that nothing short of more or less prolonged boiling can be trusted to destroy disease-producing bacteria. Moreover, the liquor is added to the sauce in an unboiled condition. So that the unspeakable abominations of the Southend "layings" survive, whatever the destination of the oysters. Matters can hardly be allowed to remain in this dangerous state either at Southend or anywhere else.

The American Medical Licensing System.

A correspondent has called attention to our observations of last week under the head of "Quot homines—Tot sententiæ" which he thinks may be interpreted to the disadvantage of reputable American States and practitioners. Complaining of the great multplicity of medical laws and medical authorities in America, we said that "if a quack is threatened with punishment in one State, he has only to move over the border and practise in the next State, a few miles off, with perfect

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impunity." As a matter of fact no practitioner can enter into practice in any State until he shall have passed the State examination of that State, no matter what his qualifications may be. If the examination of the State to which he moves is an honest one, as many of them are, no quack or incapable person can make a lodgment in that State; but there are unfortunately other States in which the examination is undependable in all respects, and to those States our observations apply.

The Election of Direct Representatives.

ON another page will be found the complete polling list in connection with the election of Direct Representatives to the General Medical Council. With Drs. Rentoul and Glover, and Mr. George Brown as the successful candidates, it may be said that the present is the first occasion upon which practitioners in *bona fide* general practice have secured all the seats of the Direct Representatives for England. It will be, therefore, with some interest that the profession will watch the policy pursued by the new members of the General Medical Council for the next five years. We congratulate them upon the honourable position to which they have attained, but probably it is scarcely needful to point out that a conscientious adherence to the pledges which have formed their electoral platform, will demand from them no small sacrifice of trouble.

A Proposed New Medical School in the Provinces.

A MEDICAL correspondent wrote recently to the *Nottingham Daily Guardian* suggesting that a medical school thould be founded in Nottingham, in connection with the local hospital. It is evident from this that the writer can have but little knowledge of the prospects of present-day medical schools. The experience of latter years has shown that these prospects are far from being bright. If inquiry were made, for example, among the teachers in the medical schools of the metropolis, the information forthcoming would probably surprise most persons as to the enormous expenses and meagreness of the profits associated with the management of these undertakings. The conclusion, then, is unavoidable, that the best days of medical schools have long since passed; even teaching does not "pay" save indirectly by the *clientèle* which it fosters among the students, and thus hospital appointments and the responsibilities and work which they entail are yearly becoming less helpful in the manufacture of consultants.

Memorial to the late Surgeon Parke.

THE memorial statue to Surgeon-Major Thomas Heazle Parke projected by the profession in Ireland and by his friends has been placed upon its pedestal at the south side of Leinster Lawn, Dublin, in a position worthy of his name. Dr. Parke, who came of a respected family in the North of Ireland, acquired undying honour by his heroic conduct as surgeon to Stanley's expedition in Africa for which, amongst many other honours, he received the Fellowship (Hon. Caus.) of the Irish College of Surgeons. The pedestal is decorated with a bas relief in metal showing Dr Parke dresing the wound of a comrade in the field. Arrangements are being made, we believe, for the unveiling of the statue at a public ceremonial in a few weeks.

PERSONAL.

DR. W. R. GOWERS has been elected an honorary member of the Société Psychiatrique Néerlandaise.

PROFESSOR STADFELDT, the well-known obstetrician of the University of Copenhagen, died on the 12th instant, aged 66.

PROFESSOR BERNHARD FRAENKEL, Director of the Rhino-Laryngological Clinique at the Berlin University, recently reached his seventieth birthday.

PROFESSOR KOCH, while at the Cape, looking for the bacillus of rinderpest, is to be asked to make inquiries into the properties of the virus of the tsetse fly.

THE French "Lister," Dr. Declat, has just died. He was the originator of the antiseptic treatment by carbolic acid in France, and the author of many works on antisepticism.

SURGEON-MAJOR-GENERAL W. NASH, has been selected for appointment as Principal Medical Officer at Netley, vice Surgeon-Major-General C. H. Giraud, retired.

So little interest did the Scotch practitioners take in the recent election of direct representatives on the General Medical Council, that only 50 per cent. troubled to record their votes.

THE quacks had rather a bad time of it last week. Two were committed for trial, one without bail, and the other with heavy securities; while a third only escaped sentence on technical grounds.

MR. LAWSON TAIT seconded Lord Rosebery at the great Edinburgh meeting, in the proposal to erect a memorial to their illustrious literary townsman, the late Robert Louis Stevenson.

SIR JOSEPH LISTER and Professor Michael Foster have been elected honorary members of the Asiatic Society of Bengal, in place of the late Professor Huxley and M. Pasteur.

DR. HUGHLINGS JACKSON is to be honoured by the Neurological Society founding a Lectureship to be called after his name, Dr. Jackson having been one of the founders and the first President of the Society.

DR. FUSSELL, the energetic Health Officer for East Sussex, died on Sunday last. He will be remembered by many in connection with the annual meeting of the British Medical Association held at Brighton four years' since.

CANADA hast just lost one of its most distinguished citizens in Dr. Darby Bergin, the Surgeon-General of Canada. He was born in Toronto in 1826, and from the age of 19½, when he received his degree of M.D. from the

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McGill University, he led a most active life, as a medical practitioner, soldier, politician, and physician. At the time of his death he was the Member of Parliament for Cornwall (Ontario).

We regret to learn that Dr. Cameron, the energetic Medical Officer of Health for Leeds, has been attacked with typhoid fever. The authorities have expressed their sympathy and have shown it in a practical way by appointing a substitute until Dr. Cameron's recovery.

We congratulate Dr. Gibson, of Belfast, on the termination of the slander suit which he brought against Samuel Mercer, a Relieving Officer; the latter having agreed to pay costs and nominal damages and to publicly apologise for the said slander, for which there was no foundation.

The Earl of Derby, as President of University College, Liverpool, formally opened the new chemical laboratories in that institution on the 12th inst. Messrs. Gossage and Timms gave £7,000, and Sir John Brunner, Mrs. Muspratt, and Messrs. Lever Bros. have each promised £1,000. Liverpool will now possess laboratories almost unrivalled for completement.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

Edinburgh Royal Infirmary.—The managers of this Infirmary have been engaged for some time past in recasting the rules and regulations of the institution, and on one or two occasions have consulted the Honorary Medical and Surgical Staff with regard to some of the particulars. At one of the last meetings of the board to consider a revised proof of the rules a proviso was inserted to the effect that all appointments by the board should be at their pleasure and terminable at once, if they saw fit. Probably, this rule was not intended to apply to the honorary members of the staff, but, as drafted, could be interpreted so as to include them. The Medical and Surgical Staff lost no time in sending in a memorial to the managers, signed by almost all their members, deprecating the adoption of the rule without some qualification, and the board at its last meeting, wisely, we think, deleted it altogether. One of the proposed new rules marks an advance in the relations of the honorary staff and the managing body, to wit: the staff are to have the right annually to elect two of their number to meet with the Committee of Medical Managers whenever occasion requires. As seems to have been the case in many hospitals lately, the relations of the staff and the managing board have not run altogether smoothly, but the arrangement indicated above should do much towards permitting the staff and the managers to work in harmony.

Dr. Maloney.—Dr. Maloney has fallen on evil times in Edinburgh; the General Medical Council have taken his case up, and some extraordinary revelations about the past history of his so-called manager have been made public by one of the evening papers. The police, it appears, have found that he has been convicted of various crimes in this country and America, and approached Dr. Maloney on the subject. He disclaimed all knowledge of his manager's misdeeds, but appears to have parted company from him, while his fourth public demonstration was given up, but his air of injured innocence does not become him very well.

Respiration and Exercise.—Dr. Logan Turner, in the fifth of the present series of health lectures in Edinburgh, dealt with the subject of breathing, the why, the how, and the best way to breathe. After explaining the reasons why the intake of air was necessary, and describing the mechanism involved (laying stress on the evils of tight lacing and tight waist belts) he said that walking exercise, even if moderately brisk, was insufficient to thoroughly expand the chest and cause the greatest possible exchange of air between the lungs and the atmosphere. Bicycling was better, and if that could not be afforded, hill-climbing, such as the ascent of Arthur Seat in Edinburgh, could be recommended. Unluckily few towns can offer the same facilities for this form of exercise as Edinburgh. He further dwelt on the advantage of nose-breathing compared with respiration through the mouth. The importance of taking in as much oxygen as possible served as a basis for his peroration, and reminded us of a saying in Miss Mary Anderson's book in which she praises the salutary results which follow several deep and consecutive inspirations when a singer feels tired.

Recrudescence of Influenza in Edinburgh.—Appearances point to another recrudescence of influenza in Edinburgh this winter. Already a number of mild cases have occurred, chiefly affecting the throat, while the official returns notify five deaths from it in November.

THE RESULT OF THE POLL FOR THE DIRECT REPRESENTATIVES ON THE GENERAL MEDICAL COUNCIL.

The following is the result of the poll at the General Medical Council which was declared on the 12th instant:—

RENTOUL, ROBERT REID	...		6,646
BROWN, GEORGE	...	...	6,396
GLOVER, JAMES GREY		...	4,910
Jackson, George	...	...	4,082
Drage, Lovell	...	...	3,974
Woodcock, Samuel	..	...	3,390
Rivington, Walter	...	...	2,752
Alderson, Frederick Henry	...		1,862
Dolan, Thomas Michael	...	...	1,355
Diver, Ebenezer	...	...	143

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

SOME SURPRISES AND MISTAKES.

To the Editor of The Medical Press and Circular.

Sir,—The interesting article in your last issue by Mr. William Thomson will find an echo in the minds of most practitioners, and this kind of experience should teach us not to be unduly dogmatic in our own diagnoses and indulgent for the errors of others. Perhaps I may be permitted to give a couple of instances showing how easy it is to be misled by a fallacious "previous history." At a time when I was resident medical officer I was called upon one evening to see the servant of a local ecclesiastical dignitary. I was informed that three days previously she had fallen from the kitchen dresser, striking her back violently against the table. She was obviously very ill, being quasi-delirious, and her temperature was upwards of 104°. I and my colleagues examined her most carefully, but though she complained of an intense pain in the back where she had been struck, no bruising or other signs of injury could be detected, nor could any possible source of the fever, &c., be discovered in the thoracic or pelvic viscera. We therefore put her to bed in a surgical ward and kept her under observation. The next morning when the surgeon made his round he examined the patient, but not finding any sign of injury he grasped her wrist, in order to count the pulse. In so doing, his attention was attracted to certain pimples on the back of the hand and wrist, and promptly diagnosed small-pox, much to my confusion. Had it not been for the clear history of injury to the back, the existence of severe lumbar pain, with high fever, and nothing to account, for it would certainly have excited my suspicion, and would have led to the patient being kept under observation in a separate ward.

A somewhat similar case presented itself in private practice many years later. I was called to a gentleman,

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who was feverish (102°) and complained of severe pain at the lower part of the back, which he attributed to renal colic, having suffered from this previously. He also complained of a "cold in the head" which accounted for the lachrymose condition of his eyes and nose. I ordered warm baths and sedatives, and the next morning he was all right save for a trifling eruption on the forehead and cheeks. I gave him permission to continue his journey, but in the course of a day or two I received a very uncongenial letter reproaching me with not having diagnosed an attack of measles.

The moral, I imagine, is not to attach too much importance to patients' accounts of themselves, but to form an independent opinion based on careful general observation. It is, however, easier to give this advice than to act on it.

I am, Sir, yours, &c.,

ALFRED S. GUBB (M.D. Paris).

29 Gower Street, London.
December 11th.

THE ETHICS OF MEDICAL ADVERTISING.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to forward the subjoined advertisements, which have lately been appearing in the *Times*, *Daily Chronicle*, and other newspapers :—

COLD-CATCHING, COLD-PREVENTING, COLD-CURING. By JOHN H. CLARKE, M.D. "A book for every house."—Christian World. London; James Epps and Co. (Ltd.), 170 Piccadilly, and 48 Threadneedle Street.

THE SEQUELS OF DISEASE. Being the Lumleian Lectures delivered in the Royal College of Physicians, 1896. Together with observations on Prognosis in Disease. By SIR DYCE DUCKWORTH, M.D., LL.D., Fellow and Treasurer of the Royal College of Physicians, &c.

FOODS and DIETARIES. A Manual of Clinical Dietetics. By ROBERT W. BURNET, M.D., F.R.C.P., Physician in Ordinary to H.R.H. the Duke of York.

CONSUMPTION (the Hygienic Prevention of). By J. E. SQUIRE, M.D., D.P.H.Camb., Physician. London: Charles Griffin and Co., Ltd.

The author of the first of these works having written a book for the public naturally takes the proper and business-like course to bring it before the popular eye by newspaper advertisement. If any captious critic should find fault with him for so doing, his full vindication may be found in the example set by one of the most prominent Fellows and the Treasurer withal of the Royal College of Physicians. This gentleman has also brought out a new work, which, being a course of lectures delivered before his College, cannot, I suppose, be intended for popular reading. If it is necessary to announce in the daily press this work, which appeals to the profession alone, how much more necessary must it be to publicly and widely advertise the numerous popular medical monographs on subjects such as "Cold Catching," which come home to every member of the community; and need one wonder at the increasing number of such treatises, of which advertisements now-a-days are to be seen in the columns of most newspapers.

I am, Sir, yours, &c.,

A MEMBER OF THE COLLEGE OF PHYSICIANS.

THE ROYAL BRITISH NURSES' ASSOCIATION AND UNTRAINED ASYLUM ATTENDANTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Would you allow me through your columns to say a few words on the subject of the proposition to place untrained asylum attendants upon the Register of Trained Nurses of the Royal British Nurses' Association.

As Hon. Secretary to the Matron's Council, and from going about very much amongst nurses, I have had ample opportunity of gathering the views of the nursing profession on the subject, and all those with whom I have come in contact express great indignation at the proposed infringement of their just rights, and concerning the dangers for, and the deception of the public if this proposition were to be accepted by the Association

We should most willingly welcome asylum attendants on to our Register were they eligible to be registered under the standard of nursing education exacted from all trained nurses for such registration.

Why should not these asylum attendants qualify for registration as the present members of the Royal British Nurses' Association have done? That is to say by passing through a proper course of training in a general hospital. Then the Register would not be degraded and the public would not be misled into believing that untrained lunatic attendants were properly trained nurses.

We hope that the medical profession will support nurses at this serious crisis; and that many medical men will attend a public meeting which is to be held on January 7th, at 4 p.m., in St. Martin's Town Hall, to protest against the proposed measure.

I am, Sir, yours, &c.,

SOPHIA G. WINGFIELD, M.R.B.N.A.,
Member of the General Council,
Late Matron of the County Hospital, Ayr, N.B.,
and of the General Infirmary, Macclesfield.
6 The Orchard Ford, Bedford Park,
London, W.

BEATTY *v.* CULLINGWORTH.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It appears quite right and proper that Dr. Cullingworth's fellow practitioners should assist him in defraying the enormous expenses entailed by his successful defence of the charge brought against him, but one is tempted to ask why Dr. Cullingworth did not take the precaution of providing for these very contingencies by becoming a member of one or other of the mutual defence associations.

There is really no excuse nowadays for anyone, whatever his social and professional position, neglecting this elementary precaution and what would be considered a want of foresight in an ordinary practitioner is not less so in Dr. Cullingworth's case.

It is well for practitioners to bear in mind that in future a less ready response is to be anticipated when disease or death disables the bread winner or deprives those dependent upon him of the means of existence, seeing that the Medical Assurance Society affords a convenient means of guarding against these more or less inevitable occurrences. Still less do we expect to be called upon to assist in defraying legal expenses when there are at least two societies ready and willing to protect their members in exchange for a nominal subscription. A word to the wise!

I am, Sir, yours, &c.,

A GENERAL PRACTITIONER.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It is not necessary that I shall expend many words in answering the letter of Mr. Lawson Tait in your last issue. I will assume that the removal of the plaintiff's second ovary was good surgery, and I will also admit that Dr. Cullingworth would have been quite within his rights if he had declared, in a manner which could leave no chance of mistake, that he would decline to take the knife in his hand unless complete discretion was accorded to him to remove one, or both, or none, of the ovaries as he might think best. What I suggest is that it has not been satisfactorily proved that there was anything more than a confused and indecisive statement to that effect on Dr. Cullingworth's part, although he admits that there could be, and was, no mistake as to the express wish of the plaintiff that, if both ovaries were diseased, neither was to be removed. If such a direction were made to me by a patient and reiterated at the last moment, as Dr. Cullingworth admits that it was, I should certainly either decline to operate or would require written authority from the patient to exercise my discretion. I have touched the subject at all simply because I have an uneasy feeling that certain surgeons (not in the least referring specially to Dr. Cullingworth) are wont to regard the patient on the table as their own property and do not trouble themselves very much as to whether their operative proceedings are approved by the patient or not.

I am, Sir, yours, &c.,

AN OPERATING SURGEON.

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To the Editor of the Medical Press and Circular.

Sir,—Your correspondent "Operating Surgeon," having made the somewhat remarkable statement, and which Mr. Lawson Tait quotes in his able letter, viz., "and I, therefore, think that Dr. Cullingworth has had a very lucky escape from damages, costs, and professional opprobrium." I should like to ask "Operating Surgeon" one question, which is—"How does he account for the fact that the jury composed of gentlemen without legal or medical training, that is to say, neither doctors or lawyers, were possessed of sufficient judicial acumen to bring the trial to an abrupt termination by expressing a unanimous opinion that the action ought never to have been brought? How can he reconcile this with his insinuation, to use a homely phrase, that the defendant escaped by the skin of his teeth?"

I note also "Operating Surgeon's" attempt to draw a "parallel" between the removal of two eyes and two ovaries. May I point out that the enucleation of two diseased eyes condemning a patient to life-long blindness, to use his expression, would be an extraordinary operation, whereas the removal of two diseased ovaries would, I submit, be an ordinary operation, there is, therefore, no analogy between an extraordinary and ordinary operation, hence the "parallel" only exists in "Operating Surgeon's" imagination.

I am Sir, yours, &c.,

Clement H. Sers.

Queen's Road, Peckham,
Dec. 11th, 1896.

To the Editor of The Medical Press and Circular.

Sir,—On the strength of the well-known principle, *Audi alteram partem*, I am convinced that you will not refuse me space (although yours is a medical paper, and mine is not a medical pen) to deal with the letter of Mr. Lawson Tait on the above case which you publish this week, even if I am compelled, like him, to reassert some "arguments which are never answered, only forgotten."

I am ready to waive, with the consent of the lady concerned, the question of the breach of professional confidence involved in the publication by Mr. Tait in the columns of a medical journal, without leave obtained from the patient and not under compulsion of law, of *a portion of the facts* concerning a strictly private and professional interview between himself and Miss Beatty. I will content myself with remarking that "the only really clever thing" about his letter seems to me to be his refraining from any hint or suggestion of one or two of the most curious and interesting facts regarding that very interview; as, for instance, the fact that in it he asserted positively, on the strength of a most careful diagnosis made *before he was allowed to know who the patient was*, that she had only had one ovary removed; or, again, that he subsequently urged upon her the advisability of at once placing herself in his hands for the performance of another operation as the only means for securing to herself peace and quiet living! Apparently (I speak as one of the "lay"), it is not convenient to revive the memory of so singular an error in diagnosis, and one which might have been fraught with such serious consequences. And it would, I think, be interesting to know whether, "on maturer consideration," Mr. Lawson Tait now holds that such exploratory operation as he then proposed, following so closely upon the previous one, and subjecting the patient to "a second and increased risk," would have been a "surgical outrage," to use his own graphic expression, and *if not, why not!*

This learned and scientific friend of women is also apparently, and most naively, unaware of the strong corroboration of the plaintiff's case he is affording by assuring the public that then, even "within a few months of the operation," she asserted to him in professional confidence precisely the same facts regarding her grievance against Dr. Cullingworth as she produced four years later in open court.

To come nearer the heart of the matter—where it is a case of one person's word against another's, to the common mind of "one of the lay" it would seem that the word of a woman who could survive the ordeal of cross-examination by two successive eminent Q.C.'s (Mr. Cock and Mr. Carson), without change or self-contradiction, should be preferred to that of a man whose evidence at the first trial was upset in cross-examination upon almost every material point in the case then before the jury, and who escaped in spite of this with merely 30s. fine paid into court, only by the simple process of detailing his own version of the original grievance—namely, the operation. For instance, Dr. Cullingworth first swore at that trial that Miss Beatty had not been threatened with the lunacy stigma on that one fateful afternoon when she, with his full consent, entered his drawing room for the first and last time in her life, nor had he sent for Dr. Savage; he admitted subsequently, under cross-examination, that *his wife* had, on that occasion sent for that eminent mental expert, who, however, did not (perhaps would not) appear on the scene. But the notes of that trial are available, and he who runs may read, so that I must not trespass upon your space by going into them in detail.

All arguments as to the case drawn from the condition of things disclosed by the operation, of course, beg the question of the reliability of the defendant's word as to what he found, and could, therefore, only be subsidiary to the main issue. But that the removal of the second ovary was not surgically necessary in the sense of being imminently required for the immediate saving of life was in point of fact admitted by the defendant both in the former and in the recent trial and not denied by his expert medical witnesses, including your correspondent.

To come, therefore, at once to the crux of the whole letter from the public point of view: "We cannot," says Mr. Lawson Tait, "operate in defiance of a patient's wish Every tyro in surgery or in law knows this." So far so good, and we breathe freely. "But we can, and do," he goes on, "refuse to treat any or every patient unless implicitly trusted to do the best we can, and to the best of our knowledge." In other words—*the law compels us to make a contract, but we habitually refuse to make it except on our own terms.* [Miss Beatty herself could hardly have put it more strongly!] Now this might be satisfactory if doctors were known to be a race apart and exempt from all the temptations of ordinary mortals. But are they?

Mr. Lawson Tait himself, in this very letter, makes several mis-statements of fact in regard to the previous history of the case, and this, by the way, effectually disposes of his claim to have "examined into all the circumstances" of it.

Time was when our irresponsible pastors and masters claimed the right to torture our bodies at their discretion for the good of our and other people's souls. Now the ground is shifted, and the same right is claimed for the good of our and other people's bodies. In the one case a growing and a freer humanity has asked for the account of their stewardship, and, as a consequence, they are now no longer to that degree stewards. In the other case the like is proceeding, and the public owe more than they know to the long courage and self-denial of the woman who for four years has put aside all considerations of personal comfort and personal advance for the sake of carrying out the share laid upon her in calling some surgeons to account for their deeds.

If Mr. Lawson Tait should care to reply to my ignorant "lay" remarks he will, perhaps, be good enough to explain one point in his own views which seems somewhat obscure: namely, why he deprecates, as I believe he does, irresponsible surgical power in respect to operations on living animals, and at the same time claims it, in fact if not in law, in respect of operations on living human beings.

The question of whether to do as the patient had admittedly urged him would have been, on Dr. Cullingworth's part, "a surgical outrage" or not—this clearly depends upon the view taken of what is and what is not "detrimental to the principles of surgery." And to form an opinion on this last point is obviously the painful duty of myself and all the unfortunate "lay" public, so long as we are compelled to choose among surgeons of conflicting opinions at crises when we seem ourselves to be forced to undergo surgical treatment at the hands of one or the other. If we form it wrongly, we it iswho suffer for our mistake. If we refuse to take the trouble of forming it at all, we and they alike will sooner or later suffer for our folly. On this knowledge Miss Beatty took her stand.

So well aware of this am I that I have for long maintained that women owe a special duty towards this class

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of men in redeeming them from the vices of irresponsible power, for the reason that it is upon the weaknesses and follies of women in the past that this very irresponsible power has been in a large measure built up.

I am, Sir, yours, &c.,
AMY C. MORANT.

The Hut, Bedford Park, W., Dec. 14th.

THE ELECTION OF DIRECT REPRESENTATIVES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly insert the following in your issue for this week?

I am Sir, yours, &c.,
JAMES GREY GLOVER.

TO THE REGISTERED MEDICAL PRACTITIONERS OF ENGLAND AND WALES.

FELLOW PRACTITIONERS,—For the third time your votes have returned me as one of the Direct Representatives for England and Wales in the General Medical Council.

For this great honour accept my sincere thanks. I shall continue to do my utmost to justify your long confidence in me and to promote the honour and the usefulness of the Council.

I remain, your obedient servant,
JAMES GREY GLOVER.

25 Highbury Place, N.
Dec. 14th, 1896.

MEDICAL SOCIETY OF LONDON.

THE meeting on Monday evening last (December 14th) was devoted to the reading of, and discussion upon, a paper by Mr. Mayo Robson, of Leeds, "On Appendicitis." Mr. Robson brought forward a series of cases of appendicitis on which he had operated during the past year. The series comprised six instances of general peritonitis following on appendicitis, of which number five recovered after free lavage and drainage. Of the twenty ordinary cases of appendicitis nineteen recovered. He pointed out that removal of the appendix before suppuration, perforation, or gangrene had taken place, was practically devoid of risk, and the American plan of operating in all cases as soon as the diagnosis had been established would, he thought, result in a diminution in the percentage of fatalities. He advocated operation in all cases of catarrhal appendicitis after a second attack, because other attacks were almost certain to follow and might then assume the suppurative or perforative form. In the presence of suppuration he declared himself in favour of immediate intervention. He always looked upon a sudden onset with a rapid pulse and tenderness over the appendix, without tumour formation, as indicating the necessity for immediate operation; while a more gradual onset with a quiet pulse and the early formation of a tumour in the region of the appendix would justify delay. He pointed out that the temperature alone afforded no guidance, the pulse rate being the only trustworthy guide as to the necessity for surgical measures. He warned his listeners that opium had such an effect on the pulse rate as often to lead to fatal delay, it was therefore to be avoided if possible. Relief or cessation of pain with a rapid pulse or a rigor should be taken to indicate the necessity for immediate operation. He preferred, whenever possible, to remove the appendix, and this was usually easy without seriously disturbing the adhesions. He urged that the patient should be afforded the chance afforded by operation even in the most serious cases, and in such cases he advocated free flushing and drainage.

Mr. Barker questioned the advantage of copious flushing of the peritoneal cavity, and opined that the routine removal of the appendix would in a certain proportion of the cases greatly add to the patients' risk. When the appendix was perforated too close to the cæcum for ligature, he pointed out that it could safely be dealt with by tying the aperture and fixing it in contact with abdominal wall.

Mr. Waterhouse referred to the "fulminating" variety of appendicitis, and generally confirmed what Mr. Barker had said with respect to flushing and the invariable removal of the appendix. His results in cases of generalised peritonitis after careful sponging of the peritoneum had been better than those in which he had flushed. He pointed out that the stream of water might infect parts of the peritoneum not previously involved and the antiseptic solutions used were far too weak for any effective action on the micro-organisms.

THE VACANCIES IN THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS, IRELAND.

WE have already announced that Mr. Kendal Franks had resigned the Vice-Presidency of the College upon his emigration to South Africa; that Mr. Swan had resigned his seat on the Council in order to seek the Vice-Presidency; and that Mr. Ormsby, of the Meath Hospital, and Dr. Cranny, of Jervis Street Hospital, are competitors for the vacant Councillorship. Since we made this announcement Mr. J. Harrison Scott, Surgeon to the Adelaide, has made known to the Fellows that he is a candidate. Dr. Scott has already served as an Examiner and a Demonstrator in the College.

It is not likely that the election will take place until after Christmas. The College Charter requires that in the case of a bye election, such as this, six Fellows shall present a requisition to two other Fellows (usually the President and Vice-President) that an election meeting of the Fellows shall be held, and the two Fellows who are requisitioned fix time and place. We believe that no requisition has yet been sent in, but it can be done at any convenient time, and the election will be held about a fortnight afterward.

THE CHAIR OF MEDICAL JURISPRUDENCE AT THE UNIVERSITY OF EDINBURGH.

SIR HENRY LITTLEJOHN, M.D., LL.D.Ed., the Medical Officer of Health and Police Surgeon for the City of Edinburgh, has announced his intention of applying for the post of Professor of Medical Jurisprudence in the University of Edinburgh, and has circulated a most extraordinary document, entitled, "Statement in Favour of Sir Henry Littlejohn's Candidature for the Chair of Medical Jurisprudence in the University of Edinburgh," among the profession, and, we suppose, among other graduates of the University. No one can gainsay that he is a brilliant lecturer on this subject in the Extra-mural Medical School of Edinburgh, but from the facts that he graduated as far back as 1847, and, by the most liberal computation, cannot be less than seventy years of age, a time when most professors are thinking of resigning, it would be a *reductio ad absurdum* to replace an octogenarian, retiring through age, by a septuagenarian, however active he may be at present.

We term the statement above-mentioned as "extraordinary," because, after a most eulogistic account of his own services to the city, and to the Medical School, he lays claim to five years' occupancy, at least, of the Chair, as a recompense for his labours, admirable in his own light, in his public offices. He ends by calmly suggesting that he might "be able so to arrange the duties connected with the Surgeoncy of Police as to make them subservient to the teaching of Medical Jurisprudence in the University." As he at present holds a municipal appointment, the proper performance of which already requires all his time, we doubt not but that the town authorities would object to such a combination of offices, especially as the future occupant of the Chair must be expected, if he is to keep up with the times, to conduct and supervise practical classes in Public Health and Analytical Work.

Literature.

STEPHENSON ON EPIDEMIC OPHTHALMIA. (a)

THAT Dr. Stephenson should have undertaken the task of writing a treatise on Epidemic Ophthalmia is quite in accord with the natural fitness of things, for he is well-known to be the best authority in this country upon the

(a) "Epidemic Ophthalmia: Its Symptoms, Diagnosis, and Management, with papers upon allied subjects." By Sydney Stephenson, M.B., F.R.C.S.Ed., Surgeon to the Ophthalmic School, Hanwell. Edinburgh and London: Young J. Pentland. 1895.

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subject of inflammatory affections of the conjunctiva of a contagious character, and to him has been largely due the success which now attends the treatment of these disorders. He divides his subject into the following heads:—(1) Muco-Purulent or Catarrhal Ophthalmia. (2) Purulent Ophthalmia. (3) Diphtheritic Ophthalmia. (4) Acute Trachoma. The first he regards as the most infectious eye malady with which we are acquainted, and it is pointed out that there are three particular clinical forms in which the disease may be met with. The first of these occurring in children and young subjects is characterised by an enlargement of the follicles normally present in the conjunctiva, and especially noticeable in the retro-tarsal fold of the lower lid. The second variety is that known to the older authors as pustular or aphthous ophthalmia, which, however, although in some features resembling, is nevertheless quite distinct from the ordinary phlyctenular affection. The third variety of catarrhal ophthalmia, sometimes observed in epidemic form, is characterised by a false membrane upon the palpebral conjunctiva. The term "purulent ophthalmia" is shown to include ophthalmia neonatorum and gonorrhœal ophthalmia; each disease is due to the same micro-organism—the gonococcus, and they are specifically the same, although differing in clinical manifestations and severity. Diphtheritic ophthalmia is caused by the virus of diphtheria gaining access to the eye either by direct inoculation, or by an extension of the process from the naso-pharynx, &c. With regard to acute trachoma the author states that there is every probability that the ailment arises in only one way, namely, through the agency of specific contagion, but he adds that the specific organism has yet to be demonstrated. Although Schmidt, Sattler, and others have described micro-parasites in this connection, their discoveries have not stood the test of time. Despite, however, the absence of bacteriological testimony with reference to the micro-organic origin of trachoma, Dr. Stephenson emphatically states: "However it begins, it is, in my judgment, a malady which originates in contagion, and in that alone I no more believe in its spontaneous evolution than I do in the *de novo* origin of measles or of ringworm." This expression of opinion must be regarded as of great weight, coming as it does from one whose authority upon the subject is beyond dispute. Another point of interest in connection with trachoma is the evidence adduced by the author that the disease is incapable of atmospheric dissemination. On the other hand, a good deal of evidence exists to demonstrate the spread of the disease through the agency of water. In summing up his discussion upon this aspect of his subject, the Author asserts: "We may say that the different varieties of contagious ophthalmia are spread almost always, if not altogether, by contact. We must take care, therefore, that patients are provided with beds, clothes, towels, sponges, flannels, and washing utensils of their own, and that they are not permitted to mix with unaffected persons. Nurses and those employed about the sick must be told plainly of the nature of the ailment they are tending, and of its modes of transfer. They must be made to keep their nails pared close and their hands scrupulously clean, and they must never take an infected child into their arms if this can be possibly avoided. Great care must also be expended to ensure the absolute cleanliness of all instruments and ward appliances." The author next proceeds to discuss the management of epidemic ophthalmia, in which he details the experience which he has gained in the various epidemics respecting which his advice has been sought. The next chapter consists of a clinical inquiry into the prevalence and significance of the follicular granulation of the conjunctiva, a disease concerning the origin of which much difference of opinion exists. The most important conclusion to which his investigations upon the subject have led the author is, that follicular granulation does not constitute the initial stage of the specific disease—trachoma. The all-important subject of the treatment of trachoma and its complications, and of follicular conjunctivitis, occupies the remaining chapter of the book, and, so far as this part is concerned, we would refer the reader to the book itself, inasmuch as in the small compass of a review it would be impossible to do justice to the exhaustive description of details and methods of treatment dealt with.

In conclusion, we have only to express our conviction that Dr. Stephenson's work is the most important contribution to the subject of contagious ophthalmia which has so far been issued from the press. It is likely for a long time to occupy the position of a standard treatise, and to serve as the guide to those who may be called upon to deal with the emergencies arising from the outbreak of ophthalmia in an epidemic form.

THE THYROID TREATMENT OF MYXŒDEMA AND SPORADIC CRETINISM. (*a*)

This monograph includes notes of twenty-five cases of myxœdema, and five cases of sporadic cretinism treated by thyroid extract, reprinted from volume third of the "Edinburgh Hospital Reports." Thyroid treatment has been so much in evidence during the last few years as an infallible remedy, or a nearly infallible one, in the treatment of myxœdema, sporadic cretinism, certain skin diseases, and insanity, that a great deal of literature has accumulated on the subject This literature, as a whole, is of uncertain value. Many articles have been written which, if regard be had to the personal equation of the writers, do not count for much. This new treatment has been lauded to such a degree as almost to bring it into disrepute, and it needs the calm, scientific sagacity of our best thinkers and observers to prevent it becoming utterly discredited. There is so much scepticism regarding the treatment of diseases and the real effect of new remedies in the present day, and so many drugs are vaunted which are quite unworthy of the praises accorded them, that it is desirable to examine very critically everything new which appears with a flourishing of trumpets. The thyroid treatment of the insane, for example, has been exploited, and is now pretty much exploded, and we are glad to have an opportunity of examining Dr. Bramwell's latest observations on the subject in the hope that he has not been carried by enthusiasm for the new drug further than is at all reasonable. His cases are very excellent clinical records, and in speaking of the thyroid treatment of myxœdema, he is safer than if he went further afield, for undoubtedly myxœdema is the disease which has most completely yielded to this form of treatment. His summary of therapeutic conclusions is excellent, and to those who are enamoured of this treatment, and disposed to try it for many diseases, we would recommend a perusal of Dr. Bramwell's work. The subcutaneous method he strongly disapproves of. Acute thyroidism, which is the method which has been adopted in asylums, he does not appear to have much faith in. He believes in small doses continued for a long time. Many therapeutic hints are here given, and altogether we think this monograph is one which should be widely read.

TEXT-BOOK OF GENERAL PATHOLOGY AND PATHOLOGICAL ANATOMY. (*b*)

Dr. Bruce deserves the thanks of the profession for undertaking the excessively arduous task of translating Professor Thoma's Pathology and for bringing his translation out in so short a time after the publication of the original. We may say at once that he has accomplished his task in a manner indicative of the highest literary ability and of a perfect acquantance with the German language. He has, in no instance as far as we have observed, fallen into the common fault of translators, the inability to free the English of the translation from the idioms of the original language. The grammar and phrasing are so correct that it is hard to believe that what we are reading is a translation and not original matter. No higher praise than this can be given to such a work. Apart from this the language is terse and to the point. If it at all represents the original German the author must be singular among Teutonic writers.

The out-standing feature of all Thoma's writings is the marvellous acquaintance which he exhibits with physical

(*a*) "The Thyroid Treatment of Myxœdema and Sporadic Cretinism." By Byrom Bramwell, M.D., F.R.C.P.Ed.

(*b*) "Text-book of General Pathology and Pathological Anatomy." By Richard Thoma, Professor of General Pathology and Pathological Anatomy in the University of Dorpat. Translated by Alexander Bruce, M.A., M.D., F.R.C.P.E., F.R.S.E., Lecturer on Pathology, Surgeons' Hall, Edinburgh; Pathologist to the Royal Hospital for Sick Children, &c. Volume 1. London: Adam and Charles Black. 1893.

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laws and their application to morbid processes. He is equally at home in discussing the physics of the circulation or the laws which govern the influence of the nervous system on the processes of repair. Thoma is best known in this country for his work on the circulation and on the elements of the blood, and we naturally turned to the part of his book which treats of these subjects in the first place. Their consideration is undertaken in the second section of the three into which the first volume is divided. As usual the influence of physical laws are ingeniously applied to all the problems of the circulation. In only one place do we notice a misapplication. On page 247 it is gravely stated that sclerosis of the arterial walls renders them more firm and that *their elasticity* "and therefore the resistance which it (the vessel wall) offers to stretching, is *considerably increased*, often to such an extent that the pulsatile movements within it are reduced." This is a contradiction in terms, for if the elasticity be increased the pulsation must be increased *pari passu*. Again, it is not a generally accepted fact that sclerosis of the walls of an artery increases its elasticity, the rational view is directly opposed to this theory. The statement is not a mistranslation, the original contains it. It is a pity that the author has not seen his way to include a more detailed account of the practical examination of the blood, instead of referring his readers to his various papers on the subject. In other respects his treatment of the phenomena connected with the circulation is all that can be desired.

With regard to the other parts of the first volume, the section devoted to a consideration of heredity and monstrosities is distinctly good, great pains being taken in the endeavour to account for the different types. On the other hand, it is a pity that the author thought fit to include a description of special micro-organisms in his summary of bacteriology. A separate volume would be needed to do justice to the theme. To take an instance, among the organisms described no mention is made of the bacillus coli communis, one of the most important of the organisms naturally inhabiting the alimentary tract, and one which often gives rise to pathological conditions. A notice also of its close connection or relationship with the typhoid bacillus should have been imperative. The subject of Bacteriology should not be touched upon unless at some length. The illustrations also of the micro-organisms figured in the text are unsatisfactory. No woodcut can ever give their characteristics in a satisfactory manner, however good it may be. The cut which purports to represent the sarcina ventriculi is a travesty of nature, while the differentiation of the sarcina ventriculi into large and small varieties is, we venture to say, quite wrong. The small variety is commonly one of the sarcinæ found in water, in air, and elsewhere.

Throughout the book, the illustrations are ingenious and instructive, but fall short of many of the latest publications in being woodcuts or lithographs instead of processed drawings.

One question in orthography merits attention. How long will writers in this country persist in spelling albu*min* albu*men*? It looks very peculiar to find such words as "hemi-albumens, globulins, tox-albumens," in juxtaposition, followed shortly by "leucin and tyrosin." Would it not be better if the spelling of all these words were harmonised by the adoption of an in as the proper termination?

In the latter parts of the work, disturbances of tissue nutrition, and tumour formations are discussed. We are surprised to see no mention of Metschnikoff's researches in the section devoted to the pathology of inflammation. The points we have drawn attention to, however, are small in themselves, and do not detract from the general excellence of the book. The second volume will be looked for with interest. The publishers have done their portion in the best manner.

SMITH'S VISITING LIST FOR 1897.

THIS *sine quâ non* of the general medical practitioner has passed its jubilee, and has started on the road to a century of its existence. Messrs. Hazell, Watson, and Viney, who are now the publishers, seem determined that the list shall reach its centenary, for they have added to it all that they think most necessary for the practitioner, while they retain the excellent arrangement of the diary which has made it so popular. This pocket compendium is excellently turned out in printing, paper, binding, and editing, and deserves the success to which it has attained.

NEW BOOKS AND NEW EDITIONS.

THE following have been received for review since the publication of our last monthly list:—Applied Bacteriology for Health Officers, Students, &c., by T. H. Pearmain and C. G. Moor, M.A.Cantab. Genius and Degeneration, by Dr. Wm. Hirsch. The Practice of Midwifery, by D. Lloyd Roberts, M.D., F.R.S.Edin. (fourth edition). The Diary of a Resurrectionist, by J. Blake Bailey, B.A. A System of Gynæcology, by many writers, edited by Drs. Clifford Allbutt, and Dr. W. S. Playfair. Curvatures of the Spine, by Noble Smith, F.R.C.S.Ed. Lectures on Renal and Urinary Diseases, by Robert Saundby, M.D.Ed. Vest-Pocket Medical Dictionary, by Albert H. Buck, M.D. Exposures of Quackery, Vols. I and II, by the Editor of "Health News," Black's Guide to Bournemouth, and the New Forest, edited by A. R. Hope Moncrieff. Annals of Ophthalmology and Otology. Vol. V, No IV. Transactions of the British Balneological and Climatological Society, 1895-96. Lett's Medical Diaries for 1897.

New Articles.

FILMOGEN.

"FILMOGEN" or *Liquor adhæsivus* is essentially a solution of nitrated cellulose in acetone. Painted on the skin it promptly dries, leaving a thin, non-sticky, but flexible and firmly adherent film similar, but in several respects superior, to that left by collodion. It is likely to be largely used in dermatological practice, not only on account of its penetrating powers, but also by reason of the fact that most of the remedies in common use in this department of practice are soluble therein, salicylic acid, resorcin, iodoform, perchloride of mercury, chrysarobin, carbolic acid, &c., &c., while many others, though insoluble, are easily suspended in the medium. We have given Filmogen a trial and are enabled to endorse the claims advanced in respect of the greater resistency of the film which is not affected by water and does not peel off. It is, in short, a very elegant and useful application. Filmogen is sold by Messrs. Thomas Christy & Co., 25 Lime Street, E.C.

COMPOUND CASCARA TABLOIDS.

WE have received from Messrs. Burroughs, Wellcome & Co., a sample bottle of a new compound tabloid containing two grains of extract of cascara sagrada, with suitable quantities of extract of nux vomica, belladonna, and powdered capsicum. This formula commends itself for use in the treatment of habitual constipation, and the tabloids, being sugar-coated, constitute a very agreeable form of exhibiting the combination.

MORGAN'S HUNGARIAN PASTE.

WHO has not, when engaged in literary work, or in that necessary occupation familiarly expressed by the term "paste and scissors," had to endure the presence of decomposing paste under his nose, and marvelled that human ingenuity could not produce in this simple manufacture something that should avoid its unpleasant appearance and odour. This seems now to have been fairly overcome in Morgan's Hungarian Paste, a jar of which has been open on our table for more than a month, and it is now apparently as fresh and odourless as when first uncovered. This paste also retains its whiteness, is beautifully smooth and even for spreading over large surfaces, whilst for mounting photographs, temperature charts, it is the best thing of the kind that has come under our notice.

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Medical News.

Pneumatic Tyres Entirely Superseded.

What will the public who have subscribed their millions say to the new machine that is to do away with the pneumatic tyre, by applying its principle to the frame instead of to the tyre in such a manner that all shock from whatever cause is intercepted, puncturing avoided, and vibration reduced to a minimum. As the tyres may be made of solid rubber, or any noiseless substance, these machines can be used not only on ordinary roads, but also where pneumatic tyres would be perfectly useless, as in the Colonies or for military purposes. The new machine can also be taken to pieces in three sections, and packed in an ordinary portmanteau or basket carried as luggage, and put together in a few minutes. We are also informed that this machine will be of the highest grade workmanship, but placed on the market at popular prices. The name of the new machine is the "Pneumatic Compensation Cycle."

Jenner Memorial Medal Fund.

We have been requested by the Hon. Treasurer of the Epidemiological Society to publish the second list of subscribers to the above fund, and to state that the subscription list will close at the end of the year. Subscriptions (limited to one guinea) may be sent to the Hon. Treasurer (Dr. Sweeting, 6 Hereford Mansions, Bayswater, W.):—

	£	s.	d.
Sir William Broadbent, Bart. ...	1	1	0
Dr. Claremont ...	1	1	0
Dr. Bolton Corney (Fiji)		10	0
Dr. Goodall	1	1	0
E. Hibberd, Esq.		10	6
W. F. Hingston, Esq.		10	6
The President of the Epidemiological Society (Dr. J. Laue Notter)	1	1	0
Sir James Paget, Bart.	1	1	0
	6	16	0

	£	s.	d.
Carried forward ...	6	16	0
W. G. Rowntree, Esq.		10	6
Dr. Sansom	1	1	0
Sir Edwin Saunders	1	1	0
Dr Edward Seaton	1	1	0
Dr. Williams (Penarth)		10	6
	11	0	0
Amount previously acknowledged, Med. Press & Circ., Sept. 30th, 1896	52	18	8
	63	18	8

PASS LISTS.

University of London.

The following is an official list of successful candidates at the recent M.B. Examination for Honours, alphabetically arranged :—

Medicine.—First Class.—Emile Dupont Aubin, Mx. Hosp.; Thos. Rupt. Hampden Bucknall, Univ. Coll.; Walter d'Este Emery, B.Sc., (Scholarship and Gold Medal), St. Bart's. and Queen's Hosp., Birm.; Arthur Bassett Jones, Univ. Coll.; John Dill Russell (Gold Medal), Univ. Coll.; Alfred William Sanders, St. Mary's Hosp.; Edward Owen Thurston, St. Thomas's Hosp.; Wilfred Batten Lewis Trotter, Univ. Coll.

Second Class.—Charles Bolton, B.Sc., Univ. Coll.; Wm. Francis Victor Bonney, Mx. Hosp.; Alfred Howell, St. Mary's Hosp.; Sydney Penrose Huggins, St. Bart's.; Norman Howard Pike, Guy's; Ethel May Vaughan, Lond. Sch. of Med. and R. Free Hosp.; William Charrington Wood, St. Mary's Hosp.

Third Class.—Percy Robert Cooper, B.Sc., Owens Coll. and Manch. R. Infirmary.; Archibald Robt. Jn. Douglas, St. Bart's.; Herbert William Jackson, Univ. Coll.; Winifred Secretan Patch, B.Sc., Lond. Sch. of Medicine for Women; William George Savage, B.Sc., Univ. Coll.; Arthur Herbert Spicer, Guy's; Frank Butler Thornton, St. Thomas's,

Obstetric Medicine. First Class.—Walter d'Este Emery (Scholarship and Gold Medal), St. Bart.'s and Queen's Hosp. Birm.; George Basil Price, Bristol Med. Sch. and St. Bart.'s Hosp.; Alfred William Sanders, St. Mary's Hosp.; William Charrington Wood (Gold Medal), St. Mary's Hosp.

Second Class. Maurice Were Coleman, St. Bart.'s; Arthur Herbert Spicer, Guy's; Alexander Benjamin Tucker, St. Bart.'s

Third Class.—Thos. Rupt. Hampden Bucknall, Univ. Coll.; Walter Ernest Dixon, B.Sc., St. Thomas's; Archibald Robt. Jn. Douglas, St. Bart.'s; Courtenay Henry Drake, St. Bart.'s; Sydney Penrose Huggins, St. Bart.'s; Norman Howard Pike, Guy's; Frank Butler Thornton, St. Thomas's.

Forensic Medicine (First Class).—Emile Dupont Aubin, Mx. Hosp.; Percy Robert Cooper, Owens Coll. and Manch. R. Infirmary; William George Savage (Gold Medal), Univ. Coll.

Second Class.—Charles Bolton, Univ. Coll; Maurice Were Coleman, St. Bart's; Walter d'Este Emery, St. Bart's. and Queen's Hosp., Birm.; Edmund Ivens Spriggs, Guy's.

Third Class — Arthur Bousfield (B.Sc.), King's Coll.; Archibald Robt. John Douglas, St. Bart's.; Charles Roberts, Mx. Hosp.; John Dill Russell, Univ. Coll.; Arthur Herbert Spicer, Guy's.; Alexander Benjamin Tucker, St. Bart's.

Royal College of Surgeons of England.

The following candidates having passed the necessary examinations and having conformed to the bye-laws and regulations, were admitted Members of the College at the recent meetings of the Board of Examiners :—

Allingham, Walter, L.R.C.P.Lond.
Armitage, Richard, L.R.C.P.Lond.
Babington, Stanley N., L.R.C.P. Lond.
Bailey Matthias, L.R.C.P.Lond.
Baker, Gerald Rumsey, L.R.C.P. Lond.
Barton, Percy, L.R.C.P.Lond.
Bean, Algernon Carter, L.R.C.P. Lond.
Beesley, Robert W., L.R.C.P Lond.
Bovey, Thomas W. W., L.R.C.P. Lond.
Box, Stanley, L.R.C.P.Lond.
Boyan John, L.R.C.P.Lond.
Branson, Clement W., L.R.C P. Lond
Brown, George W., L.R.C.P.Lond.
Brown, Harry M., L.R.C.P.Lond.
Brown William H., L.R.C.P.Lond.
Burges, F. A. L'Estrange, L.R.C.P. Lond.
Burton, Edward T., L.R.C.P.Lond.
Clark, Sydney, L.R.C.P., Lond.
Clarke, James, L.R.C.P.Lond.,
Clarke. Walter, T., L.R.C.P. Lond.,
Cleary, Augustine, P. D., L.R.C.P.
Clifford, Frank C. W., L.R.C.P. Lond.,
Cock, George, H., L.R.C.P.Lond.,
Collins, Victor, E., L.R.C.P Lond.,
Cooper, Edward H., L.R.C.P. Lond.,
Cowin, Douglas H. F., L.R.C.P. Lond.,
Cudmore, Arthur M., L.R.C.P. Lond.,
Dansher, Edward H J., L.R.C.P.,
Dando, Edwin A., L.R.C.P., Lond.,
Davenport, Edward C. L.R.C.P. Lond.,
Davey, Ernest L., L.R.C.P.
Deck, Edward J., L.R.C.P.Lond.,
Delbruck, Raoul E., L.R.C.P.
De Val, Alfred E., L.R.C.P.Lond.,
De Villiers, James H., L.R.C.P. Lond.,
Dixon, Harold E., L.R.C.P.Lond.,
Dodd, E. J. A., L.R.C.P.Lond.,
Drake, D. J., L.R.C.P.Lond.
Eames, E. S. B., L.R.C.P.Lond.,
Earnshaw, A., L.R.C.P.Lond.,
Emanuel, J. G., L.R.C.P.Lond.
Fayrer, F. D. S., L.R.C.P.Lond.
Fenoulhet, J. H., L.R.C.P.Lond.
Fernie, J. F., L.R.C.P.Lond.
Finch, A. H., L.R.C.P.Lond.
Gardiner, G. S., L.R.C.P.Lond.
Gardiner, J. N., L.R.C.P.Lond.
Goodridge, W. L. T., L.R.C.P. Lond.
Gordon, C. F., L.R.C.P.Lond.
Gordon, L. P., L.R.C.P.Lond.
Graham, V., L.R.C.P.Lond.
Gray, W. H., L.R.C.P.Lond.
Gregory, E. T., L.S.A.Lond.
Grimes, L. A., L.R.C.P.Lond.
Hair, A., L.R.C.P.Lond.
Hall, H. A., L.R.C.P.Lond.
Hall, J. A., L.R.C.P.Lond.
Hancock, W. I., L.R.C.P.Lond
Hardy, F. H., L.R.C.P.Lond
Harrison, H., L.R.C.P. Lond.
Harrison, L. K., L.R.C.P.Lond.
Heath, J. C., L.R.C.P.Lond.
Henson, W. W., L.R.C.P.Lond.
Hicks, H. T., L.R.C.P.Lond.
Hills, W. E., L.R.C.P.Lond.
Hodges, G. W. C., L.R.C.P.Lond.
Howitt, W. A., L.R.C.P.Lond.
Hynes, E. J., L.R.C.P.Lond.
Jackson, H. C., L.R.C.P.Lond.
Jelly, G. A., L.R.C.P.Lond.
Jephcott, C., L.R.C.P.Lond.
Jerman, A. E., L.R.C.P.Lond.
Jones, C. E., L.R.C.P Lond,
Jones, R. G., L.R.C.P.Lond.
Jones, W. P., L.R.C.P.Lond.
Keith, W. D., L.R C.P.Lond.
Kelly, Bruce Curtis, L.R.C.P. Lond.
Kemp, David Claude, L.R.C.P. Lond.
Keown. David Boyd, L.R.C.P. Lond.
King, Frank R., L.R.C.P.Lond.
Levi, Joshua L.R.C.P.Lond.
Levick, George K. L.R.C.P.Lond.
Little, Arthur E., L.R.C.P.Lond.
Lumb, Edward J. L.R.C.P.Lond
McAdam Kenneth, L.R.C.P.Lond.
MacGregor, Arthur R., L.R.C.P. Lond.
MacWatters, John Courtnay, L.R.C.P.Lond.
Madden, Frank C., L.R.C.P.Lond.
Maitland, Charles R., L.R.C.P. Lond.
Marks, Leonard F., L.R.C.P. Lond.
Maxwell, James L., L.R.C.P. Lond.
Moffitt, Charles G., L.R.C.P.Lond.
Molesworth, Theodore H. L.R.C.P. Lond.
Mould, Philip George, L.R.C.P. Lond
Murray, Cyril Scott, L.R.C.P. Lond.
Naish, Albert E., L.R.C.P.Lond.
Nesham, Robert A., L.R.C.P. Lond.
Nicholls, Robert E., L.R.C.P.Lond.
Nicol Alexander C., L.R.C.P. Lond,
Nimmo, Frank H., L.R.C.P. Lond.
Nixon, Arthur P., L.R.C.P.Lond.
Parfitt, Charles D., L.R.C.P. Lond.
Pearce, Francis H., L.R.C.P.Lond.
Pell. William, L.R.C.P.Lond.
Pendlebury, Herbert S., L.R.C.P.
Pownall, Graham, L.R.C.P.Lond.
Price Francis Ed., L.R.C.P.Lond.
Roach, William H., L.R.C.P.Lond.
Rozelaar, Araham Levi, L.R.C.P.
Sargent, Alfred G., L.R.C.P Lond
Scatchard, James P., L.R.C.P. Lond.
Seal, Francis M., L.R.C.P.Lond.
Sear, J. Taylor, L.R.C.P.Lond.
Seccombe, Charles W., L.R.C.P. Lond.
Seligmann, Chas. G., L.R.C.P. Lond.
Sibson, Arthur B., L.R.C.P.Lond.
Simmons, Stewart S., L.R.C.P. Lond.
Smith, Daniel L., L.R.C.P.Lond. Lond.
Smith, William L.R.C.P.Lond.,
Smithson, Oliver C. L.R.C.P. Lond.
Thomas, Rhys T., L.R.C.P.Lond.
Thomson, Arnold J., L.R.C.P. Lond.
Todd, Arthur R., L.R.C.P Lond.
Todd, David B., L.R.C.P.Lond.
Tuke, Arthur W., L.R.C.P.Lond.
Turner, Arthur S., L.R.C.P.Lond.
Walker, William W., L.R.C.P. Lond.
Wareham, Sidney J., L.R.C.P. Lond.
Way, John H. F., L.R.C.P.Lond.,
Weeks, Harold, L.R.C.P Lond.,
Whittingham, Richard, L.R.C.P. Lond.
Williamson, Herbert, L.R.C.P. Lond,
Wood, Horatio C. W., L.R.C.P., Lond.,
Wood, Walter R., L.R.C.P.Lond.,
Woodford, Edwin V. R. L.R.C.P. Lond.,
Woodhouse, William B. L.R.C.P. Lond.,
Young, Henry W. P. L.R.C.P, Lond.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

MANGO AS A MEDICINE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I note in the issue for Nov. 25th of your valuable paper a slight inaccuracy, which it will be useful to correct in your next issue. The Indian mango *mangifera indica*, to which your note obviously refers, is a member of the natural order Terebinthaceæ or Anacardiaceæ, and contains oleo-resins; *garcinia mangostana* is the Malaysian mangosteen, belonging to the Guttiferæ or Elusiaceæ, whose milky juice contains gum resins, such as the officinal gamboge.

I am, Sir, yours, &c.,

MARCUS HARTOG, D.Sc., M.A., Prof. Nat. Hist.

Queen's College, Cork.

MR. ROBT. W. DOYNE (Oxford) is thanked for his courteous letter. He may rest assured that no personal slight was intended in the review to which he not unnaturally took objection.

DR. PROCTER (Lydd).—The point shall be inquired into, and the information vouchsafed.

A NEW ALBUMEN TEST.

DR. EWING, of New York, advocates what he considers to be a ready and trustworthy test for albumen in the urine. The method is to draw up into a small glass pipette, or tube, about an inch of the urine, let the finger remain tightly over the top, and insert the pipette into nitric acid, and draw up under the urine about the same quantity of acid, when, if even a trace of true albumen be present, there will appear a beautiful line of demarcation between the acid and urine. This test is as accurate as it is simple, and, besides, is decidedly economical, and far less trouble than all others.

DR. W. RAMSAY-SMITH (Adelaide)—We are unable to insert the letter addressed to *The British Medical Journal*, it being a reply to charges made in that journal and not in this. We shall be pleased to afford space to any statements you may desire to place before the profession regarding the unfortunate dispute at the hospital, in which you have doubtless been called upon to play a most difficult and delicate part.

THE LATEST EXAMPLE OF MATERNAL IMPRESSIONS.

AN intelligent hen, of eminently respectable parentage, and who is supposed to have lived an exemplary life, took a stroll recently in the neighbourhood of the Sahara Desert. Suddenly she came upon a large oval object, lying upon the sand. Her curiosity was at once excited, and after a careful examination her instinct and general experience enabled her to come to the conclusion that the object in question was an egg. Nothing of the kind of such dimensions had ever come under her notice before. The sight, therefore, naturally made a deep impression on her. She returned home, and on the following morning her owner found her endeavouring to arrange herself comfortably upon an egg measuring eight inches and a half in circumference, which she had just laid.

DR. ROBERTSON.—The expression quoted in the *Echo* as an authoritative one from THE MEDICAL PRESS AND CIRCULAR, was the opinion of a correspondent. It probably answered the purpose of the writer in the newspaper referred to, to quote this in order to lead his readers to infer that it was an expression of editorial opinion agreeing with his own. But we do not hold ourselves responsible for the views of correspondents, and the quoted expression is one from which we entirely dissent.

MEDICAL AMENITIES.

THE local paper of the little town of Schildau in Saxony, relates the *Chemist and Druggist*, contains the following advertisement from the old-established medical practitioner relative to the arrival of a new colleague:—"One of our citizens has again succeeded in enticing a young medical man to rent his vacant house and set up a practice at Schildau. Although I know that this new practitioner will not be able to maintain himself for long in this town, I have decided not to remain inactive, and therefore declare as under:—1. To all those who avail themselves of the services of the new Medical Man I shall never again give any future medical aid whatsoever. 2. From October 15th I will allow a discount of 50 per cent off my bills to anyone in Schildau and the neighbourhood who asks for it, and I reserve to myself the right to announce a further discount, or to treat my patients gratuitously.

(Signed) KNOESER, M.D."

MR. COLIN CAMPBELL (Saddleworth)—Had we published the information contained in your communication dated Dec. 11th, you would probably have found yourself engaged as defendant in an expensive libel suit. Before you make such a serious charge against a *confrère* that "his name was removed from the *Register* years ago," you should be certain of the ground on which you are standing. In the present case the name of the gentleman referred to will be found both in the official *Register* and also in the "Medical Directory" for 1896.

Meetings of Societies, Lectures, &c.

THURSDAY, DEC. 17TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Dr. W. F. Cleveland: On Induction, and its Association with the History and Progress of Medicine (Harveian Lecture).

SOCIETY OF ANÆSTHETISTS (20 Hanover Square, W.).—8.30 p.m. Casual Communication and to consider the Advisability of Commemorating next year the Fiftieth Anniversary of the Introduction of Chloroform.

FRIDAY, DEC. 18TH.

EPIDEMIOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square.).—8 p.m. Paper by Dr. James Cantlie, of Hong Kong: On The Spread of Plague.

Vacancies.

Bradford Fever Hospital.—Resident Medical Superintendent. Salary £200 per annum, with board and residence. Applications, with testimonials, to the Town Clerk on or before Jan. 4th, 1897.

Bury Dispensary Hospital.—Junior House Surgeon. Salary £60 per annum, with board, residence, and attendance. Applications and testimonials to the Hon. Secretary, Knowsley Street, Bury, Lancashire.

Glasgow University.—Four Examinerships: Pathology, Physiology, Surgery, and Medicine. Applications to the Secretary of the Court before Dec. 31st (see advert.).

General Hospital, Nottingham.—Assistant House Physician. Board, lodging, and washing in hospital. No Salary. Applications to the Secretary, General Hospital, Nottingham, before Dec. 26th

Stroud General Hospital.—House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to the Secretary, W. J. Paley Marling, the Hospital, Stroud, not later than Dec. 15th.

West Riding Asylum, Wadsley, near Sheffield.—Pathologist. Salary £100 per annum, with board, &c. Applications, with testimonials, to be sent to the Medical Superintendent.

Appointments.

BOASE, RICHARD D., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for the Borough of Penzance.

CLIVE, E., J.P., M.D.Cantab., F.R.C.S., L.R.C.P.Lond., an Honorary Surgeon to the Warneford Hospital, Leamington.

CRAWFORD, J. H., M.B., C.M.Edin., D.S.Sc.Vict., Assistant Medical Officer to the Bradford Infirmary.

FRASER, LACHLAN, G, B.S., M.B., Honorary Surgeon to the Tynemouth Infirmary.

FRASER, P., M.D.Glasg., L.R.C.S.Edin., Medical Officer of Health for the Colwyn Bay and Colwyn Urban District Council.

HAINS, L. J. C., L.R.C.P.Edin., L.R.C.S., District Medical Officer for the Totnes Union.

JARDINE, ROBERT, M.D.Edin., M.R.C.S.Eng., F.F.P. & S.Glasg., Physician to the Glasgow Maternity Hospital.

NEWTON, H. W., L.R.C.P.Lond., M.R.C.S., D.P.H., Medical Officer for the Chelmsford Infirmary and Dispensary.

NOLANS, F., L.R.C.P., L.R.C.S.Irel., Medical Officer for the Gorey Dispensary, County Wexford.

POTTER, C. E., M.B., C.M.Edin., Medical Officer for the Ashbourne District.

RAYMOND, J. K., M.B., C.M., Resident Medical Officer to the York Dispensary.

ROBINSON, G. A., M.R.C.S.Eng., L.R.C.P.Lond., &c., Resident Surgeon to Nottingham General Dispensary.

THOMPSON, HENRY, E., M.B.Lond., L.R.C.P.Lond., M.R.C.S.Eng., Junior House Surgeon to the Blackburn Infirmary.

WORRALL, RALPH, M.D., Ch.M.Irel., Honorary Senior Gynæcological Surgeon to the Sydney Hospital, New South Wales.

Births.

BICKERSTAFF.—Dec. 8th, at 18 Ladywell Park, S.E., the wife of George R. Bickerstaff, L.R.C.P., M.R.C.S., of a daughter.

HOLLAND.—Dec. 9th, at Airdrie, The Avenue, Kew Gardens, the wife of Ch. Ed. Holland M.B., of a daughter.

WOOD.—Dec. 8th, at Elm House, Ipswich, the wife of Arthur T. Wood M.R.C.S.Eng., of a son.

Marriages.

NEALE—RUTHERFORD.—Dec. 9th, at St. Saviour's, Redland, Bristol Benjamin G. Neale, L.R.C.P., M.R.C.S., Clevedale, Gloucestershire, to Eveline, younger daughter of the Rev. H. J. Rutherford, of Redland, formerly vicar of Queen-Charlton, Somerset.

STREATFEILD—WILSON.—Dec. 5th, at Christ Church, Lancaster Gate, London, Thomas Streatfeild, M.B., son of the late John Fremlyn Streatfeild, F.R.C.S., to Florence Ethel, youngest daughter of the late Rev. Chas. Marydn Wilson, Rector of White Roding Essex.

Deaths.

CHILD.—Dec. 9th, at Vernham, New Malden, Edwin Child, M.R.C.S. and L.S.A., aged 54.

COOPER.—Dec. 2nd, at his residence, South College, Elgin, James Cooper, M.D., in his 85th year.

GOODRIDGE.—Dec. 8th, at his residence, Elm Bank, Paignton, John Thompson Goodridge, M.R.C.S.Eng., aged 70 years.

HOCHEE.—Dec. 7th, James Hochee, M.R.C.S., of Park Gate East, Finchley.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, DECEMBER 23, 1896. No. 26

Paris Clinical Lectures.

HYPOGASTRIC AND PERINEAL MEATUS URINARII.

By DR. A. PONCET,

Professor of Clinical Surgery at the Medical Faculty.

[FROM OUR FRENCH CORRESPONDENT.]

BY *hypogastric meatus urinarius* and *perineal meatus urinarius* I understand the establishment, either above the pubes or in the perineal region, of an artificial orifice, temporary or permanent, destined to provide for micturition, when an obstacle exists to the discharge of this function in the natural way. These two operations, which were proposed and put in practice only a few years ago, are applicable under widely different conditions, and cannot be substituted one for the other. They are resorted to either in cases of functional urinary disturbances for which no remedy is afforded by any of the operations heretofore employed, or in cases of infective symptoms which threaten the life of the patient.

In the former case, there may be an exclusively prostatic obstruction or complications secondary to prostatism, or urinary symptoms primarily of vesical origin or due to lesions of the upper part of the urinary apparatus. In the second case, the obstruction is situated below the prostate in the course of the urethra, consisting of strictures incurable by the usual methods of treatment. The hypogastric and the perineal meatus, therefore, differ in the indications for each particular operation, in the seat of the artificial meatus, and in the manner in which micturition is accomplished after the operation. The suprapubic meatus being the result of an incision in the anterior wall of the bladder, will be more or less under control, according to this or that circumstance, as to which we have no very clear idea; the perineal meatus, on the other hand, never presents any difficulty in respect of incontinence of urine, situated as it is in the urethral canal, below the vesico-prostatic sphincter, which is never interfered with. A hypogastric meatus urinarius is established by suprapubic cystostomy, and an artificial meatus in the perineal region by perineal urethrostomy.

In suprapubic cystostomy, the first stage is identical, except in some minor details, with that of cystotomy, the distinguishing character of the former operation being the last stage, in which the margins of the vesical incision are sutured to the margins of the abdominal wound, the object in view being, not the removal of calculi, tumours, &c., but the formation of an abnormal meatus urinarius, for the purpose of insuring the unimpeded flow of urine. Cystostomy, which is frequently urgent, is a simple, easy operation, which may be successfully performed even by unpractised hands with the aid of a scalpel, a few hæmostatic forceps, a curved needle, and, preferably, metallic wire sutures. The only danger is the liability to open up the cul-de-sac of the peritoneum. The best method of preventing this accident is not, as has been frequently stated, an intravesical injection before the operation, but methodical denudation of this cul-de-sac with the tip of the left forefinger, curved like a hook and inserted beneath the pubis over the neck of the bladder. In this manner the operation is done rapidly and safely. No self-retaining catheters, drainage tubes, or other appliances for the purpose of facilitating the flow of urine or collecting it in vessels arranged with this object in view should be employed. The better, in this case also, is the enemy of the good, for such patients are usually very susceptible to external influences, and an apparatus of this kind may, therefore, easily become a source of irritation of the bladder, and even of septic infection. To begin with and for some time afterwards, the urine should be absorbed by tampons of gauze or sterilised absorbent cotton-wool, placed over the wound and renewed every three or four hours. The margins of the vesical incision having been sutured to those of the skin wound, the urine escapes from the infra-umbilical region like water from a spring in the ground.

Perineal urethrostomy, like cystostomy, is easily performed and in its sequelæ equally benign. The first stage is the same as in external urethrotomy, the incision being made on the grooved director if this instrument can be passed through the urethra. When the stricture cannot be passed, which is the rule in such cases, a metallic catheter is introduced as far as it will go, so as to stretch the skin of the perineum, the tip forming in the midline a protrusion, which is an excellent landmark in the search for the urethra. Should there be any difficulty in finding the latter at a strictured spot which cannot be passed, the catheter shows where the lumen of the canal is after it has been divided immediately in front of the stricture. There are two special steps which distinguish urethrostomy from external urethrotomy. As soon as the stricture has been exposed, the canal is incised perpendicularly to its long axis, immediately behind the stricture, if possible, otherwise in the middle of the strictured part. The exact spot is of little importance, provided the posterior end is sufficiently long to be conveniently sutured to the posterior angle of the perineal wound. This transverse section is continued to the corpora cavernosa so as to allow of dissecting up the posterior segment, which must be freed for a distance varying according to the spot selected. The anterior segment possesses no interest for us, because micturition is henceforth to be accomplished exclusively through the posterior segment. The margins of the latter must, therefore, be so arranged that they can readily be brought into contact with the margins of the wound in the skin. It is, therefore, dissected out for a distance of 8 or 10 millimetres, and, in order to prevent the gradual contraction of the new meatus, it is well to incise the lower wall of the posterior urethral segment for about the same distance, as after amputation of the penis. Lastly, the margins of this artificial meatus are sutured to the skin at the lower angle of the peritoneal wound. Such are, briefly stated, the stages in this operation which are peculiar to urethrostomy.

This operation is especially indicated in serious urinary disturbances due to hypertrophy of the prostate. When catheterisation is impossible or particularly difficult, associated with urethrorrhagia, badly borne, or greatly dreaded by the patient, con-

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ditions under which this manœuvre is dangerous, the use of a self-retaining catheter should be prescribed in dealing with aged prostatic patients, and, instead of puncture, suprapubic cystostomy should be resorted to, the artificial meatus being temporary or permanent according to the condition of the urinary tract. The same holds good when the catheter is liable to enter a false passage, or when there are calculi, with symptoms of retention—stones are often unrecognised in prostatic patients, and, in performing cystostomy, I have frequently removed calculi lodged in the floor of the bladder, where they had escaped discovery by the sound—in cases of vesical hæmatocele, when a large blood-clot, in spite of catheterisation, interferes with micturition, &c.

This operation should be resorted to in cases of urinary infection in a prostatic patient, whether of the acute or grave chronic form, in acute infective cystitis, and in obstinate forms of the latter affection, which resist treatment by catheterisation. It is sometimes the only means, even if the catheter can be readily introduced into the bladder, of averting urinary intoxication, the prognosis of which is always a matter of doubt.

The indications for perineal urethrostomy are different from, but not less clearly defined than, those of cystotomy, and are also deduced from the contra-indications to other methods of operation, hitherto employed without success in the treatment of stricture of the urethra.

Extensive, indurated strictures, when the local conditions are such that urethrotomy, for instance, would be necessarily followed by recurrence, which would promptly render micturition difficult or impossible, and even seriously threaten the life of the patient, should be treated by urethrostomy. The same holds good, in my opinion, of confirmed prostatic patients who have already undergone urethrotomy more than once, or in whom there are ascending urinary disturbances, &c. Every extensive loss of substance of the urethral canal, resulting from traumatic rupture, laceration of the mucosa, deep, diffuse, tuberculous ulcers, &c., lesions inevitably followed by strictures which can only temporarily be combated by division and dilatation of the urethra, call for the establishment of a perineal meatus urinarius. In other words, whenever there is a stricture which has been found to be incurable by ordinary measures, recourse should be had to the operation in question. Bearing in mind that every patient who has been urethrotomised is obliged to maintain the calibre of his urethra by frequent catheterisation, which for many reasons hospital patients are frequently unable to do, it is evident that perineal urethrostomy must be specially called for among patients belonging to this class.

In patients who have undergone cystostomy the hypogastric meatus replaces the normal urethra, as far as the excretion of urine is concerned. In spite of its constant tendency to retraction unless maintained by dilatation and occasional catheterisation, it is practically permanent in many cases, when the prostatic obstruction itself remains unchanged and micturition through natural channels is not re-established sooner or later after the cystostomy. On the other hand, when atrophy or reduction of the congestion of the prostate, in consequence of the rest afforded it by the operation, again permits of normal micturition, the hypogastric meatus may close spontaneously. It is therefore always easy to close the artificial orifice and thus do away with the infirmity created by the temporary cystostomy.

When the new meatus persists, the manner in which its functions are discharged varies greatly. Sometimes it is absolutely continent, the suprapubic canal playing the *rôle* of a genuine sphincter; at other times, there is partial continence, the bladder discharging its surplus spontaneously only once an hour or every two hours, occasionally at even longer intervals; again, there may be absolute, or nearly absolute, incontinence of urine. The form of artificial meatus, as I have repeatedly ascertained, has nothing to do with this difference in the results obtained. So far, I have not succeeded in elucidating the anatomo-physiological conditions presiding over the reasons why some cystostomised subjects are able to control their micturition through the hypogastric meatus, whereas the majority are afflicted with partial or complete incontinence of urine.

The patients of the first group, more fortunate than the rest in respect of the remote results of cystostomy, are however sufficiently numerous not to be considered as exceptional. In many instances the results obtained from cystostomy could not have been better, the patients being enabled to control perfectly the function of their artificial meatus and being protected from a recurrence of the ill-effects of prostatism, three or four years after the operation. Incontinence, when it exists, is rendered bearable, as I have already stated by the use of convenient urinals, in which the urine is collected.

As substitutes for the establishment of a hypogastric meatus in prostatic patients various operations have been proposed, such as castration, and division, or ligature of the vasa deferentia. Cases in which these operations have been performed for the relief of prostatism, are neither sufficiently numerous, nor sufficiently conclusive to establish their value. So far, I have only exceptionally had occasion to perform any of them, and in one case, in which I had recourse a few weeks ago to partial resection of both vasa deferentia (Curtillet), it became necessary a few days later to establish a hypogastric meatus on the spur of the moment. Whatever the future may be of castration (Launosis), which appears to have much greater influence in the determining atrophy of a pathological prostate than division or ligature of the vasa deferentia, there will always be a considerable number of patients suffering from uræmic poisoning who have to be forthwith relieved by cystostomy and possibly recover from their infective symptoms as a result of free and prompt evacuation of urine, rest and disinfection of the urinary apparatus. In the light of my experience so far, I am inclined to think that it is principally after suprapubic cystostomy has been performed and the immediate danger thus warded off, that recourse may be had, in serious complications of prostatism, to subsequent resection of the vasa deferentia, or castration, if these operations are really capable of removing the prostatic obstruction.

The establishment of a perineal meatus urinarius is also a benign operation, judging from the fact that nineteen patients on whom it was performed all made an uneventful recovery. The ultimate result was excellent. On condition that the patient himself dilates the artificial meatus from time to time, which is easily accomplished, the operation insures free micturition and there is never any incontinence of urine. Persons under my observation, suffering from incurable stricture, associated with prostatism, were thus enabled to thoroughly evacuate the bladder, with the help of occasional catheterisation, and in this way escaped the symptoms of uræmic intoxication, which is otherwise of frequent occurrence under such circumstances.

Urethrostomy converts the affection into perineal hypospadias, and the patient is henceforth obliged to micturate in a squatting posture, or, if preferring an upright position, to place a vessel between his thighs. It does not, however, interfere either with erection or with the voluptuous sensation associated with ejaculation, as several subjects who had undergone urethrostomy have testified; but it does prevent normal fecundation, because the emission of semen takes place behind the scrotum.

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I never perform urethrostomy without first informing the patients of the effect of the proposed operation on the urinary and sexual functions. In the condition in which they find themselves, after having vainly sought relief from the usual operations, such as dilatation and urethrotomy, they are invariably willing to submit to the inconveniences of a perineal meatus, provided they can thereby be permanently cured and are enabled to micturate without pain.

In conclusion, the establishment of a hypogastric or perineal meatus urinarius is called for in urinary lesions, in which no other method of treatment can be successful. The object aimed at is to insure the maintenance of the urinary function, when it cannot be ensured by other measures which are either inadequate for the purpose or dangerous. Whether hypogastric or perineal, such an abnormal orifice is a necessity under certain pethological conditions, and the sooner the operation is then performed, the larger will be the number of patients with urinary affections saved by suprapubic cystostomy or perineal urethrostomy.

ICHTHYOSIS IN CHILDREN: ITS TREATMENT BY THYROID GLAND AND PILOCARPINE NITRATE.

By DAVID WALSH, M.D.Ed.,

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In the curious condition of skin known as ichthyosis we find dryness of the skin, which, in parts, especially on the trunk, elbows, and knees, is rough, scaly, warty, and thickened, of a greenish colour, and has an undue tendency to become dirty. The milder and more common form of the malady known as xeroderma, shows a skin dry, slightly rough and scaly, and characterised by absence or marked diminution of sweat. In both forms the patient is sensitive to cold, and is liable to eczema, with formation of deep, painful rhagades or "chaps." As every one knows, the affection is nearly always congenital, although in most cases it is not observed until some time after birth. Indeed, in those rare instances where it is said to have shown itself in later life, we may suspect that a mild ichthyotic state has escaped previous notice.

The etiology of this peculiar deformity is obscure. It is usually stated by authorities upon the subject to be hereditary, but that view is disputed by Unna (*a*), and is certainly not borne out by the four cases reported in this article. Both sexes are equally prone to attack. Pathologically, there is an obvious error of cornification of the epidermic cells, or parakeratosis. The chief points noted in microscopic sections are proliferation of the cells of all layers of the epidermis, elongated papillæ, and in the severer forms chronic changes in the deeper skin, with more or less atrophy of glands and lessening of the fat of the corium. However, little is known as to the ultimate cause of this extensive disturbance of the cutaneous envelope. Leloir (*b*) thinks it is usually a tropho-neurosis. Unna (*c*) inclines to the opinion that true ichthyosis may be an infectious hyperkeratosis. The writer has imagined that in some instances this interesting error of development may be a reversion to the reptilian or some other ancestral type of skin. It has always appeared to him that evolution might afford the key to more than one of the many curious problems of dermatology,

Nor has the treatment of this disease hitherto rested on anything like a satisfactory basis. Certain facts about it are known as the result of clinical experience, but therapeutics cannot be said to have yet emerged from the empirical stage as regards this affection. One general observation is that the skin is less dry and rough in summer than in winter. Acting on that hint, dermatologists have attempted to rouse into activity the skin and its glands. Accordingly, we find warm alkaline baths, turkish baths, and frictions insisted upon in all the text books as the best means of alleviating the discomfort of the patient. To this is added inunction, usually with simple unguents, whereby the skin may be supplied, as it were, with that artificial sebum or "oil," which its own glands have failed to supply. Lastly, other physicians have used tar and various antiseptic applications. Until lately, these simple remedies completed the special list at command. Within the last few years, however, a powerful additional weapon has been added in the shape of thyroid gland. Ever since the clinical acumen of Dr. Byrom Bramwell showed the profound influence exerted by that drug upon the nutrition of the skin, it has been used by dermatologists in every conceivable condition of that organ. Needless to say, in a great many instances it has proved worthless. Still, there are a few diseases, such as lupus vulgaris and ichthyosis, in which the gland appears to exercise a distinctly good effect. In the latter of the two disorders mentioned, it occurred to the writer that the action of the gland upon the skin might, as it were, be emphasised by the addition of a powerful skin stimulant, such as jaborandi, or, preferably, its alkaloid, pilocarpine. Accordingly, Messrs. Burroughs and Wellcome made for him tabloids containing five grains of the dried gland with 1-10th of a grain of pilocarpine nitrate. Experimental evidence indicates the use of the latter drug in ichthyosis, where the hindered activity of the cutaneous glands is a prominent feature. Thus it has been shown to have a peripheral action, for Fuchsinger (confirmed by Nawrocki) "found that section of the nerves of the cat's leg did not prevent the paws from sweating when jaborandi was exhibited." (*a*)

The combined drugs were administered in the four following congenital cases of simple but well marked ichthyosis under the care of the writer. In no instance was a hereditary history obtainable.

1. Herbert H., æt. 4, came to the Western Skin Hospital, April 23rd, 1896, complaining of rough skin. Seven other children, one similarly affected. No hereditary history. The knees, elbows and loins were covered with greenish, warty epithelial thickening; to a less extent the abdomen; rest of body surface rough, dry and harsh; hands eczematous. To take thyroid gland 5 grains daily. May 1, add tincture jaborandi, ℥ 10 thrice daily. June 5th, creolin baths ordered (first external treatment: patient had already considerably improved). July 2nd, pains in head, &c. ("thyroidism.") To stop tabloids and rub in simple ointment. Aug. 13th, tabloid thyroid gland, 5 grains with pilocarpine nitrate 1-10th grain daily; continued to present date, when condition is thus reported; ichthyotic condition disappeared for some time; some xerodermatous roughness about legs, arms and face.

2. Margaret H., æt. 8 (sister of foregoing), was admitted April 23rd, 1896. History of rough skin since vaccination. Much the same physical condition as brother. Thyroid gland, 5 grains daily. May 7, tincture of jaborandi, ℥ 10, added thrice daily. May 21, two tabloids daily. July 16th, "out of sorts," headache, &c., tabloids discontinued for a week. To take creolin baths. Very considerable improvement of skin since admission. August 13th, compound tabloid (thyroid and pilocarpine) one daily, continued to date, without inconvenience. This patient began to improve within a few days of commencing the gland. In marked contrast to her brother, who took almost as many weeks to show an equal amount of improvement. Latterly, however, his progress was rapid.

(*a*) "Histopathology." Unna. English translation, p. 323.
(*b*) "Twentieth Century Practice of Medicine." New York. Vol v., p. 847.
(c) Unna. *Op. cit.* p. 32.

(*a*) Pflüger's Archiv, xv., 482.

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3. Louisa M., æt. 5, was seen April 16th, 1896. Five other children, none of whom have rough skin. Mother suffered at one time from "bad hands." No hereditary history. Skin has been rough since birth. The lower trunk, elbows, and knees are rough, discoloured and shagreen-like; rest of body surface dry, rough, and harsh. Tabloid thyroid, 5 grains daily; to rub body with unguentum acidi boracis. In a month the skin showed considerable improvement. April 30, ℥ 5 of tincture of jaborandi added to the thyroid. May 28th, jaborandi increased to ℥ 10. July 19th, tabloid thyroid with pilocarpine, one daily, continued up to about middle of August. After three months' treatment the mother of the child volunteered the statement that the child had never been so well since she could remember. At that date the face, legs and arms were still somewhat rough, but the rest of the body surface was soft and normal.

4. Annie S., æt. 11, was seen Dec. 1st, 1895. She was suffering from rough skin. She had been ten months under treatment and had improved, but latterly had left off and got worse again. She had been taking one tabloid, sometimes two, of thyroid gland for months before coming under observation. The back was harsh, rough and scaly; face rough; palms of hands dry, shiny and natural fissures emphasised (the characteristic ichthyotic palm). Jan. 6th, skin softer. Feb. 10th, two tabloids given. Feb. 24th, tabloid reduced to one (headaches, &c.). May 30th, three tabloids given with ℥ 10 of tincture jaborandi thrice daily. June 13th, cheeks and hands feel soft and normal. Aug. 17th, she has been at seaside, the cheeks are a little rough; one tabloid of thyroid with pilocarpine is given daily.

On July 1st, 1896, this patient was shown along with the others at the Dermatological Society of Great Britain and Ireland. It was then reported: "Patient appears quite well except that the palms are shiny, although sweating freely, and the face has a tendency to get dirty."

Two of these cases had been under previous treatment, and both had been shown at the Dermatological Society. One treated with ordinary methods for seven months had not benefited materially. The second had been given thyroid gland and improved considerably, but afterwards relapsed. The latter patient showed much greater improvement under increased doses of the gland and still more so when combined with jaborandi. After a few months' treatment, indeed, she herself made the statement that she had never been so well in her life before. The only signs of the ichthyotic condition remaining in her are the tendency of the face to get dirty and the shiny surface of the palms. This improvement has been maintained now for five or six months and has never been attained by any other plan of treatment. The point now to solve is whether thyroid gland, alone or in combination, will be able to effect the permanent cure of ichthyosis. Thus far I am able to say that although there has been a good deal of severe cold weather, none of the patients have relapsed to any noteworthy extent. Numbers 1 and 2 have some roughness of legs and arms; No. 3 remains well; No. 4 has now and then some scaliness of cheeks. So that up to the date of writing, December 10th, 1896, none of the patients have developed their usual winter dermatitis. All of them agree that they are better than they have ever been before as regards the general state of the skin. Since August Nos. 1 and 2 have kept up the compound tabloids, except for a few weeks' intermission. No. 3 has left off since August. No. 4 has taken them now and then.

From the history of the foregoing cases we may conclude that thyroid gland, on the whole, is well borne by children. In Case No. 1, a boy of 4, the drug was stopped once, and that only after two months' continuous administration. Case 4, a girl of 11, took fifteen grains daily for weeks without discomfort although symptoms had before that been caused by ten grains. This fact is not a little interesting, and I have noted that adults will sometimes tolerate a large dose of thyroid gland where a small one disagrees.

In two cases (1 and 2) some improvement took place without local applications. However, the writer is inclined to regard the thyroid gland and pilocarpine as valuable aids to the treatment of ichthyosis rather than in the light of specific cures. A somewhat parallel instance may be found in the service rendered by tuberculin as an auxiliary therapeutic agent in dealing with lupus vulgaris. Probably the best means at our command in attacking the ichthyotic condition would be the use of hot tar or other baths, together with simple inunctions and the internal administration of thyroid gland and pilocarpine.

The writer's main conclusions are:—

1. That ichthyosis may be controlled, if not actually cured, by thyroid gland and jaborandi (or its active principle, pilocarpine).
2. That external routine treatment by means of baths and inunctions is a necessary adjunct.
3. That thyroid gland is well borne by children.
4. That the action of the gland on the skin may be greatly aided by nitrate of pilocarpine.
5. That, on the whole, this combined treatment (external and internal) gives better and more lasting results than any hitherto introduced.

NEW AND SIMPLE METHODS FOR THE QUANTITATIVE ESTIMATION OF URINE.

By J. BARKER SMITH, L.R.C.P.LOND.

TWENTY years' work in urine analysis, during which time I have wanted to know facts connected with urine more exactly, and with the least expenditure of time and money, and with the simplest possible apparatus compatible with accuracy, apparatus often varied by circumstances, have placed at my disposal, by a sort of natural evolution, several new methods of examining urine. Hence, these new methods have, of necessity, a strong utilitarian *raison d'être* and do not invade the domain of the complete text-book, nor do they require a well-equipped laboratory for their successful performance. They have been sometimes modified by patient work, so as to be in touch with other methods, or for the sake of an orderly procedure, or even for clinical convenience. These articles have been written for the special use of the general medical practitioner and for the use of pharmacists or assistants who dispense for such general practitioner.

Correct diagnosis demands routine examination of the urine in every first case, almost without exception. Care and observation will help us to convert every qualitative test into an approximate quantitative test, so that a mere qualitative test is rarely performed. Such a complete statement of the urine should be kept for future reference, and should accompany the introduction of a patient to a specialist, aurist, oculist, &c. It would spare the regular occurrence of experts missing general conditions of a patient whilst treating their local troubles. Treatment necessitates, moreover, quantitative examination of urine to judge of the progress of the case.

We may, in a great measure, arrange our quantitative tests for urine in two main divisions.

I. Tests associated with the estimation of a sample of urine rendered *alkaline*. These are used to estimate *acidity*, *urea*, *sugar*, *total urates*, *phosphates*, *ammonia*, &c.

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II. Tests associated with the estimation of a sample of normal or acid urine—*albumen, biliary salts, peptone, &c.*

General Procedure. (a)

Physical characters of the urine, such as the specific gravity and colour, precede the chemical examination. These are somewhat supplementary to the subsequent chemical characters. The normal or urochrome colour of urine, *i.e.*, yellowish brown, can be exactly recorded in numbers of which, by my scale, there are fifty recognisable between limpid and sherry-coloured urine. Twenty (*a*) centims of urine are placed in a small glass mortar furnished with a good lip, *carbonate* of soda solution, one in ten (Na_2 CO_3, $10H_2O$) is added to neutrality or faint alkalinity, such quantity of soda solution records the acidity *in numbers*. The alkalinity being taken we add more carbonate of soda solution, in all four centims. The urea is then estimated *thermometrically* from one centim of such alkaline urine. Twenty centims of the alkaline urine are next measured, the remainder of the urine may be used to ascertain approximately the glucose percentage. The glass mortar being empty the twenty centims of alkaline urine are placed therein, one gram of ammonium chloride is added to the urine and stirred with the pestle until dissolved.

Five centims of such solution are then used to obtain the possible urate; the remainder is allowed to stand in the mortar for a quarter of an hour, when nearly the whole ·03 gram per litre remains in the filtrate of the urates are precipitated, the contents of the mortar are then poured upon a paper filter and the possible urate of the filtrate ascertained. The possible urate before and after precipitation affords *the absolute total urate by difference.* The two experiments to ascertain the possible urate do not occupy one minute. The urea estimation occupies about a minute. The glucose estimation is made in a few minutes. So that the whole procedure occupies less than an hour, *i.e., acidity, urea, total urates, glucose, colour.*

There is one manipulative detail which must be ensured to secure accuracy, and this is most readily acquired by a few hours' practice. The acquirement of this manipulative skill is, for the medical man, the addition of a sixth sense, and one which gives him the means of ascertaining facts arising in all departments of medicine, rapidly, accurately and simply. The actual experiment never exceeds thirty seconds. Such departure has allowed me in the case of several poisonous alkaloids—*morphia*, apomorphia, colchicine, veratrine, emetine—to co-ordinate in value *oxidation* and *emesis.* It has allowed me a masterly grip of albuminous food-stuffs, cereals, milk, bread-stuffs, &c. This departure from routine methods of applying permanganate as an oxidiser has enabled me to avoid many fallacies of analysis; it is sanctioned by philosophical and chemical considerations as well as by results and convenience. The differences arising in oxidation by varying circumstances of *dilution, heat,* and *time,* made me recognise the *mutability* of chemical laws in the absence of rigorous definition of exact conditions. Hence I was enabled to give to a *regular method* the value of scientific precision and to establish the limits of error. I thus became possessed, in 1877, of another sense-equivalent and applied it to colours, urine, terpenes, chlorophyll, galenicals, &c. From such experiments arose biological facts of great interest whereby green plants in action by their chlorophyll stood co-ordinated with their white embryonic albumens in their *aëration potentiality.* Hence my new method for estimating urates in urine is not essentially different to the one introduced by me twenty years ago, nor very different to my method used at the same time for morphia in opium, quinine in cinchona, &c. *Vide Year-Book of Pharmacy* 1878. *My method of using acid permanganate has never varied.*

One gram of potassium permanganate is dissolved in 100 centims of distilled water. Such one per cent. solution may be kept unaltered.

One centim of the one per cent. solution is mixed with some water, about six centims of dilute sulphuric acid (about ten drops of the strong) added, and the whole is made up with pure water to 100 centims. Such a solution is alterable and must be made almost daily. Fifty centims of the acid permanganate constitute a *Norme,* used *invariably* for *recording.* Ten centims contain a *Subnorme,* used almost invariably for all *experiments.* It is also quite practicable to use a tenth norme of five centims.

Method.—Measure a subnorme into a two ounce ask. Fill a ten or five centim pipette with the solution to be oxidised. Take the flask between the finger and thumb of the left hand and the pipette in the right hand. Shake the flask gently and continuously whilst the solution from the pipette is delivered *regularly* in running drops until the last trace of pink shall have disappeared and the contents of the flask become as limpid as water. The experiment ought not to occupy more than thirty seconds, and should be practised until we are able to repeat experiments exactly, to a drop or two. Milk is a very convenient article to use for practice. Five centims of milk are diluted with water to twenty-five centims, the subnorme used; no calculation is required. We shall find 1·2 centims of milk to decolourise the norme, *i.e.*, the same quantity of the diluted milk the subnorme. One such experiment, moreover, allows us to instantly fix the albuminoid percentage of milk, for sugar and fat do not react. Again, we may proceed in the same way, first bringing up our subnorme to boiling point over a small spirit lamp; we shall now find that a smaller but regular quantity of oxidisable solutions will decolourise. The results of these two experiments expressed in centims, give us an *expression of oxidation capacity,* a mark of *integrity* for all oxidisable substances, *e.g.*, :—

Expressions of Oxidation Capacity.

Cows' milk 1·2—·5	Woman's milk 3·3—·8
Goat's milk 1·5—·5	Asses' milk . . 2·5—·6

The above are most valuable *integrity* marks for all samples of milk; the first terminal affords us albuminoid percentage, the second terminal gives total oxidisable solids. We may express all this in an abbreviation with the Roman figures to show dilution, *e.g.*, cow's milk, E O.C. 1·2—·5, V.

The norme will rarely require to be standardised if we use crystals of permanganate. I have found no variation of the crystals during twenty years, and I have kept the one per cent. solution (unopened) for ten years without alteration. However, we may most easily standardise the permanganate by solutions of ferrous sulphate or ferrocyanide of potassium. Such is given in a small brochûre, "Milk" by Author, (obtainable from Messrs. Baillière, Tindall & Cox). Just as we have an integrity mark for milk, which also admits of interpretation, so have we the same for urine, which refers to oxidisable substances *other than urea.*

Hence, without any chemical considerations whatever, we have a *constant* use for the same sample of urine, which is most easily obtainable and whereby we may interpret many conditions of such urine.

(To be continued.)

(*a*) Centim is an abbreviation of cubic centimetre or gram volume.

Jenner and his discovery are to be immortalised in Russian history by a Commemorative Exhibition next week, under the direction of the Medical Department of the Minister of the Interior. A pamphlet will be published and gratuitously distributed, giving the history of vaccine and of the different phases of its application in Russia.

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Medico-Chirurgical Items.

By GEORGE FOY, F.R.C.S.,
Surgeon to the Whitworth Hospital Drumcondra, Hon. Fellow of the Southern Surgical and Gynæcological Association, U.S.A.

ULCER OF THE STOMACH.

PROFESSOR DIEULAFOY reports the following interesting case in *La Región Médico*. A young servant-maid who until then had enjoyed perfect health, one night after her supper was suddenly attacked with a violent pain in the epigastrium. She rolled about in her bed and screamed dreadfully. A doctor who was called in declared his inability to diagnose the case; but to relieve pain gave a laudanum clyster. The following morning Professor Dieulafoy saw the sick girl. The pain had lessened a little; but the abdomen was greatly swollen, tympanitic, and excessively painful on being pressed, even gently. The pulse was frequent, but the face gave no evidence of pain, neither was there vomiting.

Dieulafoy diagnosticated general peritonitis and had the patient removed to hospital. On admission her pulse was 120 and her temperature 107° F., and her abdomen greatly swollen. At eight oclock that night, M. Faure performed a laparotomy on her; twenty hours from the first sensation of pain.

Thinking he had to deal with appendicitis the incision was commenced considerably below the umbilicus. On opening the peritoneum a quantity of yellow fluid gushed out; the intestines appeared congested and were covered with a cream-like deposit of recent formation. On examination, the appendix was found to be healthy; the genital organs were next examined and they also were found healthy.

M. Faure now decided to examine the liver and stomach but he was prevented from carrying out his intentions by the state of the patient whose breathing became short and irregular. Having washed out the peritoneal cavity with warm water the incision was closed and the patient carried back to her bed, where she died at nine oclock the following morning.

At the autopsy there were found two gastric ulcers about the size of a sixpenny piece, situated near the superior border, one of them being on the anterior surface of the stomach, and the other immediately opposite.

Dieulafoy examined the other servants of the house in which the deceased had lived and learned for a certainty that his patient had until that attack enjoyed perfect health; always had a good appetite, eat heartily and never complained of any dyspeptic trouble. The morning of the day on which the perforation took place she eat a good breakfast.

The case raises the question as to the most suitable position for the laparotomy in cases of doubtful diagnosis.

Clinical Records.

A CASE OF OBSTRUCTION OF THE BOWEL, OCCURRING AT THE END OF THE SIXTH MONTH OF UTERO-GESTATION, FOLLOWED BY PREMATURE BIRTH, BY PERITYPHLITIC CELLULITIS, AND ABSCESS.—TREATMENT—RECOVERY.

By G. BURBIDGE WHITE, A.B., M.B. Univ. Dub., F.R.C.S.I.

MRS. K—, æt. about 36, the mother of eight children, had been suffering from uneasiness and more or less pain in the right iliac fossa, and in the adjacent parts, for some three months or more. Early in November, constipation and flatulence were added to already existing troubles. The former of these symptoms being unrelieved by domestic treatment her husband requested me to visit her, to see what could be done to relieve her condition, which rather alarmed him. In his own language he thought "She was a bad case," "being in the state she was in." My first visit was paid in the evening, during which I made as complete an examination as circumstances would allow, finding the following signs and symptoms. About midway between the spine of ilium and umbilicus on the right could be seen a considerable tumefaction as compared with the other side, the comparison was somewhat hindered by the globular uterine protrusion, palpation revealed plainly a sausage-shaped solid tumour, about three or four inches long, occupying the region corresponding to the cæcum and part of the ascending colon. It was very tender to touch, and the patient described it as the starting point of painful spasms of frequent occurrence, there was obstinate constipation for some days, and flatus escaped by the mouth instead of by the anus. Hiccough supervened later on before the bowels had acted which made the case somewhat grave. The facies was characteristic, the anxious look, drawn expression, sunken hollow eyes, spoke of the existing condition as plainly as the signs themselves. A small dose of castor oil, guarded by a little laudanum, was given, and at intervals for a few hours hot injections of linseed tea, oil and turpentine, were administered through a long flexible tube to try and induce a motion, but without avail, it then became clear that no good could be done by adhering to this line of treatment, the patient was then put on sedatives and liquid nourishment producing little residue, with such stimulants as were required, her pulse being quick and poor in quality. The pulse, it may be noted, has remained about the same rate, viz., 130, nearly throughout the whole illness, but the temperature was sub-febrile or normal, a sedative liniment was applied on lint over the seat of pain and covered with thick absorbent cotton and a soft binder to keep the application in position.

The next day general conditions were much improved, but considerable thirst was complained of, which efforts were made to relieve, the movements of the child were feeble as they had been from the first time I saw the patient, in fact, they were scarcely discernible.

In much the same way the subsequent days passed, without any motion having been passed, though an occasional softening injection was given to the patient in the genu-pectoral position On the 8th day it was diagnosed that a portion of the obstructing matter had passed into the transverse colon, and it was decided to give a small dose of castor oil, followed by a large enema of soap suds, olive oil, and turpentine, which had the effect of bringing away a small, hard, dry lumpy motion and some mucus, yellowish in colour, with epithelial masses and *débris*, and by the next day a much larger motion was passed.

The night of this same day brought about an unwelcome event, viz., the sudden expulsion of a dead fœtus, without any premonitory symptoms or warning, but which event was not attended by any difficulty, save that the patient was sleepless for two nights afterward.

The first, second, and third days after the birth the bowels acted naturally with the aid of a little castor oil; the fifth day the patient did not feel so well, and a marked change for the worse took place in her appearance; the temperature rose suddenly to 102° F., and she felt cold, complained of aching pain and swelling in the right groin, and had slight diarrhœa; all these symptoms were treated and relieved, poultices were ordered and freely applied.

The sixth day after the birth the conditions of the previous day were unaltered, save the swelling in the groin had increased very much, and was not so hard as on the preceding day. It was now apparent an abscess had formed in this region, and on the next (seventh) day fluctuation was well marked. Thorough cleanliness and an aseptic condition of the parts and instruments was obtained, and the abscess was opened by an incision upwards and outwards, dividing equally the angle made by the epigastric and circumflex iliac arteries, and away from the femoral artery. About ten or twelve ounces of fæcal-smelling pus escaped, freely showing the origin of the trouble to have been round or close to the cæcum. A director was passed down, and into the canal of Nuck very deeply into the cavity. A drainage-tube was placed *in situ*, the whole dressed with antiseptic gauze and a plug of tenax to

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receive the drainage. The drainage was maintained for four days, and at the end of seven days the cavity had completely filled up, and the wound perfectly healed, and since this the patient has had an uninterrupted convalescence. It is worthy of note that probably in this case the pressure of the fœtus while it occupied the uterus determined the forward course in which the pus burrowed in coming forward, the round ligament of the uterus being tense, made this canal a point of least resistance, the pus having made its exit through the outer end formed the superficial portion of the abscess between the external oblique aponeurosis and the fascia of the abdomen, limited below by Poupart's ligament, and above and internally by the linea alba.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Medicine.

Meeting held Friday, Nov. 20th.

The President, Dr. Geo. F. Duffey, in the Chair.

FOUR CASES OF PITYRIASIS RUBRA.

Dr. Wallace Beatty related four cases of pityriasis rubra, and discussed the connection between the affection and eczema, psoriasis, and pemphigus. In his first and third cases, eczema preceded the generalised eruption. In the second a psoriasis-like condition first occurred, then an erysipelas-like swelling of face with fever, and finally a general redness and exfoliation of the cuticle. Subsequently the scaling ceased, and superficial ulceration in a kind of network occurred. The patient died. The kidneys were fatty. In this case pityriasis rubra was a phase in the course of the disease. In the fourth case, still under observation, the patient, a married woman, æt. 47, had been subject to psoriasis of limited extent for five years. Her generalised eruption was preceded by the formation of vesicles and flaccid bullæ. Dr. Beatty regarded the general eruption as pemphigus foliaceus, terminating in pityriasis rubra. He referred to the views of Buchanan Baxter, Pye-Smith, and Crocker, and expressed the opinion himself that, until a definite pathological or bacterial cause is discovered, it is best to base the diagnosis solely on the clinical symptoms.

Dr. Finny said the disease was of comparative rarity. The colour of the skin was a remarkable feature in the disease; but the most striking thing about it was the large scales which appeared all over the body. In 1875 he had a patient who suffered from the disease in the City of Dublin Hospital. (He exhibited the product of one night's discharge of scales from that patient.) The patient was a woman who had been in bad health, and who suffered from rheumatoid pains in her joints; and suddenly her whole body became of a bright red colour, and scales formed with great rapidity from the crown of her head to the soles of her feet; the skin under the scales was always dry, smooth, and free from cracks or fissures. Dr. Beatty's case, in which there was skin moisture, seemed to him to be a great deal more one of eczema than of pityriasis rubra. Was this disease, then, to be considered one of separate individuality, or was it part and parcel of three others—viz., eczema, psoriasis, and pemphigus? He thought they were justified in holding, with Dr. Beatty, that it was a separate disease, which might occur in any of the other three.

Dr. Walter Smith said he had not seen more than five or six cases of the disease; and he agreed with Dr. Beatty that it was premature at present to assign to it a definite nosological position.

Dr. Travers Smith quoted the opinions of Kaposi, of Vienna, on the subject of this disease.

The President said the questions that appeared to have arisen in the discussion were—whether this disease was a distinct one, or secondary to other affections, and what was the pathological nature of it. There were cases reported in which the disease appeared to have arisen from some injury to the skin—a wound or cut—and there were others in which its starting point appeared to have been acute general dermatitis. A large number of cases were of a distinctly rheumatic nature; and in some there were previous histories of gout and tuberculosis as having existed antecedently to the occurrence of dermatitis. It was frequently a sequel to eczema; and cases had been referred to in which persons who had been the subjects of general psoriasis suddenly—within the limits of two days—became affected with pityriasis rubra. As to the pathology of the disease, Professor Scott's observations would seem to show that it was an inflammatory disease. As to its etiology, in a case which occurred some years ago in one of the London workhouses, and which was described by Dr. Savill, a coccus was found in the serum. In a great many other cases, however, no such organism had been detected. The peculiar severity of some of the constitutional symptoms which had been described, and the fatal termination of some of the cases, implied something very much more than mere local inflammation.

Dr. Wallace Beatty replied.

GUAIACOL IN PYREXIA.

Dr. Drury read a paper on the above. He drew attention to the uses and modes of use of guaiacol, but selected the method of epidermic application recommended by Rondet in '95, as a means of reducing temperature, as superior to either internal administration, or by hypodermic injection. By this method, 1 to 10 minims are rubbed into the skin, previously washed, and the part covered with oiled silk. About fifty cases had been so treated. The conclusions arrived at were:—(1) As a rule, no ill effects follow its use. In one case of enteric fever in a female, after the use of m. x on five successive evenings, collapse occurred several hours after the fifth application; the collapse was recovered from. (2) It very rarely fails to cause a fall of temperature, the fall being greater when the temperature is high than when it is only moderate in degree, (3) The fall reaches its maximum generally about one hour after administration, and is maintained for several hours. (4) After its use the skin becomes moist, and the patient generally sleeps. (5) It does not seem to have any effect on the course of the disease which is the cause of the fever. (6) It seems to act on pyrexia, no matter what the disease may be which causes it. (7) It usually increases secretion of urine, diminishes the night sweats of phthisis, and often relieves the cough. (8) Cardiac failure appears to be the only contradiction to its use. A series of cases was then given in illustration—I. Female, æt. 25; enteric fever. The application of ten minims of guaiacol on five successive evenings gave average reduction 2·5° F. II. Female, æt. 16; catarrhal pneumonia. Six daily applications of ice cloths gave average reduction of 1°, whereas eight daily applications of guaiacol (m. x) gave 2·4°. III. Female, æt. 20; enteric. Ice cloths one evening reduced temperature only ·8°. Thirteen applications guaiacol (m. v.) gave an average reduction 1·9°. IV. Female, æt. 26; puerperal septicæmia. After six weeks' treatment guaiacol was used, and each time of use temperature fell 2° to 3°; after six days it reached the normal to continue so. V. Male, æt. 17; rheumatic fever—hyperpyrexia. On fourth evening delirious; temperature at 7.50 p.m., 106°; at 8 o'clock, 106·2°. Guaiacol (m. 15) applied; temperature fell in half an hour 4·4°; and at 9 o'clock it was 98·8°, and did not again rise till following evening, viz., to 101·8°. VI. Male, æt. 21, variola, arising in patient desquamating from scarlet fever. On first evening temperature 104°, guaiacol (m. x.) reduced temperature in one hour to 101·2°, in two hours to 100°. Second day, temperature 105·4°, guaiacol (m. x.) reduced it to 104·2°; ice cloths had no effect. Next day variola eruption appeared. VII. Male, æt. 7, semi-malignant scarlet fever, purple rash, mild delirium; temperature 105°; guaiacol (m. 8) caused fall of 3° in one hour, followed by sleep with cessation of delirium. VIII. Male, æt. 40, facial erysipelas, great delirium. The average reduction of temperature one hour after the application of guaiacol (m. x.) on five evenings was 2·8°. IX. Female, æt. 25, enteric. Sponging on two successive nights gave no result or an absolute rise as tested half-hourly. Guaiacol on two following nights gave fall of over 2° in one hour. Most of the cases were used merely as test cases, the drug not being used as an ordinary line of treatment. Its routine use was not recommended, but for exceptional cases, where temperature is itself a danger, it is considered in most cases safe as well as a simple and pretty certain method of reducing temperature.

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Dr. CRAIG referred to charts of three enteric patients in which the drug had been used on occasions when the temperature became high; a marked fall followed in each case, and that without any injurious effects. He stated that it seemed to him that the drug acted by producing perspiration, and that it was the evaporation that caused the reduction of temperature. Until they knew more, however, about the temperature centres of the spinal cord they could not come to a certain conclusion on this point.

Dr. JOHN W. MOORE said that if Dr. Craig's explanation of the action of the drug were correct they could not look forward with confidence to its effect as a reducer of hyperpyrexia in acute rheumatism. He (Dr. Moore) would enter an emphatic protest against indiscriminate attempts to reduce temperature, especially in typhoid fever. The more he saw of typhoid the more satisfied he was that reduction of temperature in that disease was, *per se*, by no means the *summum bonum*.

Dr. O'CARROLL said he had used guaiacol in phthisis, and only hypodermically, with the result of always reducing temperature, and without collapse. He performed the hypodermic application because they could measure the drug more accurately than in the case of the endermic method. In his cases the temperature never fell below the normal, or a little above the normal point.

Dr. WALTER SMITH said the results put forward by Dr. Drury were very singular, and might excite incredulity, if not astonishment. The statement that a few minims of this drug rubbed into the skin could reduce temperature within an hour implied two things—viz, that the drug was absorbed, and that it produced a remarkable effect on the interior tissues of the body. He would confine his remarks to the pharmacology of guaiacol. The fact that it was capable of free administration in the ways described proved that it was comparatively non-irritant; and yet it was closely related to the phenols and other members of the carbolic acid group. How then did it come about that, whilst they dare not rub the poisonous carbolic acid into the surface, they could do so with guaiacol, which was the chief representative of the creosote group, and find it comparatively harmless? For a number of years creosote and carbolic acid were confounded by chemists. It was now known that carbolic acid was a phenol. It was equally well known that guaiacol was a methyl derivative of one of the phenols. This raised the question—How far was physiological action related to chemical constitution? Speaking generally, it may be stated the introduction of O H (hydroxyl) into any of the complex organic groups of the aromatic series increased the poisonous powers of the compound, while the introduction of a methyl molecule seemed to have the opposite effect—viz., a tendency to mitigate its toxicity.

The PRESIDENT said the outcome of the discussion seemed to be that they had got a drug which was not only very useful but also very dangerous. Dr. John W. Moore had said that reduction of temperature was not a *summum bonum* in enteric fever. Perhaps what he meant was that it was not advisable in enteric fever to to reduce temperature by depressing drugs. He (the President) had reduced temperature with guaiacol in one or two cases with good effect. It had been said that the drug acted by producing perspiration. But it had also been stated that it was a powerful vaso-motor constrictor. If that were so, its action might be mechanical. It was also an anæsthetic, and had been frequently used for the relief of pleuritic neuralgic pains. The hypodermic injection of guaiacol had been followed by most alarming collapse.

Dr. DRURY replied, and the section adjourned.

LARYNGOLOGICAL SOCIETY OF LONDON.

MEETING HELD NOVEMBER 11TH.

The President, FELIX SEMON, M.D., F.R.C.P., in the Chair.

DR. FELIX SEMON showed a specimen of the Larynx of the Solan Goose and of the Cormorant; the interesting feature about them consisted in the fact that the larynx of both these birds is practically divided into two lateral halves by a thin triangular spur, which originates from the median line of the inner surface of what would correspond in man to the thyroid cartilage, and which touches a very considerable thickening of the middle part of the inner surface of what would correspond in man to the cricoid cartilage.

Dr. CLIFFORD BEALE exhibited a specimen of Epithelioma of Larynx and Œsophagus following Tubercle and Syphilis, from which the patient rapidly failed and died, but until the last week of his life he was able to take solid food with but little inconvenience, and could make himself heard in a hoarse whisper when the tracheotomy tube was closed. The specimen showed that the whole of the upper part of the œsophagus was converted into a cancerous ulcer which had invaded (if it had not originated in) the larynx and destroyed all parts of it except the epiglottis. Calcareous nodules were found in the lungs, and one of the testes was found to be scarred and fibrous.

Dr. BOND showed a case of Arrested Development in a Child, æt. 8. She was only 2 feet 11¾ inches in height when brought to him two months previously, about the size of an average child of 2½ years; her weight was 32¾ lbs. He placed her under thyroid extract (thyroidin tabellæ) treatment for two months, during which time she had grown 2 inches, *i.e.*, ¼ of an inch a week; had got to speak much more distinctly, and had broken out occasionally into laughter, dancing, and singing. He thought it was an enlarged thyroid, and the case was one of sporadic cretinism complicated with rickets.

Dr. BOND also showed a case of Angeioma of Nasal Septum, with microscopical section.

Mr. CRESSWELL BABER exhibited a case of Mucocele of the Frontal Sinus in a woman, æt. 52. Previous operations having failed to give relief to the severe symptoms under which the patient suffered, or to form a satisfactory outlet for the discharge, which became purulent, in June, 1896, the radical operation for the obliteration of the frontal sinus was undertaken. The whole of the anterior bony wall of the sinus, with the exception of a ridge one-eighth of an inch in height at the lower border, was removed The much thickened mucous membrane was cleared away, except that portion overlying a gap in the bony floor of the size of a sixpence, which had permitted bulging into the orbit, and the consequent proptosis. The skin and periosteum were stitched over the cavity, and a drain inserted. In July healing was complete, and at the present time (November) the patient is free from all frontal symptoms, a slight and not very noticeable depression remaining.

Dr. H. TILLEY showed a case of Syphilitic Laryngitis. A man, æt. 45, complained of hoarseness on admission to hospital, but difficulty of inspiration supervened. Laryngoscopic examination showed œdema of arytænoids, especially the right side. There was marked thickening of the right vocal cord and vocal process, and complete loss of mobility, the cord reaching almost to the middle line. The left vocal cord was apparently normal, but there was marked abductor paralysis.

Dr. ST. CLAIR THOMSON showed a patient, a single woman, who for years had suffered from a Dropping of Cerebro-spinal Fluid from One Side of the Nose.

Dr. WILLCOCKS showed a case of Multiple Papillomata of Larynx in a little boy, æt. 8, who suffered from considerable dyspnœa and aphonia. Numerous papillomata in the larynx were detected, chiefly situated on the cords and the inter-arytænoid space. Many of these were removed with Mackenzie's forceps at various times under an anæsthetic. The curette and forcible brushing were also employed to a slight extent. The boy had no unpleasant symptoms on any occasion after the operations, and his breathing had been considerably improved, but his voice never properly returned. Within the last month, the growths have commenced to recur; without, however, producing any serious dyspnœa.

Mr. W. G. SPENCER showed two cases of Laryngeal Cancer: (1) Spheroidal-celled Carcinoma of the Vocal Cord; (2) Perichondral Sarcoma of the Cricoid Cartilage. These two cases of malignant disease, otherwise widely differing, had one condition in common—the mucous membrane in both was intact, and therefore there was an absence of those symptoms which are caused by ulceration. In the first case, iodide of potassium and mercury were given for six weeks, but in the meantime, the disease slowly advanced. The vocal cord became absolutely fixed in abduction, and its outline and colour absolutely indis-

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tinguishable from the neighbouring mucous membrane. A swelling formed in it, which extended forwards to the middle line, whilst the epiglottis was drawn a little backwards on that side, so that a complete view could only be obtained during deep inspiration. Thyrotomy having been performed, the growth was removed by a wide incision which included the ventricular band, the ventricle, part of the arytænoid cartilage, and the anterior third of the opposite vocal cord. It had to be separated from the cartilage by a raspatory, after which the exposed cartilage was well rubbed with pure carbolic acid. Recovery took place without incident, leaving the patient with a good hoarse voice. Case 2 was a single woman, æt. 43, who had worked as a paper colourer in hot air and steam, and had many attacks of tonsillitis. Dyspnœa became so severe that a month after admission she was partly cyanosed and was unable to lie down and sleep. Tracheotomy was performed. The lumen of the tube just below the glottis was found on examination to be blocked by bulging mucous membrane, growing especially on the right side, and in the neck on the right side, enlarged glands could be felt. The interior of the cricoid ring was occupied by new growth covered by mucous membrane of normal appearance and free from all ulceration. Whilst the head was hanging down, the projecting mass was plucked away with punch forceps until the interior of the ring was clear. Microscopical examination showed a sarcomatous new growth, and this diagnosis was confirmed by the rapid enlargement of the glands in the neck, and by the refilling of the cricoid ring with growth. The larynx, the upper two rings of the trachea, and the enlarged glands were therefore removed through the one incision. No tracheal tube was employed. The trachea was cut across below the tracheotomy wound, to which the growth seemed to have extended. The lower end of the pharynx behind the cricoid was free from the growth, except a piece on the right. The wound was sewn up by stages, and has healed; the neck is quite soft and free from all enlarged glands; the patient can swallow well, and speaks in a good whisper. The only complication was a leakage through the upper end of the wound close to the hyoid bone, which formed when the stitches were taken out, but this has now practically closed.

Mr. E. C. Stabb showed a Laryngeal case for Diagnosis.

Dr. Ball showed a case of Ulceration of the Mouth of Doubtful Origin, in a sister of charity, æt. 25. She came under observation on July 21st, complaining of soreness of the mouth which had existed for eleven months. At the back part of the inner aspect of each cheek was an eroded patch, about three-quarters of an inch to an inch in diameter, with a reddish surface and an irregular, sinuous edge, formed by a thin line of detached macerated epithelium. The history was that the soreness began first on the right side, and about two months later the left side became sore. Treatment up to the present has been palliative, but Dr. Ball mentioned that he intended to try internal administration of arsenic. The patient's tongue exhibits, in a well-marked form, the ordinary features of the so-called geographical tongue. This condition of the tongue appears from the history to have existed since childhood.

Dr. Jobson Horne exhibited a case of Disease of the Tonsil, Soft Palate, Pharynx, and Larynx, occurring in the Course of Pulmonary Tuberculosis, in a married woman, æt. 28. The left tonsil was eaten out by a process that was still active, and attacking adjacent structures. There was paresis of the left half of the soft palate, which was intensely inflamed. Ulceration was spreading upwards and downwards on the posterior wall of the pharynx. The left half of the larynx was infiltrated, and the cord fixed. A purulent secretion trickled from the posterior nares, the right was completely obstructed (polypus), and the left partially so. She came from a tuberculous stock, and she had given birth to a child that had died from tuberculosis.

Dr. Dundas Grant showed a case of Malignant Disease of the Thyroid Gland.

The Goldsmiths' Company have granted £100 to the Royal Medical Benevolent College in aid of the funds for pensioners and foundation scholars.

HUNTERIAN SOCIETY.

Meeting held Wednesday, Dec. 9th.

The President, Dr. G. E. Herman, in the Chair.

The evening was devoted to the study of clinical cases.

Dr. Macdonald brought forward the case of a man, æt. 38, who had acute rheumatism in 1888 and pains generally about the body in 1893. He has now fibrous nodules on the buttock, but there are no heart symptoms. The diagnosis lay between rheumatic nodules, gummata, and tuberculous growths. There was absolutely no history of syphilis or tubercle. The largest nodule is over the right great trochanter and is one inch in diameter.

Dr. F. J. Smith thought that from the symmetical position of the masses they might be bursæ.

Mr. Openshaw thought that they were fibromata, and the masses corresponded in feel with that of rheumatic nodules. The feel of that mass over the ulna was remarkably like that of a rheumatic nodule.

Mr. A. H. Tubby concurred with Mr. Openshaw.

Dr. E. W. Goodall alluded to a case of scarlatina succeeded by erythematous patches. In the position of these patches fibrous nodules developed, and after that the patient had an attack of rheumatic fever. The patient did not make a satisfactory recovery, and finally left the fever hospital much wasted and anæmic.

Dr. J. H. Sequeira brought forward a "Case of Perforation of the Hard Palate" in a girl, æt. 6. There was no direct evidence of syphilis, except that the appearance of the face was somewhat suspicious. The size of the perforation was about sufficient to admit the tips of two fingers, and it had developed in fourteen days. The improvement under mercurials, and the simultaneous thickening of the tibiæ left no doubt as to the affection being of syphilitic origin.

Mr. Tubby deprecated any surgical interference with a view of closing the perforation.

Dr. Hingston Fox quoted Mr. Hutchinson's opinion as to the value of iodide of potassium in preference to mercury in specific tertiary ulcerations.

Dr. H. J. Sequeira also introduced a case of ⅜-inch shortening of the ring finger of the left hand due to separation of the epiphysis of the metacarpal bone in a girl, æt. 9.

Mr. Openshaw doubted if all the shortening were due to delayed growth at the epiphysial line, but thought part of it arose from the displacement forwards of the head into the palm of the hand.

Dr. Harris exhibited a case of myxœdema with the usual signs, which had been subjected to thyroid treatment with very satisfactory results.

Dr F. J. Smith spoke of a case in which the symptoms of myxœdema and exophthalmic goitre were combined. The patient was not benefited by thyroid treatment.

Dr. Harris, in replying, said that the patient had been regular, although she had lost a stone in weight.

Dr. Head brought forward for Dr. F. J. Smith a patient, a man, æt. 22, who was suddenly seized with giddiness in the street. On being brought to the hospital there were vomiting, right optic neuritis, vertigo with falling to the right, and right-sided paresis; also marked inco-ordination of the right arm and hand, and distinct nystagmus to the left. Right knee-jerk was greater than left, but there was no ankle-clonus. He left the hospital quite well, with the exception of the optic neuritis. Since then, *i.e.*, two months, he had had three attacks similar to the first. He was re-admitted to the London Hospital on December 3rd, with the right optic neuritis passing into optic atrophy, and some paræsthesia on the right side of the scalp. Dr. Head thought that the symptoms were due to a tumour in the right half of the cerebellum.

The President remarked that the case was a very interesting one, and that the following points were awaiting solution, viz, the situation and nature of the growth and the possibility of its removal.

Dr. F. J. Smith agreed with Dr. Head's diagnosis.

Mr. Openshaw alluded to a case of hæmorrhage in the cerebellum, in which coma came on rapidly and death followed in nine hours.

Dr. Head, in reply, said that he had seen a case in which the whole of one lobe of the cerebellum had been

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removed, and the patient always fell to the right, as this patient did.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD THURSDAY, DECEMBER 3RD.

The President, Mr. RECKLESS, in the Chair.

MR. SOUDAMORE showed a

CASE OF PERIOSTITIS

of left arm in a woman who had been confined in July, Patient, æt. 43, was sufferiug from a hard swelling which, when first seen on November 23rd, was confined to the region, and took the shape of, the deltoid muscle. It did not pit on pressure, and the veins over it were very prominent, the power of abduction was lost. The parts below, over the exterior condyle and the back of the forearm were very œdematous. Patient who has a ricketty pelvis was delivered by forceps on July 13th, the child being still-born. She had slight symptoms of septic mischief, but at the end of a month she went into Derbyshire and soon afterwards the swelling came on and she began to lose the use of her left arm. She has had seven children. All the labours were instrumental (craniotomy twice) but one, which was premature (7 months).

Mr. GARRARD read notes of a

CASE OF INTESTINAL OBSTRUCTION

in a boy, æt. 12, in which he had performed laparotomy, and finding a stricture in the sigmoid colon, ended by performing median colotomy. After six months, the artificial anus was found to be affected with epithelioma, and the original stricture was also shown post-mortem to be epithelioma of the colon.

Mr. GARRARD also read notes of a case in which he had performed "hysteropaxy" on a woman, æt. 39, for severe procidentia with rectocele and cystocele, and constant retention of urine from ringing of the urethra which made life useless. After fourteen months had elapsed the condition of the patient remained quite satisfactory and there had been no return of prolapse.

The President, Dr. Sinclair White, Mr. Pye Smith, Mr. Snell, Dr. Dyson, and Mr. Burgess took part in the discussion.

Dr. ENGLISH showed a case of

ANÆSTHESIA OF THE CONJUNCTIVÆ.—CONGENITAL?

The patient, a healthy collier, æt. 27, has never since he can remember experienced the usual sensitiveness of the eyeballs. Touching any part of the conjunctiva does not produce the usual reflex, a foreign body causes no inconvenience to the eye, without it is rather large, such as a piece of coal, which he is accustomed to remove with the tip of the finger without difficulty. No loss of sensation in the skin is to be detected, although he is well known to exhibit but little sensitiveness to any physical pain. Sight good, eyes react to light and act with accommodation. Slight miner's nystagmus. Taste and smell normal. Is to some extent insensible to mental shock. His family on the contrary are of a nervous temperament.

Dr. HERBERT HALLAM gave particulars of a case of

GANGRENE OF THE LUNG.

W. G—, a boy, æt. 7½. Good family and personal history. There is a history of two months before death injuring his chest but only complaining of it for a day, and of a scalp wound five weeks before death which healed in eleven days. A month before death he had an acute febrile attack, during which period he had no medical attendance. He was first seen on the twelfth day of his illness, when he was pale, emaciated, with a temperature of 103° F., and with distinct signs of a cavity in the upper part of the left lung and consolidation at the lower part. His sputum was offensive, dark brown in colour and became an opaque liquid on standing nine hours. Microscopically, no elastic fibres or lung tissue were seen. The temperature ranged from 101° to 103 8° F. The evening temperature sometimes being higher than the morning, but this order occasionally reversed. The patient died twenty-seven days after the beginning of his illness, death being immediately preceded by an attack of hæmoptysis. *Post-mortem.*—The left lung contained a huge cavity replacing most of the upper and extending into the lower lobe. The sternum and anterior ends of the upper ribs forming the anterior wall, to which the lung was adherent for some distance round. The cavity contained blood and a large piece of necroseed lung. The surface was of a dark brown colour and very ragged. The rest of the lung was solid, airless, and apparently in a condition of grey hepatisation. The right lung was normal.

Mr. ATKIN showed a case of "Removal of the Os Calcis."

Dr. ARTHUR HALL showed a case of Scrofuloderma, Syphiloderma, and Anomalous cases of Psoriasis.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Dec. 19th, 1896.

TUBERCULINE.

DR. CHAUFFARD, of the Cochin Hospital, considers that injections of tuberculine should be employed to control the nature of pneumothorax, which, in some cases, is very obscure, and not infrequently non-tuberculous. In a recent clinical lecture he mentioned a case which, by the use of the above-named agent, he was able to satisfy himself that the perforation of the lung was not due to tuberculous disease. A woman, æt. 30, was received into his ward suffering from pneumothorax of the left side, and gave the following history:—Five days previously the patient, enjoying the best of health, was playing with her little child, who was rolling on the ground. Suddenly, and while laughing, the mother stooped down, took the child with one arm and raised it over her head. At that moment she felt great pain in the left side of the chest, and was seized with a sense of suffocation, which lasted all night and more or less until she was admitted into the hospital. Her face at the time of admission was cyanosed, while the pain and the dyspnœa were considerable.

Examination of the chest revealed the existence of a pneumothorax without effusion into the pleura. Tympanism was present before and behind, and vesicular murmur, as well as vocal vibrations were absent. Auscultation of the right lung was negative as regards pulmonary tuberculosis and emphysema. The temperature was normal. By rest and bandaging of the chest, the pain and the dyspnœa disappeared in a few days and the gas absorbed.

In commenting on the case Dr. Chauffard said that up to the present thirty-seven examples of spontaneous rupture of the pulmonary alveoles producing a pneumothorax were collected by his friend Dr. Galliard, several of which had the same history as that above described.

However, a question to be elucidated in his case was that of the condition of lung previous to the perforation. Did there exist a latent emphysema or a tuberculous lesion as Gaillard affirmed that pneumothorax was the initial symptom of tuberculosis.

To clear up any doubt Dr. Chauffard had recourse to the tuberculine of Koch which, as every one knows, produces, even when injected in very small doses (1-25th of a grain) a re-action characterised by fever, sweating, headache, &c., where there exists the slightest taint of tuberculous disease.

The injections produced none of these symptoms so that it was certain that case was not simply that of an accident and consequently no evil results had to be feared.

ACETATE OF COPPER IN TUBERCULOSIS.

Dr. Luton, of Reims, reports several cases of tuberculous disease treated successfully by acetate of copper. In one case of scrofulous onyxis, always very rebellious to

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treatment, he obtained a rapid cure with an ointment containing one per cent. of the salt. Another case of tuberculous ulceration of the tonsil was treated with a similar result, by a gargle of one in a thousand. While in two cases of tuberculous arthritis of the elbow, he injected a similar solution into the fungous mass. One of the cases was completely cured, while the other was much improved. Dr. Luton claims that the same treatment for tuberculous disease of the hip-joint, but with a much stronger solution (one per cent.) cures easily that affection.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, December 18th.

In the Gynæcological Section of the 68th Congress of German Naturalists and Physicians, Hr. Hofmeier read a paper on

Myoma and Sterility.

He said that he had already shown that the view that myomata tended to sterility, and that women with them were less fruitful than others, required correction. He had continued his statistics in that direction. Of the married women with myomata 20 per cent. were sterile, whilst the sterility of other women amounted to 15 per cent. He denied that a myoma exercised any influence on the child-bearing powers. Many women with myomata had been under observation by experts for years on account of their sterility. As the women were repeatedly examined, if a myoma was present it was discovered; they were sterile before the myoma appeared. He endeavoured to prove that myoma only exceptionally influenced fruitfulness. Myomata generally first appeared after the period of greatest fertility had passed, and, on the other hand, myomata were often found in pregnant women. One should be careful, because a patient had a myoma, not to say that she could not bear a child.

Hr. Pfannenstiel thought the slightly higher percentage of sterility in myomatous women was due to the degenerative processes in the ovaries often met with in association with such tumours.

Hr. Strassmann said that there must also be some change of the vaso motor system, as many patients complained of faintings and the like, and symptoms of embolism.

Hr. Mackenrodt had extirpated myomata four times during pregnancy without interrupting it.

Hr. Schaeffer (Heidelberg) read a paper on

The Treatment of Post-Partum Hæmorrhage by an Hydrophile Gauze.

He said there were cases of such considerable atonic post-partum hæmorrhage that Dührssen's iodoform-gauze tamponade had no effect. The gauze soaked itself full of blood and then did not act any longer, and had to be removed. Renewed tampons did not lead to any result. That was caused by the gauze, which was hydrophile. He had succeeded, by impregnating the gauze with gutta-percha, in obtaining a material that did not suck itself full, that formed an excellent tampon. He recommended this gutta-percha iodoform-gauze, which was made by Evens and Pistor, of Cassel. He had also impregnated silk with gutta-percha, and this had the advantage that it did not tear and was easily sterilised.

Hr. v. Wild followed with a paper on

The Treatment of Habitual Constipation in Women and Girls.

He said that the treatment of habitual constipation by means of purgatives was a perversion, the important requirement was that the patients should alter their diet. Excellent results were obtained by copious free cellulose nourishment, pumper-nickel (a kind of coarse bread of Westphalia) ammunition bread, brown bread, and the like. Gymnastics should also be practised. A very suitable time to begin the treatment was during childbed from the tenth day. He caused his patients systematically to raise themselves up in bed and to lie down again; this strengthened the abdominal muscles, accelerated the involution of the uterus, and excited peristalsis. In obstinate cases the galvanic current had often done good.

In the *Berl. Kl. Wochenschr.* is a paper by Dr. Ruge on

The Treatment of Pruritus Vulvæ.

This is one of the most obstinate and distressing complaints the gynæcologist is called upon to treat. In an extensive review of the literature of the subject the author seeks to establish the position that both as regards ætiology and treatment no finality has yet been reached. Pruritus vulvæ still remains one of the most frightful of diseases. Sufferers from it are tormented beyond measure, they find no rest by day or night, society is unbearable, as they cannot restrain the impulse to scratch. It is no wonder then that so many remedies have been proposed for the disease. The first requirement of treatment is to determine the cause of the malady. The author does not, however, deny that there is a purely nervous pruritus. The want of success of local therapeutics the author attributes to overlooking the necessity for absolute cleanliness, and in place of this substituting the use of various injections. Most authors would leave it to the patients themselves to carry out the cleansing and injections. In the author's opinion nothing short of the cleanliness required in vaginal operations will answer. It is not necessary to remove the hair, but the vagina, portio, vulva and all parts accessible to the finger should be well cleansed with soap and washed out, all the parts should then be washed with sublimate until one is convinced that no more pathogenic material is present. The affected parts can then be covered with a three to five per cent. carbolised vaseline. This procedure carried out by the attendant himself should be repeated every three or four days if any permanent result is to be obtained. He has, after several years' observation, been well satisfied with the results of his treatment.

In the *Centralb. f. Gynækol.*, Prof. Kehrer, of Heidelberg, has an article on

The Treatment of Hyperemesis Gravidarum.

In spite of much writing on this subject, it is still obscure. Cases frequently occur in which all known remedies fail, and new ones have to be sought for. By accident, the author is able to confirm the fact that tamponade of the cervix uteri with gauze contributes to the arrest of the vomiting.

A patient who had vomited constantly in her first pregnancy, suffered in a similar manner in her second. On this occasion the constitutional changes induced by the vomiting were so grave that it was decided to induce abortion. This was in the thirteenth week of the pregnancy.

The cervical canal was tamponaded with iodoform-gauze The tampon caused slight pains, but it still more quickly arrested the vomiting. The author then relinquished the idea of completing the abortion, and the patient rapidly

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improved. A relapse, however, took place suddenly later on, and the tampon had to be introduced again; this was in the twenty-sixth week. Another application was called for on the 30th. The result this time was not so lasting, but pregnancy was prolonged until the thirty-second week, when a viable child was born. The child lived.

As regards the case described, none of the causes usually spoken of as causing the disease were present. The author was therefore inclined to the opinion that the rigidity of the portio in that case caused the vomiting, and the more so as, on the basis of several cases, it had been shown that the os uteri was the point of outset of reflex vomiting. Only a short time ago the author saw a case in which, in a woman in labour, simple eccentric pressure on the anterior border of the half-dilated os uteri set up vomiting, with the certainty of an experimental demonstration.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Dec. 18th, 1896.

FOREIGN BODY IN THE ŒSOPHAGUS

HOCHENEGG exhibited at the Gesellschaft der Aerzte a patient on whom he had successfully operated owing to a foreign body being lodged in the throat. About August last the patient took a hasty meal, after which he had severe pain in the gullet, as of something were sticking and stabbing him. Neither vomiting nor swallowing more food would dislodge the offending matter. A surgeon was consulted, who pronounced it to be an ulcer of the alimentary tract; and, to remove the foreign body from the intestine, potato diet was recommended. No relief being obtained two other medical men examined the throat with a sound but could find nothing. Another week passed and the pain increased, disabling him from all duty, when hæmatemesis appeared for the first time, which was soon repeated and quickly brought the patient to the brink of the grave. An exploration with a sound at this point could not be undertaken, although a close inspection of the thyroid revealed an enlargement on the left side, extending from the jaw to the clavicle. At the lower part distinct fluctuation was observed, and on swallowing a slight displacement was noticed. The surgeon believed that some sharp body was making its way from the gullet to the blood-vessels, and immediately had the patient narcotised, the part laid open, expecting to meet with a hæmatoma, but encountered a diffuse, enlarged condition of the adjacent parts in which the thyroid gland was implicated, but immediately behind the trachea, no pathological change was present. Nothing satisfactory being obtained, strumectomy was performed, when it was discovered that purulent matter was exuding from the side of the œsophagus and trachea. Closer inspection revealed a hole, the size of a walnut, discharging stinking, but not hæmorrhagic, matter, from which was extracted a part of the fork-bone of a hen. The source of the hæmatemesis is still obscure unless we can imagine a varicose vein in the posterior part of the œsophagus which became eroded and discharged. The after treatment progressed favourably, the wound healing in fourteen days.

Bleeding from foreign bodies in the œsophagus is not a common consequence, as Fischer's statistics with 180 cases show only 10 with complications, which usually appear within six or eight days after the impaction. He also states that the common consequence of these cases is fatal. The greater number of foreign bodies appear to be impacted on the left side, although some do occur on the right, a few on the anterior side, but never posteriorly.

He then referred to the possibility of an early diagnosis, but gave no hope of the sound eliciting a correct result. A few examples were taken from Bergmann, who passed a 22-millimetre bougie without ever discovering anything, while Rosenheim immediately after saw it with the œsophagoscope. The Röntgen rays method was the most hopeful form of diagnosis.

CYSTIC FORMATIONS ON THE CONJUNCTIVA.

At the Doctoren Collegium Adler showed a girl with a rare form of cystic growths on the conjunctiva. He remarked on the rarity of the condition, which had only once been previously observed by so able an ophthalmic surgeon as Arlt. These growths are usually traumatic in character but this case was congenital.

Three of the cysts were removed and examined by Zeemann who declared them "retention cysts of Krausse-glands." A similar case, æt. 13, was operated on 20 years ago by Chvostek.

The boy suffered from chorea major and would leap a metre high when the attacks came on. The cyst in his case was traumatic. Chvostek diagnosed the case to be one of cysticercus at first, although many of the diagnostic points were absent.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

ENCYSTED HYDROCELE OF THE CORD—RADICAL CURE BY EXCISION.—Mr. A. CARLESS operated on a boy, æt. 4, who for some time had been the subject of an encysted hydrocele of the lower portion of the cord. The left side of the scrotum was occupied by a fluid swelling which closely simulated a hydrocele of the tunica vaginalis, but the testicle could be felt quite distinctly below it, and the cavity extended along the cord. Tapping had been performed three or four times, the usual straw-coloured fluid being evacuated. An incision was made above the scrotum in the inguinal region in the direction of the cord; the successive layers of tissue covering the sac were carefully divided and stripped from the serous membrane; by this means the hydrocele was isolated from its surroundings and removed without having been punctured; it contained about an ounce and a half of fluid, and the incision through which it was removed measured one inch. The wound was closed by sutures, without drainage, and sealed down by celloidin collodion, no other dressing being applied. Mr. Carless stated it would have been very easy to mistake this form of hydrocele either for the vaginal variety or for a large encysted hydrocele of the epididymis; from the former it was readily recognised by the testicle being outside of it; from the latter, by the swelling extending along the cord and by the character of the contents. It was probably due to distension of an unobliterated portion of the funicular process. As to the operation, emphasis was laid upon the importance of keeping above the scrotum whenever it is possible; scrotal wounds heal badly, said Mr. Carless, and the surgeon can never be certain that the corrugated scrotal integument has been rendered aseptic. The ready mobility of the testicle enables the operator to deal with even a vaginal hydrocele in this way. The method of closing the wound

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was also commented upon and the advantage of being able to dispense with the ordinary dressings noted; young children, Mr. Carless pointed out, are always wetting their dressings, and if the wounds are to be kept aseptic, they must be constantly re-dressed; hence if it be safe it is more satisfactory to seal the wound down with an impermeable varnish rather than to trust to a dressing which often becomes a source of danger. In this particular instance, the celloidin collodion formed such a rigid hard film that the child suffered considerably from it, therefore at the end of two or three days it had to be removed and an ordinary dressing applied.

Amputation of the Forearm.—The same surgeon operated on an old woman, æt. 70, for septic arthritis of the wrist. For some time back she had suffered from discharging sinuses on the ulnar side of the wrist and forearm; one sinus led down to the fifth metacarpal bone and another to the lower end of the radius; a few days previously Mr. Carless had opened up the sinus, gouged out a small portion of bone from the fifth metacarpal, disinfected the wounds thus made with pure carbolic acid, and stuffed them with gauze infiltrated with iodoform. At the end of 24 hours the temperature ran up to 102°; severe pain was experienced around the wrist, which became red and swollen; this continued to increase till it was evident that the articulation was in a state of septic arthritis, and amputation was consequently decided on. This was performed by means of equal antero-posterior skin flaps, and a circular division of the muscles; the subcutaneous tissue was somewhat infiltrated and œdematous, but Mr. Carless considered it was safe to leave it, for although the healing might be somewhat impeded, yet no serious consequences need, he thought, be anticipated; he further pointed out that the septic arthritis was evidently due to an accidental invasion of the joint during the first operation, and stated that he had seen more than one similar case A patient comes to him with a septic sinus leading down to the bone in the neighbourhood of a joint; obviously the bone must be scraped in order to obtain healing, and hence, however careful he may be, there is always a possibility of opening up the adjacent synovial membrane, which may be only separated from the wound by the thickness of the articular cartilage. The age of the patient in this particular instance precluded conservative treatment and determined amputation; had the patient been younger free incision and drainage might possibly have saved the limb, though with an ankylosed wrist.

CITY OF DUBLIN HOSPITAL.

Ligation of both Lingual Arteries and clearing of each Digastric Space, also Crico-tracheotomy, preliminary to Tongue Excision.—Mr. Henry Gray Croly operated on a man, æt. 56, suffering from cancer of the left side of the root of the tongue extending to the left side of the soft palate. No enlarged glands could be felt under the jaw or through the floor of the mouth, but when the digastric space was exposed the sub-maxillary gland was found to be hard and much enlarged, extending beneath, and grasping the jaw. The gland was removed and the facial artery ligatured close to its origin—several small lymphatic glands were also discovered and removed. The lingual artery was very deep—consequent on pressure—was ligated in the fibres of the cerato-glossus and the right lingual was easily found and ligated. The wounds healed rapidly. Subsequently Mr. Croly performed crico-tracheotomy; the cricoid cartilage was easily divided, not being ossified. At a later date when the tongue, which was considerably enlarged before the arteries were ligated, became much reduced, Mr. Croly purposed excising the organ by the bloodless method. Both lingual arteries were ligated eight times and one lingual artery on four occasions. Mr. Croly always clears the digastric space and removes the glands when found enlarged and contaminated in each case, though they may not be felt before exposing the digastric space. Mr. Croly also always excises the entire tongue, and finds the power of speech much better than following partial operations. Mr. Croly refuses to operate when the floor of the mouth is involved, and has observed when the cancer is at the root of the tongue that the glands at both sides are affected as the lymphatics at the base go to each side.

Tongue Excised (second operation, fourteen days after the first).—The patient was placed on a low table and chloroformed. Mr. Croly first divided the left side of the cheek transversely from the angle of the mouth; the divided ends of the facial artery were tied, the mouth gagged, the fauces plugged with sponges with strings attached. The tongue having been drawn forwards by means of a forceps, Mr. Croly passed a curved needle armed with strong sterilised silk through the base of the organ close to the glosso-epiglottidean ligament. The tongue was then severed at the root close to the hyoid bone. There was no hæmorrhage from the divided tongue. An artery inside the symphysis required ligation. Mr. Croly next removed the left half of the soft palate by means of the Paquelin's cautery. Chloroform was kept up through the trachea tube, Mr. Croly remarked that for sixteen years he has adopted the procedures described, viz., (1) clearing digastric space of all glands; (2) ligation of lingual arteries; (3) securing the base of the tongue by means of curved needle (in long handle) and stout silk, as temporary safeguard.

We hear that the tube was removed in five days. The patient swallowed two pints of milk the day of operation. No temperature or complication. The mouth and fauce have been flushed frequently by means of an irrigator containing warm boric lotion.

Royal College of Surgeons, Edinburgh.

At a meeting held Dec. 15th, the President, Dr. John Struthers, and Dr. John Duncan were re-elected representatives of the College in the Board of Management of the Royal Infirmary for the ensuing year. Dr. Robert James Blair Cunynghame was elected representative of the College in the Council of Queen Victoria's Jubilee Institute for Nurses, Scottish Branch, for three years from Feb., 1st 1897. The President was elected one of the Committee of Management of the Triple Qualification. The following gentlemen, having passed the requisite examinations were duly elected Fellows of the College:—Robert Turner, M.B., C.M., Turriff, Aberdeenshire; William Arthur Loxton, M.R.C.S.Eng., Edgbaston, Birmingham; Arthur Edward Giles, M.D., M.R.C.S.Eng., 58 Harley Street, London; Arthur Ainslie Hudson, M.B., C.M., Upper Norwood; Llewellyn Gwynn Dwaffydd Jones, M.R.C.S. Eng., Birmingham; Herbert Clifford Barclay, M.R.C.S, Eng., Waimate, South Canterbury, New Zealand; Thomas MacCubbin Young, M.B., C.M, Cowgate Dispensary, Edinburgh; William Moore Elliot, M.D. Strabane, Co. Tyrone; John James Goodlatte Murray, L.R.C.S.E., Abbeylard Rectory, Granard, Co. Longford; John Taylor Connell Johnson, L.R.C.S E., Edinburgh; Alexander Hill Griffith, M..B., C.M, Manchester; Charles Allan Brough, L.R.C.S.E., University College, Bristol; Harold Hay Brodie MacLeod, M.R.C.S.Eng., Shrewsbury; and Edward James M'Carthy Morris, L.R.C.S.E., Lancaster.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 23, 1896.

THE MEDICAL SLANDER CASE.

THE end of the slander case, Stiven *v.* Welsford, was reached last week, and the jury awarded the plaintiff £75 damages. It is scarcely needful to discuss here the details of the case at length, inasmuch as the daily press have dealt fully with the facts, and have given so much publicity to them that there cannot be many newspaper readers who have not been satiated with the subject of appendicitis during the past ten days or so. Indeed, the glib way in which appendicitis was spoken of throughout the trial, both by judge, counsel, and lay witnesses leads to the inference that the main features of the disease have now become common knowledge among a considerable section of the community. One of the effects of this will be that patients will be questioning their medical advisers on the subject, and with every pain in the abdomen will be imagining that they are the subjects of appendicitis. But it is not with these matters that we have to deal upon the present occasion. A far more disturbing question presses forward for discussion and compels attention. Probably there is only one feeling uppermost in the minds of those who have reflected upon this case, and that is one of sincere regret that it should ever have come into the Law Courts. It was one which almost entirely concerned medical men, and the matters with which it dealt were those upon which medical men would have been able to pronounce a competent judgment. But the plaintiff decided to take it into court; and to submit to the full publicity of a trial matters of a purely professional character, mainly relating to his own conduct. In obtaining a verdict for £75 damages with costs against the defendant it might be held that this result affords a clear justification of the policy which was pursued. In a measure perhaps this may be admitted; nevertheless, beyond this it is difficult to see how the trial has improved the plaintiff's position. The *Times* in a leading article upon the case sums up as follows: "It is, indeed pretty clear that there was no small amount of pique and personal feeling on both sides. Dr. Stiven shut his eyes harder than ever when Dr. Welsford tried to open them, and has that more than anything else to thank for the injury which, notwithstanding the verdict, this case can hardly fail to inflict upon his reputation." This is precisely the view which will probably be endorsed by most laymen, and this was the risk with which the dragging of such a case into court was likely to be associated. Perhaps, however, the plaintiff did not attach much weight to a contingency of this kind, provided that the possibility existed of his obtaining some legal satisfaction out of his opponent. If this were the case, then it must be conceded that the plaintiff in securing what he wanted has gained the victory. Thus it may be that he is abundantly satisfied with the result. But, be this as it may, the fact will ever remain that arbitration for the settlement of such a case would have been the best course to have adopted. By this means the unseemly parade of the divergencies of professional opinion would have been kept from the public notice, and the record avoided of many evidences of bitterness of feeling subsisting between the practitioners concerned.

THE PRACTICAL TRAINING OF MEDICAL STUDENTS.

THE warning reiterated by Mr. Thomas Cooke in respect of the decay of practical training, and confirmed by no less an authority than Dr. Struthers in his address on "The Medical School of the Future," should open the eyes of those who are responsible for the present state of medical education. Medicine is essentially a practical art. It deals mainly with facts, facts which have to be ascertained by the aid of a trained power of observation. Now there is not, and cannot be, a better school for training the powers of direct observation than the dissecting room. There the industrious and conscientious student learns to observe for himself, and when the facts thus ascertained seem beside what his text-book tells him he learns that implicit trust ought not to be placed in any authority unless confirmed by actual observation. The curriculum at present comprises so many subjects and involves so many examinations that the poor student is no longer able to devote himself with his whole soul to practical study, as was once the case. In this way the most valuable part of the student's training is rendered more or less nugatory, and he learns from the

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first that it is easier to cram his work than to learn it properly. Nothing can take the place of practical training as obtained in the dissecting room, and morphological anatomy is only of use in throwing light on the formation of structures with which it is indispensable the student should first be thoroughly familiar. It has been said that every person has two educations, one which he receives from others, and one, vastly more important, which he gives himself. Even the frivolous Oscar Wilde, in his "Intentions," sagaciously observes that "there are very few things in this world worth knowing which can be taught, they have to be learned." Our object then should be to encourage the student to learn for himself and to discourage the blind acceptance of authorities, an intellectual servility which was responsible for the stationary ignorance of the Middle Ages. Reform is needed both in the teaching and in the examining departments. The incubus of lectures which at present constitutes a burden too grievous to be borne ought to be thrown off, and under no circumstances should they be allowed to interfere with practical clinical work. The student's memory does not require such abundant feeding with merely verbal knowledge. Lectures may be of use when they serve to place in relief certain facts and to explain the inferences that may legitimately be drawn therefrom, but the so-called systematic lecturing is mere waste of time, and doubly so seeing that the attendance of the student is compulsory. Lectures, in fact, should supplement the text-books and serve as a guide to students in harmonising theoretical knowledge with observed facts. When, as is largely the case, they merely consist of a dry abstract of things which can more profitably be worked up from print they are a hindrance, instead of an aid, to education. The primary error in the present system of examinations is their number. The student works for these examinations in the dread of them rather than to know his work; in short, he grinds and crams for each successive portion of the examination. By setting the example of piecemeal examination the London Conjoint Board has seriously impeded the progress of medical education and the pernicious example has perforce been followed by many other examining boards throughout the country. Written examinations appear to be a British speciality, for nothing of the kind obtains in either France or Germany. Nowadays they occupy a position of such importance that many students are rejected on them, not even being allowed to go forward to the oral and practical parts of their examination. What we want is an examination which will test real knowledge, the kind of knowledge that fits a man for the practice of his profession, and our system of examinations renders this a quasi-impossibility. As these views gain ground, which they are sure to do in the long run, we shall have students working at particular subjects at specified periods of the curriculum, and not, as at present, wasting their energies in the attempt to master several dissimilar subjects at the same time.

FLAWS OF LATTER-DAY PREVENTION.

The prevention of infectious diseases affords one of the most attractive of the many fields opened up by the latter-day science of public health. Its record, although here and there unequal, nevertheless tells on the whole a tale of solid achievement. It has, for example, fairly drawn the teeth of that ancient and devastating dragon, small-pox, which now barely contrives to exist anywhere within the four corners of the United Kingdom. Nor is there reason to doubt that what has been done in the case of small-pox will sooner or later be effected as regards the rest of the zymotic maladies presently dealt with by the legislature. On the other hand, measles and whooping-cough, which, as non-notifiable diseases, are outside public sanitary control, have multiplied wholesale during recent years. In both instances the relation between cause and effect appears to be clear enough, but further reflection suggests that the problem is harder than it looks. Compare with them the case of the notifiable diseases, scarlet fever and diphtheria. Perhaps one of the most discouraging facts we have to face in the whole range of the scheduled infectious diseases is the great and continued prevalence of scarlatina. But while that trouble is with the greatest difficulty barely kept in check, there has been, from year to year, an enormous actual increase in diphtheria. Indeed, both these scourges of mankind may be said to have hitherto consistently baffled the Medical Officer of Health, in spite of his triple compulsory weapons of notification, isolation, and disinfection. It will be of special interest, therefore, to inquire shortly into the reasons of this failure. For this purpose we will ask why diphtheria, so far from having been checked or lessened, keeps on steadily rising after many years of attempted control? Since 1889 the disease has been compulsorily notifiable in London, and has been voluntarily made so in many of the provincial districts. What, then, are the faulty links in the present chain of prevention as applied in the metropolis? The answer to such a question is a wide one, and it will be well to narrow down the field of discussion by putting aside such direct or contributory causes as defects of drainage, of water, and of food supplies. Such points may be safely left to general principles and to the skilled analytical vigilance of sanitary experts. At the same time there are other less obvious, but still important, avenues of infection which it may be useful for the moment to explore. For instance, as a disease of children there can be little doubt that the growth of the School Board system along with the steady rise of the diphtheria curve of mortality is something more than a mere coincidence. It seems likely, however, that the schools must not be blamed for more than a certain margin of the mischief. Nevertheless, from many points of view it is desirable that this issue should be threshed out by a responsible board of inquiry. Another general risk in the spread of diphtheria, namely, the difficulty or impossibility of early diagnosis, can be now considered by the tests of modern bacteriology. It is not too much to say that

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local authorities neglecting to furnish facilities for such skilled examinations fail in their duty to the public. Turning next to disinfection we find that in everyday practice the process simply bristles with fallacies. In many cases the construction of small houses and tenements is such that proper disinfection is altogether out of the question. Then, again, it is far from settled whether the ordinary method of burning sulphur in a room furnishes an actual safeguard against further infection. In many instances the rooms are peopled afresh as soon as the fumes of the sulphur have been sufficiently diluted by throwing a window open for an hour or two. This slipshod treatment of a crucial matter results from the lack of "refuge" houses, where families or individuals that have been exposed to infection may be housed at the public cost, while their dwellings are being properly disinfected. It is a matter of question in some well-informed quarters, by the way, whether sulphur fumigation should not be replaced by other and more efficient plans, such as the French system of spraying with solutions of corrosive sublimate. However, opinions are divided upon the point, and further scientific investigation is required. There is little need to speak of the notorious breakdown of urban prevention in the particular link of isolation, chiefly due to the lack of hospital accommodation. In London the partial failure of the Metropolitan Asylums Board has been before the public for the last two years. Something, however, may be said as to the foolish social habits that form a powerful factor in the spread of infectious disease. Among the poorer classes it is a constant custom when a child is taken with an illness forthwith to flock to the house, regardless of the danger that may be incurred. In this way children are often exposed to direct and deadly infection. Nor does the pernicious habit stop at the sick-bed, for the neighbourly visits are repeated should the patient die, with the objects of viewing the body or of attending the funeral. It is clear that the only remedy for such deplorable recklessness is a wider appreciation of the nature of infectious diseases by the community. As regards broad issues the local sanitary bodies should be urged to agitate for ample fever hospital accommodation. They should revise their disinfecting methods, and at the same time provide modern apparatus and an adequate staff of assistants. Lastly, they should offer shelter at the public cost to all persons who have been in any way exposed to the risks of infection. In the long run the adoption of such measures would save the pockets of the ratepayers, who in London have to pay an enormous annual sum for the provision of the necessary fever hospitals. Something further might perhaps be done by the legislature by way of helping on the great cause of preventive medicine. Parliament, for example, might by a new Public Health Act make present powers less permissive and more compulsory. Last, but not least, the Local Government Board might do yeoman service by bringing pressure to bear on local bodies with a view to the better administration of existing laws.

Notes on Current Topics.

Students' Organisation.

WE have many times remarked upon the strange indifference shown by medical students in respect of the subjects in which they are most interested, and their peculiar sensitiveness with reference to trivial matters which do not materially affect them at all. For example, while their time, brains, and money have been wasted by the General Medical Council on such courses of instruction as psychology and vaccination no remonstrance escaped them, but when a female Fellow of the Royal College of Surgeons, Ireland was appointed an examiner, an alarming effervescence of virtuous indignation ensued. We recognise, to the fullest extent, the right of the student to make his interests and opinions known, and, more than that, we think it would be a cardinal mistake if the powers that be failed to give careful consideration to those opinions. Probably, as students are often ill-informed as to the reasons for the proceedings of which they complain, and are inexperienced in the art of diplomatically expressing their views, their manifestos will contain a good deal of nonsense. But they may be trusted to know students' business even better than Professors and Councillors, and what they say ought to be listened to, and the good taken out of it, even if it does not represent either mature experience or discreet diplomacy. We make these observations having before us the first report of a Medical Students' Association established last year in connection with the Queen's College, Cork. In addition to its advocacy of certain changes in the arrangements of the Cork College, it devotes itself to showing that the Medical School of the Catholic University in Dublin, which has recently objurgated against its alleged exclusion from the Examinerships of the Dublin Colleges, does, itself, effectually squeeze out the Cork and all other colleges from the Examinerships and Fellowships of the Royal University. It also urges with all the vehemence belonging to youth, that Union Hospitals and the Cork Union Hospital, in particular, should be recognised as clinical teaching institutions. Although we do not agree with the Students' Association on the latter of these points, for reasons which we can give when needed, we welcome the spirit of independence which prompts the action of the students, and we shall be ready to cross swords with the Association in the discussion when desired.

Bacteriology at the Cape.

WE commented in our issue about three weeks ago concerning the want of patriotism of the Government of the Cape of Good Hope in appointing a German professor, Dr. Koch to wit, to the special duty of investigating the bacteriology of the Rinderpest. It now appears that in 1891 the Cape Government appointed a bacteriologist of their own, at a salary of £1,000 per annum. How is it, therefore, that the services of this officer have not been deemed sufficient for the purposes of the special inquiry in question. This query is the more pertinent at

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the present moment in view of the statement, telegraphed to this country, that the specific microbe of rinderpest has already been discovered by this bacteriologist. It is far from expedient, of course, to pay much heed to sensational newspaper reports of this nature, nevertheless, it does not alter the fact, in the present instance, that a German professor has been largely subsidised by the Government of an English colony, to carry out investigations which could have been just as efficiently undertaken by a British scientist.

Drink and Heredity.

THE curious fallacy that alcoholism is hereditary has long been insisted on by the earnest, but unscientific, temperance reformer. Lately, however, it has been advanced by Mr. Grant Allen, a man of no mean scientific parts, from whom better things might reasonably have been expected. In a recent novel with a repulsive plot he makes a young man jilt his sweetheart because he has suddenly discovered that his long-lost father was a drunkard. A way out of the difficulty is found by the further discovery that he is a bastard, and hence not the son of his reputed father, whereupon he feels himself justified in marrying the girl offhand. Perhaps, Mr. Allen will say that he is not responsible for his hero's distorted versions of heredity. Anyway, it may safely be laid down as a general law that alcoholism is not *per se* handed down from generation to generation. On the other hand, it may be conceded that the temperament that conduces to drinking habits may undoubtedly be inherited. The strongest factor, however, is most likely environment, which includes fashion, conditions of occupation, temptation, and many other potent exciting causes. *Pace* Grant Allen.

Epsom College; A New Departure.

THE governing authorities of Epsom College have just issued a circular letter calling attention to a new departure in the scheme upon which this educational establishment has hitherto been conducted. The new school buildings, which will be ready for occupation in Easter next, will provide increased accommodation for 100 boys, and the statement is made that "the facilities now afforded will, it is hoped, induce parents of these classes of society to send their sons to Epsom; for while on the one hand great advantages are reserved for the sons of medical men, the admission of boys not drawn from the medical profession is of inestimable value in giving breadth to the education of the College, and in minimising the disadvantages of an entirely class school." We learn, also, that this opinion is entirely in accord with that upon the same subject frequently expressed by the Founder of the College. There does not appear to be any reason why Epsom College should be restricted to the sons of medical men. Indeed, to throw its advantages as an educational centre open without class distinction seems an exceedingly wise course to pursue upon many grounds. Accompanying the circular-letter was a prospectus of the College, in which one of the officials is described as a "lady" matron. What is a "lady" matron? The antithesis to a "gentleman" matron, we suppose. But we have not heard of such an official. Presumably, what is intended is "lady superintendent."

Mr. R. B. Anderson and the Council of the College of Surgeons, England.

THE Council of the College of Surgeons, England, at their last meeting discussed the resolution passed by the "Body Corporate" on November 19th, respecting the grant of a sum of money from the College funds towards the defence of the rights of Mr. R. B. Anderson. Despite the fact that the resolution was "sent up" with the record that it had been carried by 47 votes to two, the Council declined to accede to the request contained in it. That is to say the Council will not assist Mr. Anderson in his efforts to carry the appeal on his case to the House of Lords. The curious feature in connection with the action of the Council in the matter is that they have refused to seek the advice of a high legal authority for the purpose of ascertaining whether the existing charters would enable them to grant a sum of money under such circumstances and for such an object. Is it that they are afraid of the reply being favourable to the claimant? If, so they cannot be commended for the wisdom of their policy. There is nothing to prevent the Charter and Byelaws of the College being submitted by the Civil Rights Defence Committee to an eminent Counsel for his opinion thereon, in order to determine the point, and either one way or the other the matter will have to be decided. If the legal position is in favour of Mr. Anderson, the Council will have to alter their decision.

Poor-law Simony in Ireland.

WE note with satisfaction that three of the guardians of the Skibbereen Union have been committed for trial on a charge of having solicited and accepted bribes from candidates for a rate-collectorship. If the statements made at the preliminary investigation, that they went from candidate to candidate offering their votes to the highest bidder, be established, they will deserve condign punishment. At Toomavara, in the county Tipperary, a somewhat similar transaction has been divulged. The Medical Officership of that district being vacant, Dr. Kennedy, of Limerick, was elected—largely under the influence of a Mr. Coffey, one of the Dispensary Committee. It then transpired that a "secret treaty," in writing existed, in which the Doctor bound himself to resign within a year in order to make room for some friend of the committeeman, who is not, just now ready to compete—whereupon, the Local Government Board, most justly, refused to sanction the appointment. Does any one suppose that these are isolated cases of corruption in the disposal of Irish Poor-law appointments? If they do, they have little experience of the system. If money does not pass, other considerations do, such as promise of gratuitous services, personal assistance, and what not. In no case whatever is a Poor-law Medical appointment given away in Ireland, under any circumstances, "on the merits," or in the best interest of the sick poor.

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The Neglect of Vaccination in Croydon.

THE evil effects of the agitation of the anti-vaccinist party have apparently fallen upon Croydon. A return has been published showing that there are now 4,500 unvaccinated children in the borough, and of these two-thirds attend the public elementary schools. The knowledge of these facts was recently brought under the notice of the Surrey County Council, and that body has decided to call the attention of the local Board of Guardians to the same. The Guardians have ceased for some time to take proceedings against negligent parents, and thus the number of unvaccinated children has rapidly increased of late. Apparently this local authority is seeking to emulate the example of the Guardians of Gloucester, and is satisfied to do nothing in the matter until an epidemic of small-pox begins to play havoc with the lives of the community. It is sad to think that the fatality of such a policy as this has been so far lost upon the Guardians of Croydon who should have better sense.

Sewer-Poisoning—Who is Responsible?

WE have great pleasure in noting that the claim against the East Ham Urban District Council made by the widow of an unfortunate man, who met his death from sulphuretted hydrogen poisoning while in the act of descending a manhole in connection with the defendants' sewage works in July last year, has been revived. In our issue of the 4th ult. we freely expressed our opinion of the action of Mr. Justice Cave in withholding the case from the consideration of the jury on the ground, erroneous as we contended, that the evidence of liability on the part of the defendants was insufficient. It is a satisfaction to us to learn that our opinion was sustained by the Master of the Rolls, Lord Justice Lopes, and Lord Justice Rigby last Saturday, in the Court of Appeal, by their Lordships granting leave for a new trial, the result of which we shall await with renewed interest.

Medical Etiquette,

WE have heard so much lately about breaches of professional etiquette, that it is really refreshing to find a case in which a practitioner has shown an almost quixotic regard for medical ethics. Dr. H. St. Clair Gray, of Glasgow, insured himself against accident in the Northern Accident Insurance Company, and in August 1894, contracted what is termed in the report "blood-poisoning." during the course of an operation on a lady at a private house, or rather, he cut himself at this operation and subsequently, symptoms of blood-poisoning set in. At the lower court he was awarded £78 damages, a decision which was reversed on appeal to the sheriff. He appealed to the Court of Session, and judgment has just been delivered, upholding the sheriff's ruling. The Court held that, although the claim was good as far as the actual accidental disease was concerned, the defenders were absolved from paying because Dr. Gray would not disclose the name of the patient from whom he had contracted the poisoning. At the same time the judges commended him for his honourable conduct, and said that they did not doubt his *bona-fides*. Dr. Gray, therefore, not only loses his money but has to pay the expenses of three actions, although his claim is good, his *bonâ-fides* acknowledged and his conduct honourable, because the Insurance Company could plead in law that they were unable to personally verify the time and place of the accident. We are glad to see that one of the judges present dissented; for the judgment may be law it has not the slightest resemblance to equity.

Thoughtless Testimonialising—Mrs. Longshore Potts.

IT is a just judgment upon a number of persons in official positions, and other influential people who have been importuned into adding their names to a eulogy of Mrs. Longshore Potts, that they are doomed to see their signatures hawked about in every large town in the United Kingdom, and widely published in the quack advertisements of this person. She is now at Bournemouth, and has been round the town canvassing for eulogia, apparently with indifferent success, for she has only entrapped five dissenting ministers, no person of any authority having lent his name. But a number of lord mayors and mayors and three or four bishops, who were green enough to sign her papers in other places, are used over again. It is—we say—just punishment on them that their office and themselves should be dragged through the dirt all over the country by this woman, for we have reason to know that many of them never saw Mrs. Longshore Potts, and knew nothing whatever of her or her antecedents, and subscribed their names simply to get rid of the importunities of her canvassing agent. We think that bishops and mayors who have so little care for the dignity of their office ought to be ashamed of themselves.

The Banana as a Nutrient in Typhoid Fever.

THE amount of waste material left after the digestion of the banana appears to be so small that an American practitioner has suggested the use of the fruit as a nutrient in cases of typhoid fever. Analysis of the banana shows that it contains about 5 per cent. of nitrogenous matter, 19½ per cent. of sugar, and about 74 per cent. of water, together with traces of starch, fatty and saline matter, and cellulose. In British Guiana it is extensively used as the food of infants, children and invalids. Probably the uses of the banana as a food in this country are not properly understood. Usually it appears with the dessert at the dinner table when the diners have already had as much probably, as they care to eat.

Infective Epidemics in Dublin.

WE have it on the authority of the Medical Superintendent Officer of Health for the city that the hospital accommodation for scarlatina, measles, and other zymotics is now exceeded by the demand, and that cases have to be kept in their own homes, spreading the disease. It is certain that the building of an isolation hospital can no longer be avoided, and though the overtaxed citizens can badly afford the cost, it will have to be incurred without delay.

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The Livingstone College.

This College, established for the purpose of teaching the elementary facts of medicine and surgery to lay missionaries, appears to be prospering as its promotors would wish. A copy of the last annual report shows a distinct advance in the undertaking as compared with previous years. Judging moreover, from the letters received from former students the College is doing a good work which is being felt in many out of the way districts in the world, where missionaries labour. Letters, for example have come to the College from students who are now making use of their medical training in such places as the Congo district, West Africa, the River Niger Districts, Pondoland, Alexandria, Samoa, India, China, and Bechuanaland. The fact is not to be disputed that even a smattering of the knowledge of present day medicine and surgery, is valuable as compared with the fetish superstitions of the native "medicine man." The special work of the Livingstone College, therefore, should be encouraged by all those who are in a position to do so.

The Scientific Aspect of Plum Pudding.

The present are the days of darkness and doubt, when deadly germs have been proved to lurk on all hands in what we eat and in what we drink. Science has warned us off with emphatic voice from uncooked saveloys, from ice creams, from underdone pork, and from a good many other more or less toothsome delicacies. It has shown that tinned meats and stale soup often spell poison in large letters, and that ordinary filters are no better than so many death-traps. In the midst of all these disquieting dangers it is pleasant to be able to say a good word on behalf of our old friend the English plum pudding. Properly made and properly cooked, it undergoes complete sterilisation in the boiler, and can then be kept for a year and a day in a dry place, not only without being a bit the worse, but even with absolute advantage to its flavour and general attractiveness. Indigestible it may be to the stomachs of our weaker brethren, but dangerous, never. With confidence, then, all halesome folk, whether in the green bud or the sere and yellow leaf, have our sanction to indulge discreetly in this most sweet and seasonable dish.

A Circulating Library for the Blind.

The plan of providing a circulating library for the blind appears to be an excellent one. A free library of this kind was recently opened for the benefit of the blind in the city of New York. At present one hundred and eighty-four volumes are available for circulation, contributions having been received from various institutions. No such enterprise as this, we believe, has been thought of in this country, nevertheless the example is one which might well be followed. There are probably many blind persons in London, for instance, who would be grateful for the privilege of being supplied with books to "read" whenever they desired to do so

Contest Between Public Health and Common Law.

An important question was decided last week in the High Court in Dublin, which will hamper the action of Irish sanitary authorities. The Surgeon Commissioners sued the local railway company for storing manure within one hundred yards of inhabited dwellings, to which the company pleaded that—as common carriers—they were bound to do so, and, therefore, could not be touched by the Public Health law. The magistrates decided against the company, but the High Court, consisting of the Lord Chief Justice and Justices O'Brien, Johnston, and Holmes reversed that decision, and held the railway not responsible.

The Vaccination Laws on the Continent.

Dr. Thorne Thorne, Principal Medical Officer of the Local Government Board, returned to London on the 18th inst., after a fortnight's visit to Paris and Brussels to study the means of vaccination at both capitals. The inquiry was put on foot by the Local Government Board in view of a Government measure, which it is proposed to introduce next Session, to make vaccination totally free, with a completely separate department in London. Dr. Thorne Thorne first visited Paris, and was given every facility for inquiry by the professors of the Institut Vaccinal, affiliated to the municipality of Paris, and the Académie de Médecine, where vaccine lymph is distributed gratuitously, after admixture with glycerine, throughout the whole of France, at the expense of the State. A visit was afterwards made to Brussels, where the Ecole de Médecine Vétérinaire—State Department for Belgium—and Dr. Janssen's vaccination department, under the municipality of Brussels, were visited. After Christmas, Germany, in which country vaccination has been specially studied, will be visited.

The Conviction of the Cancer Quack.

The Medical Defence Union must feel some satisfaction at the conviction of "Dr." Ferdinand, M.D., U.S.A., the cancer quack. The twelve months' hard labour to which he has been sentenced is not by any means too much punishment for a man who has lived for years upon the proceeds of deliberate fraud practised systematically upon the persons and the pockets of the sick poor. But the chief point about the case is that his conviction was only indirectly the result of his fraudulent practices. He had been previously fined £20 for the assumption of the misleading titles, "M.D., U.S.A.," despite, however, that he still continued to carry on his trade. Nevertheless, it was only after he had committed perjury at a coroner's court that he brought himself within the clutches of the law, and it was for this offence that punishment was meted out to him. The act of perjury was in connection with his fraudulently assumed titles. These facts clearly show the weakness of the Medical Acts. So far as the latter were concerned, Ferdinand might

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still have been carrying on his trade, without exposing himself to risk of prosecution. What is imperatively required is the strengthening of the law in regard to the prohibition of quackery. If the law was strong enough to deal with these cases the trade of a quack would soon cease to be worth following. As matters are at present, however, quacks are able to flourish abundantly all over the land.

PERSONAL.

WE understand that Surgeon-Major-General Muir, M.D., will succeed to the post of Principal Medical Officer in Egypt, vacant by the appointment of Surgeon-Major-General Nash to Netley.

MR. W. F. D. SMITH, M.P., has offered £1,000, and an anonymous donor has offered £1,000, towards the Special Fund in aid of Charing Cross Hospital, provided nine other similar amounts are promised before June next.

THE ceremony of unveiling the statue of the late Surgeon-Major Parke, in Dublin, was performed on the 19th inst., by Lord Roberts, the Commander-in-Chief in Ireland.

SURGEON-CAPTAIN HARE has inoculated for cholera the coolies engaged on the Assam to Burmah railway survey, and found that of the inoculated only about 2½ per cent. died of the disease, whereas 19 per cent. of the uninoculated died.

DR. RICHARD BANGAY, of Lyme Regis, has been presented with a book-case, a set of volumes of the "Encyclopædia Britannica," and a purse by his patients and fellow townsmen on his retirement.

THE announced intention of appointing a well-known London surgeon to the Professorship of Surgery in Cambridge University has met with serious opposition, and a strong memorial has been presented to the Senate against the proposed appointment.

HIS EXCELLENCY, EARL CADOGAN, Lord Lieutenant of Ireland, has accepted the invitation of Mr. Thomson, President of the Royal College of Surgeons in Ireland, to dine in the College on Saturday, January 16th.

DR. HARRY CORNER, formerly Medical Superintendent of Earlswood Asylum, has organised a home for backward children of good social position. He has secured for the purpose Brook House, a handsome and well-appointed estate of twenty-eight acres, at Southgate, Middlesex.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE CURE OF CANCER.—ACTION AGAINST A GLASGOW PRACTITIONER.—An action has been lodged and record closed in the Sheriff Court against Dr. Edward Coyle, practising in Partick, by a lath-splitter, in which the plaintiff claims £10 and to declare that he is free from payment of a further sum of £11, for which the defender is taking action against him. It seems that for a considerable time prior to September 18th of the present year the plaintiff's wife, now dead, was suffering from cancer, for which she had been treated both in the Glasgow Western Infirmary and also by a London specialist. The attention of the plaintiff's wife was drawn to a pamphlet entitled, "A New Theory of Cancer," of which defender is author. By arrangement defender called, and after examining the patient (Mrs. Smith) defender offered to thoroughly cure her within about six months on payment of £21, refusing to take up the case on any other terms. As the plaintiff could not put down the £21 at the time defender agreed to take £10 then and the balance (£11) within one month. Plaintiff states that his wife became rapidly worse from the date of the first visit of defender (September 11th), and she died on the 29th. The defender, in his defence, said that since the publication of his pamphlet a few months ago he has by his method of treatment cured several cases of cancer. His pamphlet is the outline of a discovery he has made after twelve years' experiment. His fee in this case was a modified one of £21. He commenced to treat the patient with the assistance of his brother and another practitioner (Dr. R. R. Coyle, Maitland St., and Dr. McKee, Crosshill), but notwithstanding his constant attention the patient succumbed to the disease. Defender states that the patient's sufferings were greatly ameliorated by his treatment, while the plaintiff, on the other hand, affirms that the patient's sufferings were in no way relieved, but, on the contrary, aggravated. As the case is in abeyance just now, we will refrain from expressing any decided opinion thereon. It will, however, be surprising if the Faculty do not take up the case, or for that matter, the General Medical Council. Cases have come under our notice in which lump sums, ranging from £5 upwards, have been charged by another Glasgow practitioner for the cure of consumption, in which the patients only suffered from bronchitis, while those suffering from the real complaint went over to the majority, when the relatives are consoled with the statement, "You should have sent for me before, you were too late in sending." Or, "the heart failed just as the patient was beginning to mend. If you could have kept up his strength I would have done the rest."

THE MEDICAL OFFICER FOR PORTOBELLO.—The recent amalgamation of Portobello with Edinburgh, and the inclusion of this burgh in the larger city, has led to some question as to the relation between the Medical Officers of the two places. The Public Health Committee of "Larger" Edinburgh recommended the Town Council to authorise Sir Henry Littlejohn to appoint Dr. A. Balfour to the post of Visiting Physician to the local Fever Hospital and to the office of local Medical Officer, posts which he held before the amalgamation, at a salary of £40 a year. As was the case in connection with Sir Henry's application for the municipal payment of an assistant to himself, several members of the Council objected to the appointment being placed in his hands, and, rightly we think, argued that the Council should have the right of appointing and supervising officials whose salaries they pay and who perform the work of the town. The recommendation was therefore dropped until the relationship between the Medical Officer of Health for Edinburgh and the Town Council was settled in its general aspects. Three motions were given notice of with regard to this relationship, and the question whether the posts of Police Surgeon and Medical Officer of Health should not be dissociated will come up for consideration shortly.

Manchester.

[FROM OUR OWN CORRESPONDENT.]

INFIRMARY EXTENSION—A HALT.—The proposed rebuilding of the Royal Infirmary is the topic of the hour. A special general meeting of the trustees was held on the 14th, and the following resolution brought forward:—"That this meeting of trustees hereby sanctions the rebuilding of the Manchester Royal Infirmary on its present site, in accordance with the plans submitted by the Grand Committee, and authorises the Board of Management of the Manchester Royal Infirmary to take steps to carry out the work with such modifications in detail as may from

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time to time appear to them desirable." An amendment was moved by the Lord Mayor, and after several slight alterations had been accepted, finally read as follows:—"The trustees, upon consideration of the report of the Grand Committee, are of opinion that it is not desirable at the present time to extend the ground area of the existing Infirmary buildings." On a division being attempted, the Chairman, the Earl of Derby, declared the voting to be nearly equal; thereupon a poll was demanded, and this will be taken in the usual way by issuing a circular to each trustee. The *Manchester Courier* for the 15th gives an illustration of the design recommended for rebuilding on the present site, and points out that "Manchester is still face to face with another of those controversies upon matters of the gravest public interest which ought to be above and beyond controversy." Meanwhile, feeling is running very high, and is finding free vent in the local press.

Dr. Cullingworth's Lawsuit.—Dr. Cullingworth is well known and widely respected in Manchester. Before filling his present position at St. Thomas' he held the Chair of Obstetric Medicine at the Owens College. Much sympathy is felt for him in the prosecution to which he has been subjected. Considerable financial help has been forwarded from his numerous friends in this city.

Pathological Society.—The Pathological Society is the most active of the numerous medical societies in Manchester. Already this session between forty and fifty new members have been elected. At the last meeting, on the 9th inst, Professor Trevelyan gave an important paper on Some Points in the Pathology of Acute Myelitis, especially in relation to its causation. Among the numerous preparations exhibited were several admirable skiagraphs by Dr. Nathan Raw, of Dundee. Dr. Raw showed illustrations in which the vessels had been made clear by a special intra-vascular injection, and suggested that such method might prove of considerable service to anatomists studying the relation and anastomosis of arteries.

Correspondence.

(We do not hold ourselves responsible for the opinions of our correspondents.)

BEATTY *v.* CULLINGWORTH.

To the Editor of The Medical Press and Circular.

Sir,—The great bulk of the letter signed "Amy C. Morant," concerns the general question of the trial, but little of it pertains to me, and that little is easily answered.

The most important point is that where the writer says I deprecate irresponsible surgical power in respect to operations on the lower animals, and at the same time claim it in respect to operations on living human beings.

I deprecate experimental surgery on the lower animals, because it has proved so misleading. I do not claim irresponsible surgical power, either in fact or law, for operations on living beings; quite the contrary, I disavow it alike for myself and others.

It is only the persistent claim which "Amy C. Morant" makes for Miss Beatty to be believed against the whole of the witnesses examined, on her own side, as well as for the defendant, which induces her to repeat such a falsehood. Neither judge, jury, nor the public have accepted Miss Beatty's statements.

Similarly, it is amazing that even the revelation of Dr. Bedford Fenwick's forgotten letter has not shaken the implicit faith with which Miss Beatty's statements are accepted by "Amy C. Morant."

The interview between Miss Beatty and myself on Oct. 3rd, 1893, was made by appointment, and the italicising statement of "Amy C. Morant" that I made a most careful diagnosis before I was allowed to know who the patient was, is absolutely untrue, as I knew all about Miss Beatty months before the interview, and I knew that she was coming hours before she entered my house. I also knew why she was coming—to try to retain me as a witness against Dr. Cullingworth—and were "Amy C. Morant's" story true it would only go to show to what low trickery such people will stoop. That the trick was tried on me is true, that it failed is equally true, for I was forewarned and, therefore, forearmed, and the details of the interview were taken down, though Miss Beatty did not know it.

It was not a strictly private and professional interview, for I told Miss Beatty so at the time, and I refused to take the fee which would have marked it as a consultation. I absolutely refused to have anything to do with her or her case, or to see her again, as she wished.

So far as I have gone in my last letter, I did not publish any fact ascertained by me at that interview which had not already been published in court, and for the reason that it is clear we are not yet at the end of this business.

I do not propose at present to publish any more of its details, save to say that the statements made by "Amy C. Morant" to the effect that I gave an opinion that Miss Beatty had only had one ovary removed, and that I advised another operation for the removal of the second, are absolutely untrue. I gave another and very different verdict about her and to her, and that verdict has been and doubtless will be fully justified.

I am, Sir, yours, &c.,
Lawson Tait.

To the Editor of The Medical Press and Circular.

Sir,—I am sorry to be so often appearing in the Press, and elsewhere, in defence of myself against a certain section of the Medical Profession, and, on this point, I should like to say in passing, in contradiction of the statement which is and often has been, said of, and to me, that I make "serious charges against the whole of the Medical Profession." This I have never done, and am not now doing. There is sufficient evidence to bear this out in an article which I wrote in January, 1896, for the *Nursing News*, and also in a speech made by me at the Chelsea Town Hall on the subject of the operations at the Chelsea Hospital for Women. I admit I should be wrong in so charging the whole of the profession, as I am well aware that there are many surgeons who hold *strongly* in theory and *in practice* with your correspondent "An Operating Surgeon," that a patient, whether "prince or pauper," *still has a right to know not only what operation it is the intention of the surgeon to perform* upon his or her body, but *also the consequences which are likely to follow such operation* —and a *full right* in spite of Mr. Lawson Tait's assertion to the contrary, *to decide*, if so minded, *the extent to which such operation shall be carried.*

It is *time* that the public knew, on the other hand, what Mr. Lawson Tait, with amazing frankness, informs them in your colums, that the *patient's instructions are regarded by some surgeons as mere "influences" in their decision.* Although the pending appeal debars me from entering further in tothis subject now, I may inform your readers that I am sending Mr. Lawson Tait a statement bearing upon it, which I challenge him to answer in the interests of public safety.

I am grateful to the "Operating Surgeon" for his letter of Dec. 2nd on behalf of the rights of patients. I claim him as another proof of my statement above, that the whole profession are not tarred by the same brush in this respect. If intense suffering, repulsion, and lifelong misery, and consequent ill-health can add any weight to his testimony in the interests of humanity as against the outrageous cruelty of the view and practice of the surgeons who oppose him, the (to me) terrible dispute between myself and Dr. Cullingworth must prove that the views of "An Operating Surgeon" are the only ones that will eventually be tolerated by the public.

But, leaving the question of surgery with its admitted two opinions respecting "the vile body" of a hospital patient, one is led again to a question—Are there two opinions respecting medical etiquette, or, in other words, medical honour."

My experience in the Catholic Church, with its binding seal of secrecy, the rule of my own profession, with its equally binding secrecy on affairs as touching a patient in my capacity as a nurse, led me to conclude and act upon the assumption in my *rôle* as a patient that the same code of honour was in vogue among the *noble* profession of medicine in respect of the knowledge obtained from or about a patient in a professional interview. That I was mistaken in my assumption is apparent by the appearance of Mr. Lawson Tait's letter in your issue of the 9th inst. One need rightly ask now *not only*, "*How far does a surgeon's discretion extend? but, Where does a surgeon's honour begin?*

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We—I think I may speak here for my legal advisers—had no wish to stop Mr. Lawson Tait from giving a full, *a very full* description of my confidential interview with him on Oct. 3rd, 1893 (*more than a year after the operation*). In his unwillingness in Court, to lose such a good opportunity to state his own particular views on this particular operation, *which, at least, he can only know as a surgeon*, he overlooked, perhaps did not wish to acknowledge that the *check* to his too great readiness to give information came from the defendant's counsel, not mine. But *there* he might be said to have been acting under "compulsion of law." Now, and in his letter to you, he not only betrays a trust confided to him in the ordinary way, *as it is supposed* to exist as between patient and doctor, but betrays my confidence *after extracting from him in addition a definite pledge of honourable silence*, on which his friend Dr. Mount, in recommending me to go to him, had assured my friends that I might rely. I did go to him by the desire of friends who had heard *a rumour that the operation had not in fact been performed* (*a rumour which I have reason to think Sir George Lewis knows something about*) and which both they and I would have been only too thankful to believe, *simply* to ask his opinion as to what condition I was in. The subject to me is too painful to enter into in detail, and my friend Miss Morant, in last week's issue, gave all that was necessary regarding it.

Mr. Lawson Tait's reference to the Catholic Church is altogether beside the mark. It is I, and not my Father Confessor, in my opinion, who should decide what may or what may not be done to my person. Moreover, I am now outside the Catholic Church, and this as the result of the same cruel cause and origin of all my griefs, since my refusal to condone the wrong done me, was made the occasion of refusing me absolution and the rites of the Church, at the moment, when, a month after the operation, I was a second time, as it seemed, at the point of death from the after-results of the defendant's handiwork.

I am, Sir, yours, &c.,

A. J. BEATTY.

82 Charlotte Street, Fitzroy Sq., W.

THE ETHICS OF MEDICAL ADVERTISING.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—A book of mine has, I learn from a letter published in your issue of the 16th inst., been advertised in some of the daily papers, and this seems to "A Member of the College of Physicians" to be ethically improper. I have, however, nothing to do with the matter. The publishers (Messrs. Griffin and Co.), to whom the work belongs, have presumably inserted the advertisement. They naturally wish to sell their books, and I am unable to place any restriction on their choice of papers in which advertisements are to appear. The book was written for the profession, but I see no harm in it being sold to the public. I am not quite clear as to whether "A Member of the College of Physicians" writes to condemn the advertisement of the books he mentions, or to recommend to the public the first on his list. In any case, I think he will find that the publishers, and not the authors, are responsible for the advertisements.

I can assure the writer of the letter that I would not willingly commit a breach of professional ethics, and that if the advertisement of my book be such a breach, I am in no way responsible, as his letter brings the matter to my knowledge for the first time.

I am, Sir, yours, &c.,

J. EDWARD SQUIRE.

122 Harley Street, W.,
Dec. 19th, 1896.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to the letter in your last issue under the above heading, signed "A Member of the College of Physicians," permit me to say that whilst I recognise the writer's consideration in vindicating me beforehand from any possible criticism, I have no wish to shelter myself behind any name, be it ever so exalted, in any course that may be adopted with any publication of mine. So far as my work is concerned the real questions involved are two only. First: Is it immoral for a medical man to write a book on a medical topic for non-medical as well as for medical readers? Second, Is it immoral for the author or publisher of such a work to make it known, in the usual way, to persons who may be supposed to desire to read it?

I answer each of these questions in the negative; and if there is any moral law in a contrary sense I shall be obliged if any of your readers will point it out. It must be remembered that it is "ethics" that is under discussion, not "medical convention." The so-called "ethical specialists" of the *British Medical Journal* and the *Lancet* have in reality no special qualifications in *ethics*, though they may be past masters of conventionalities.

I am, Sir, yours, &c.,

JOHN H. CLARKE, M.D

30 Clarges Street, W.,
Dec. 16th.

MEDICO-ETHICAL SOCIETIES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It is a strange thing that the metropolis does not possess a medico-ethical society. I need hardly point out what useful functions such a society could perform. "Medical ethics" have come to the front very much of late years, and it would, to my mind, be a great benefit to the profession to have a strong ethical society in London. I throw out this hint with the hope that some of the leading men will take it up.

I am, Sir, yours, &c.,

T. GARRETT HORDER.

Cardiff, Dec. 17th, 1896.

THE ELECTION OF DIRECT REPRESENTATIVES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I beg leave, through the medium of the MEDICAL PRESS AND CIRCULAR, to thank with sincerity the 143 gentlemen who voted for me at the recent election of representatives to the General Medical Council. My candidature was exceedingly late, as is well known. And when, after my memorial was issued almost at the last moment, I learned of the well-equipped and cleverly-directed forces of my fellow competitors, already long engaged in action, I felt that I had to look for help chiefly to those electors—at all considerable in point of numbers—who, if they vote at all, are not in a hurry to pledge themselves to any particular candidate. In whatever direction I looked, however, the odds appeared heavily against me; but I resolved to proceed to the end. And I am glad I did. For thus, there has been brought to the front the much valued fact referred to above, that a large number of my brothers in practice favour the particular views I have propounded, and that they are desirous I should advocate those views in high places.

For your own courtesy in admitting me as a contributor to your columns to my own special behoof as a candidate, I pray you too to accept my very hearty thanks.

I am, Sir, yours, &c.,

E. DIVER.

Kenley, Surrey, Dec. 15th, 1896.

THE ARMY MEDICAL SERVICE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your editorial on the "Army Medical Competition" must necessarily afford some food for reflection to intending candidates for the Army Medical and kindred Services. Being an Irish candidate, who did not succeed last February in procuring a place, I consider my experiences of the conduct of the examinations, both competitive and physical, cannot fail to be of some interest and guidance to future candidates. The whole competitive examination is little better than a farce, and this may be readily imagined when I mention that only four questions were set on the paper in each subject. Take, for example, the Surgery or Medicine paper, in either of these you will find two commonplace questions, the other two are chiefly set apparently, to test the candidate's knowledge of a few particular fads, which form part of the stock-in-trade of an able but oftentimes eccentric examiner. The oral examination is fully in keeping with the written. The whole examination turns on hitting off the eccentricities of each examiner, and to this fact

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may be attributed to a considerable extent the successes of the London candidates, who are afforded all the facilities of mastering the peculiarities of person and views of the examiners, and who are further not only their teachers, but in many cases their intimate friends. Several of the London candidates make it a principal item to ensure success at these examinations, by becoming a house-surgeon, physician, dresser or clinical clerk to some or all of the examiners, and those of the Londoners who are not able to do any of these things, do the next best thing, and that is to take out the classes of the examiners. These are facts that challenge contradiction, while comment is unnecessary. I again say the study of the eccentricities of the examiners means a great deal in this so-called competition, but their friendship and acquaintance, or that of their lay friends—which is also a means to an end—count for something that cannot be despised. I will cite one of the most innocent illustrations of the importance of this factor. It is usual in the practical work of the examination to receive the help of assistants, who are entirely derived from the London student friends of the examiners. All these assistants intend to become candidates for the Medical Services, and they consider it a special and friendly privilege, to be allowed to assist at these examinations, for the purpose of the experience so gained in cultivating the methods, ways, and manners of the examiners, which they find never fail to be of the greatest service to them when their own day of reckoning comes off. It does not require, after the consideration of these circumstances, to be endowed with much of the sceptical in human nature to question the validity of London successes. Neither does it require much reasoning to assign to its proper cause the falling off in the successes of the Irish and Scotch candidates. In the same number of the Medical Press and Circular, to which I have already referred, will be found another editorial criticising the extraordinary high percentage of "sticking" in the Irish examinations, which fact, added to the annual exodus of our Irish students to our transmarine neighbours in quest of easy qualifications ought to prove, if proof were needed, that our Irish qualified are of no inferior order. It does not further need any elaborate arguments to prove the examination to be a fiasco if not something worse. However, there is a case in my mind at present of a certain candidate who failed ignominously to obtain an Irish qualification, crossed the waters, and having become duly qualified, became a candidate for the Services, and in some unusually and supernaturally lucid interval, secured one of the first places, while Irish candidates with distinguished careers and who were never under the necessity to cross the briney for the easier qualification, found themselves safely at the bottom of the list. I cannot pretend to explain this particular candidate's success, as I am not imbued with too strong a belief in the supernatural. As far as the examination is concerned I consider I have said enough to account for the present paucity of Irish successes, and I neither hope nor wish my fellow countrymen shall so degrade themselves as to accept positions under the present constitution of the Army Medical Service, and allow themselves to be trampled under foot by that well pitchforked and dwarf-minded Commander-in-Chief. Lord Wolseley, who, according to high military opinion, if he only had his proper deserts, would be now only a retiring colonel on half-pay. The medical relief afforded at present to England's soldiery is nothing short of a scandal. The nearest garrison town to which I live, and in which there was always a surgeon-major in charge of the troops, is at present, owing to the scarcity of army surgeons, entrusted to the care and "spare moments" of an aged and busy civilian practitioner, with the result that the soldiers complain privately and with much bitterness, and seek, in many cases at their own expense, private professional treatment. The same state of affairs exists in several garrison towns throughout the United Kingdom, owing to the deadlock in the Army Medical Service. How long shall the British taxpayer permit their soldiers' interests to be sacrificed to please the jealousies of Lord Wolseley and Co.?

The physical examination involves another grievance, which chiefly affects Irishmen, as they have to undergo special expense, time, and trouble in travelling for same to London. The "physical" comes off the week before the competitive, and in this part of the procedure the Irish mortality is often very remarkable.

I had a funny, though bitter, experience of the Naval physical examination held last May. Having passed the Army "physical" the previous February, I considered the Navy "physical" was a very sure thing, but to my great surprise I was coolly informed by a rusty medical official that I was a victim to some cardiac lesion to which he sagely gave the generic name of murmur. Any amount of persuasion could not get him to locate the lesion. I informed him that my cardiac apparatus was certified sound at the last Army "physical," as well as by several distinguished physicians. I was then, as is the custom, referred to the Medical Director-General for further examination, and the "Lord High Executioner" after almost fracturing my ribs with his uniaural stethoscope supporting the weight of his massive brain only looked dubious, and referred me back to my first acquaintance, who informed me with "teardrops in his eyes" of my sad condition, and afforded me some gratuitous advice, which I interpreted to mean that I should make my peace with my Creator, and—if I had any—dispose of my wordly goods. However, passing through Dublin on my way home to die on my native heath I called to take a last farewell of some distinguished physicians who were kind to me in my student days, and they, seeing me look so well—6ft. + 14st.—were curious enough, when I told my sad story, to examine me with the result that this "great murmur" was nowhere to be found notwithstanding it was only the day previous that the Naval medico pronounced me hopeless. I know another candidate who was rejected for a cardiac lesion on the same day to have passed into the Indian Medical at the next competition afterwards, the murmur too, in his case having mysteriously disappeared. I am also informed it took a "Broadbent certificate" to convince the same physical examiner that a certain candidate possessed a sound heart. Rejections of candidates in such a manner is a very serious matter whether it is due to professional ignorance or otherwise on the part of the physical examiners, particularly when it is considered the candidates have gone to the expense and labour of an additional years study, it, ought certainly in itself, entitle them to the opinion of the highest authority, and not to entrust their future to "office fossils" who to say the least of it, from the nature of their duties, are not afforded an opportunity, to keep up with the requirements of their profession. I regret, Sir, having trespassed at such length on your valuable space, but I have done so in the hope that future candidates may have some idea of what they may expect if they enter competition for these examinations. It is useless to expect any final settlement of the Army Medical grievances, except on the basis laid down by the Irish deputations to the Secretary for War. To Irish and Scotch candidates it will be most essential to their success at the competitions, that they have a representation on the Examining Board, as such an arrangement shall prevent anyone of the three Metropolitan Medical Schools having a monopoly of the examiners, and in this way prevent the train of abuses to which monopoly in every form exposes weak human nature.

I am, Sir, yours, &c.,

L.R.C.S. & P.I.

SHORTHAND FOR MEDICAL STUDENTS.

To the Editor of the Medical Press and Circular.

Sir,—The permission of the General Medical Council, that marks may be given to shorthand at the preliminary examination, will, it is hoped, cause it to be more frequently learned at school. Only by being acquired before medical study is begun, can its subsequent service to the practitioner be practically ensured. Many members of the profession have boys at school who are destined for medicine. We would urge such parents to use their influence, by expressing to the headmasters of the schools a desire that their sons should learn shorthand. It is now a subject of instruction at a much larger number of schools than is commonly thought, and such an expression of desire on the part of the parents would probably cause it to be taught at almost all.

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Considerable good may, we are confident, be thus done, and not least to the boys themselves.

I am, Sir, yours, &c.,

W. R. GOWERS, M.D., President.
EDWARD B. GRAY, M.D., Treasurer.
JAMES NEIL, M.D., Secretary,
Society of Med. Phonography.
W. THOMSON, M.D. (President Royal College Surgeons, Ireland).

Literature.

ALLINGHAM ON DISEASES OF THE RECTUM. (a)

THAT this work has reached its sixth edition is testimony of the appreciation in which it is held by the profession generally, an appreciation which is justly merited, for a clearer and more succinct account of diseases of the rectum could hardly be desired. While continuing in its pages the extended and ripe experience of both father and son, full attention is paid to the views of others, and where preference is given to certain methods of treatment the arguments adduced in their favour are on a logical and scientific basis. Few men have the opportunity of treating so large a number of cases of this class of disease, as has fallen to the lot of the authors, and, as a consequence, most valuable information is forthcoming in the pages of this book as to details and methods of *technique*, which at first sight may appear somewhat trivial, yet upon them the ultimate success of treatment undoubtedly depends. The operation of inguinal colotomy, associated with the authors' names, is here described in full detail, and the various steps are illustrated by excellent diagrams, and the all-important question of the spur is made abundantly clear. To the student, this book should be invaluable, the more so as care has been taken to put before the reader the disease and its appropriate treatment in language clear and unmistakable, while to the practitioner many valuable hints as to diagnosis will, we trust, help to remove the stigma which so often attaches to the treatment of rectal disease by others than specialists. We congratulate the publishers on the excellent manner in which the book is produced, the type is clear, and the illustrations and binding leave nothing to be desired.

CUNNINGHAM'S PRACTICAL ANATOMY. (b)

THIS thoroughly practical, and critically accurate "manual" was not, as we anticipated, slow in reaching a second edition. All students of anatomy are deeply indebted to the accomplished author for the way in which he has so skilfully managed to skim the cream of modern research, and serve it up in the most digestible form for their intellectual instruction. In this work, and let the author be praised therefore—night and morning—"no attempt is made to deal with the minute anatomy of the organs." The best of the information obtained from the comparatively recent device of making frozen sections of the various parts of the body are here given in their proper places. "It is right that the student should not lose sight of the fact that in the course of the ordinary dissection the parts which are displayed, are artificially separated from each other, and in consequence their true relations are disturbed. It is necessary to correct, therefore, impressions gained by dissection and the study of sections of the frozen body. The one form of study is a complement of the other: both are required for the acquisition of a proper knowledge of topographical anatomy. Sectional anatomy is the true anatomy, but it can only be appreciated and understood by the key which is supplied by dissection."

We have not noticed any changes from the first issue of Professor Cunningham's manual of sufficient importance to call for special criticism. Nor, indeed, did we consider when examining the former edition that much modification was either necessary or desirable. The distinguished author has here given the student the essence of the results of his own profound knowledge and vast experience as a teacher, and the latter should receive it with humble thankfulness.

The author has also availed himself of many valuable suggestions from brother anatomists, more particularly is he indebted in this respect to Professor Birmingham, of the Catholic University in Dublin; Professor Wardrop Griffiths, of University College, Leeds; and to Professor Fawcett, of University College, Bristol. He has also expressed his indebtedness to Mr. E. B. Knox, student in the School of Physic, "for the great assistance he has rendered in connection with the correction of the proof-sheets," all of which Professor Cunningham acknowledges with the characteristic honesty of the true scientist. We congratulate the author on the continued popularity of his excellent manual, and feel sure that it will not be soon superseded.

KIRKES' HANDBOOK OF PHYSIOLOGY. (a)

IF there is one students' handbook before the professional critic which requires less advertisement from his hand than the rest, the volume is, or ought to be, "Kirkes' Handbook." We have often thought in this manner privately, with, of course, the necessary reservation dependent upon the fact that the rapidly-shifting foundations, on which physiology in great part rests, require almost continuous critical observation. The present issue is, however, largely a new piece of architecture. It has been "re-arranged, and to a great extent re-written." We still, however, recognise the old illustrations; many new ones have been added. The well-recognised feature of giving the histological structure of the various organs before the description of their functions is still preserved. The physiology of the nerves and nerve-centres is really a splendid feature of this re-constructed edition; it has hitherto been one of the weak points of the work. We expected to find a more detailed account of the chemistry of the human body from such an authority as the present editor. But we will not attempt to grumble at any of the very few shortcomings which we have been able to observe in this rejuvenated issue of our old friend "Kirkes'."

RANSOME ON PHTHISIS. (b)

THE contents of this book prove that the well worn subject of phthisis pulmonalis and its treatment is not exhausted; a good deal may yet be said by an experienced physician that is of much practical import.

The author tells us in his preface that his desire is to record for the most part only such methods of treatment as have been used under his own eyes. This judicious resolution might, we think, have been adhered to more closely and with advantage in the chapter on medicinal treatment. Pages 152-53 seem to be little else than second-hand observations quoted from various authors.

Notwithstanding this deference to opinion, the author does not hesitate to express his own views and convictions based on his own large experience. We like his way of dealing with arsenic as a remedy for phthisis. "I have myself seen no specific results from its use; some have gained weight, some have lost, and latterly I have only given it as a pure tonic. I need hardly say that its use is contra-indicated in diarrhœa."

Iron, again, is dismissed briefly with just that amount of very faint praise to which most authorities on phthisis will say the metal is entitled.

The early chapters on the Ætiology and Pathology of Phthisis are excellent. The subject has been carefully studied, and the results of recent experience and experiments are put before the reader in a concise and readable form. Hope springs up for the consumptive in Dr. Ransome's words at page 16.

"The important part to note is that healthy tissues are

(a) "The Diagnosis and Treatment of Diseases of the Rectum." By William Allingham, F.R.C.S., and Herbert Allingham, F.R.C.S. Sixth edition. Bailliere, Tindall & Cox, London. 1896. Price 12s. 6d.

(b) "Manual of Practical Anatomy." By D. J. Cunningham, M.D. (Edin. and Dubl.), D.Sc., LL.D., D.C.L. (Oxon), F.R.S., Professor of Anatomy and Ghirurgery, University of Dublin. Vol. I and II. Second Edition. Illustrated with Engravings. Edinburgh and London: Young J. Pentland. 1896.

(a) "Handbook of Physiology." By W. D. Halliburton, M.D., F.R.S., Professor of Physiology, King's College, London. Fourteenth Edition. With upwards of six hundred illustrations, including some coloured plates. London: John Murray. 1896. Price 14s.

(b) "The Treatment of Phthisis." By Arthur Ransome, M.D., M.A., F.R.S.; Consulting Physician to the Manchester Hospital for Consumption and Diseases of the Chest and Throat; Examiner in Sanitary Science at Cambridge and Victoria Universities. London: Smith, Elder and Co. 1896.

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almost always able to deal with any moderate number of invading organisms; and that it is only when these tissues are weakened by antecedent disease, that the living virus can take root and grow into a formidable malady." Having read these true and cheering words, the patient with early phthisis may take heart; let him forget the tubercle bacillus, and having read Dr. Ransome's valuable chapters on climatic and open air treatment of consumption, let him practice the advice there given, get plenty of the best and purest air, live well on nourishing food, and make up his mind to get well, and, perhaps, astonish the doctors.

In the chapter on preventive measures Dr. Ransome very properly insists much on disinfection of the sputa and of the rooms in which consumptives have lived or died. Destruction of the media by which infection may be conveyed—this done the infectious nature of the malady ceases. We are very glad to observe he is against the compulsory notification of phthisis—a proposition cruel to the patient and of little, if any, practical use in a sanitary point of view.

The remarks on the climatic and open air treatment of pulmonic invalids are most judicious; not mere impressions, but the results of careful observation and inquiry, and as such, well worth the reader's attentive study. Under the head of Medicinal Treatment, a good deal may be learnt as to the value of inhalations and the form likely to be employed with most benefit.

A few formulæ for inhalations are supplied.

In the treatment of tuberculous laryngitis the author speaks with encouragement of intra-laryngeal injections, such as one drachm of olive oil containing 10 per cent. of menthol in solution. Several cases are given in which intra-pulmonary injections of iodoform were employed for the cure of pulmonic abscess. What little benefit followed this procedure seems to have been of a very temporary character. A good many useful hints may be gathered from the chapter on the treatment of the complications met with in cases of phthisis.

The book is remarkably well printed and agreeable to read, while there is no doubt that it embodies the results of very large experience and is well up to all the most recent discoveries as to the causation, prevention, and treatment of pulmonary consumption.

BANNATYNE ON RHEUMATIC ARTHRITIS. (a)

The micro-organism of rheumatoid arthritis has been run to earth at last! Plate II, which is made to face page 16 of the volume before us presents two illustrations of the recently-discovered microbe:—Fig. A.—Synovial fluid stained with gentian violet, × 900: and Fig. B.—Beef broth culture, stained with carbolic fuchsine, × 900. Concerning which the conclusions are thus summed up by the author:—

"(1) In the synovial fluid in eighteen cases of rheumatoid arthritis an organism has been demonstrated, which is constant in its characteristics.

"(2) The organism is a minute bacillus, exhibiting marked polar staining. It is difficult to stain and easily decolourised.

"(3) The organism can be grown in cultured media, and presents striking characteristics. In beef-broth it gives the appearance of gold dust; and on agar-agar and serum its growth is almost invisible. It does not grow on nutrient gelatine at ordinary temperatures.

"(4) It is present in the blood of severe cases.

"(5) It has not been found in the synovial fluid from distended joints due to other causes."

This discovery forms a very satisfactory *raison d'être* for the volume before us; which also, indeed, gives a good clearly-written account of the symptoms and phenomena of the disease. We can only express the hope, in the interests of suffering humanity, that the discovery of this new microbe will in time lead to the furnishing of the weapons for its destruction. We enunciate this wish with cordial personal feeling, as we know but too well what the pains and penalties of the disease are. And if the author succeeds in proving his power to remove it from our systems, our gratitude will continue till our latest breath.

(a) "Rheumatoid Arthritis: its Pathology, Morbid Anatomy, and Treatment." By Gilbert A. Bannatyne, M.D.Glasg., M.R.C.P.Ed. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co. 1896. Price 7s. 6d.

THE DIARY OF A RESURRECTIONIST,

By James Blake Bailey, B.A., Librarian of the Royal College of Surgeons of England, is a fragmentary but intensely interesting account of the doings of the disreputable but necessary individuals who provided "subjects" for dissection at a time when these were not to be had, in sufficient numbers, by any legitimate means. The author has made intelligent use of the materials at his command, and has woven into an historical narrative the sparse facts which he has been enabled to bring together. It comes as a surprise to learn that the Anatomy Act was only passed in 1832, that is to say, within the recollection of many persons still living. No one was better pleased at the passage of the Bill than the teachers of anatomy, who had all along vigorously protested against being compelled to resort to the services of such infamous persons as those who habitually violated the sanctity of the tomb from the basest motives. When this Act came into force, there came to an end a chapter of medical history which makes one blush with shame even now. The blame, however, lay rather with the successive governments which weakly declined to minister to unquestionable requirements in deference to the loudly expressed opinion of the rabble. If the practical study of anatomy is still hampered by an inadequate supply of subjects, we are, at any rate, no longer constrained to make bargains with felons and murderers of the type whose doings are so graphically described by Mr. Bailey.

New Articles.

MILNE'S PLASTER OF PARIS BANDAGES.

One of the latest improvements introduced by the well-known firm of John Milne is that of issuing plaster of Paris bandages in air-tight tins similar to those to which the smokers of cigarettes of a certain brand are accustomed. The ingenuity of the contrivance is that it possesses a movable top in which is fixed a steel point, the purpose of which is to act as a cutting instrument when the lid-proper of the tin is required to be opened. Nothing could possibly be better adapted for the convenient, handy, and efficient preservation of plaster of Paris bandages than this special tin, and John Milne has very happily turned it to a use of which the designer could not have had any conception. It goes without saying that plaster of Paris bandages so preserved will always remain good until they are required, and no further recommendation than this for John Milne's can be added, or is necessary.

Edinburgh University Court.

At a meeting of the Edinburgh University Court last week, the following additional examiners were appointed for a period of four years from 1st proximo:—Dr. W. H. Perkin (Chemistry); Dr. G. Sims Woodhead, London (Pathology); Dr. J. Crawford Renton, Glasgow (Surgery). The following additional examiners were appointed for a period of three years from 1st proximo:—Professor Johnson Symington, Queen's College, Belfast (Anatomy); and Dr. C. D. F. Phillips, London (Materia Medica). Dr. J. O. Affleck, Edinburgh, was appointed additional examiner in Medicine for Public Health for one year and in Clinical Medicine for a period not exceeding four years from 1st proximo. Examinerships in Botany, Physiology, Medicine, and Midwifery vacant as from 1st proximo. Various reports were considered and approved.

Mortality in an Irish District Asylum.

At the last meeting of the governors of the Omagh Asylum it was reported that the death-rate, which in 1891 was 6·4, has now risen to 13·2, the highest mortality of any asylum in Ireland. This fact was attributed to the admittedly insanitary state of the institution, to which attention had been directed by the governors years ago, but continuous delays—of which the governors loudly complain—have been permitted to occur, and no remedy has been provided.

The Elections at the Royal College of Surgeons, Ireland.

Thursday, the 14th of January, has been fixed for the election of a Vice-President *vice* Mr. Kendal Franks, and a councillor, *vice* Mr. Swan who has resigned the councillorship in order that he may seek the Vice-Presidency. At present the competitors for the vacant Councillorship are Mr. Ormsby, of the Meath Hospital, Dr. Cranny, of Jervis Street Hospital, and Mr. Harrison Scott, of the Adelaide.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

THE HARDSHIPS OF THE PROFESSION.

A LEADING newspaper of the 18th inst., in offering a word of sympathy to the medical men of Yarmouth who had been badly treated by one of the so-called "medical aid societies," says that, "a man had better be brought up to the healthy occupation of breaking stones than be a doctor under modern conditions." We fear there is many a struggling practitioner who will echo "Yes." Another newspaper asks, "What can be more galling than to find yourself working for miserably inadequate reward, and for the benefit of people who could well afford not to rob you?" And proceeds to point out that "the profession is frightfully overcrowded, which state of things is brought about by the absurdly false ideas as to the gentility of one business over another, the superiority of a profession to a trade A good shopkeeper, however, is a far more useful member of the community than an incapable or a compulsorily idle doctor of medicine."

DR. FRANCIS SIMPSON (Wakefield).—We hope to have space for your "Case of Tumour of Meckel's Diverticulum" in our next issue.

DR. KNOTT.—We have made arrangements for the first portion of your paper on "The Nature and Treatment of the So-called Gouty, Rheumatic, and Allied Diatheses," to appear on January 6th.

J. C. F.—In reply to our correspondent's inquiry as to the bearing of the "Poor-law Medical Officers' Superannuation Act," in his case, it stands thus:—A Medical Officer MUST resign at the age of sixty-five if the guardians call upon him to do so, but he may contract himself out of the Act altogether if he prefers doing this, in which case he will be in the same position as if it had never been passed.

MR. BY. WINTER.—Your figures are approximately correct. Those given officially by the Registrar-General of the population of the four cities referred to are:—London, 4,421,953; Glasgow, 705,052; Liverpool, 632,512; and Manchester, 529,561 Dublin, Leeds, and Sheffield have all populations exceeding 300,000.

DR. ED. RICKETTS (New York).—Your communication arrived as we were at press. We hope to have space for it in our next.

A. D.—MS. and blocks received. Proof will follow in due course.

GENERAL PRACTITIONER (Leeds).—We have looked into the matter and find that the claimant won his case with costs, an appeal being refused.

SPECTACLES AND BALL-BEARINGS.

IT is stated that the principle of ball-bearings has been applied to the construction of spectacles, by which the rigid contact of glass and metal is prevented, and the appliances rendered less liable to be broken.

SPES (Bradford).—We shall be glad to receive the MS. on approval, but without seeing it, cannot guarantee acceptance.

DR. T. Y. YOUNG (Birmingham).—There are two defects peculiar to the children in German schools; the first is well known, namely, myopia, the second is less known, but is still nevertheless more or less prevalent. We allude to that of "stuttering." In the national schools of Germany it is common to meet with stuttering children.

CHEMICAL CLERK (London).—The scarlatina mortality is very high in London. The proportion at present is about 480 deaths to 10,000 cases.

DR. S. (Bournemouth).—No infectious, that is zymotic, disease is known in Greenland, owing, it is stated, to the dry, cold atmosphere.

MEDICUS.—We have heard the rumour but do not place much credence in it.

DR. H. C. P.—Is thanked for a batch of Australian journals which will be looked into.

MR. RAMAGE will find an answer to his query on reference to our "Correspondence" columns, present number.

SURGEON F. CONOR (Buenos Ayres).—We have instructed our publisher to make the necessary search and communicate with you.

Vacancies.

Bradford Fever Hospital.—Resident Medical Superintendent. Salary £200 per annum, with board and residence. Immediate applications to the Town Clerk, Bradford.

Bury Dispensary Hospital.—Junior House Surgeon. Salary £60 per annum, with board, residence, and attendance. Testimonials to the Hon. Sec., Knowsley Street, Bury, Lancashire.

Cotoh Hill Hospital, Stafford.—Assistant Medical Officer. Salary to commence at £100 per annum, advancing by two annual increases of £25 each to a maximum of £150, with board, lodging, and washing. Applications and testimonials to the Medical Superintendent.

Derbyshire Royal Infirmary, Derby.—Assistant House Surgeon. An honorarium of £10 after six months satisfactory service will be given, and board, and residence, and washing, will be provided. Applications with testimonials to Walter G. Carnt, Secretary, not later than Dec. 28th.

General Hospital, Nottingham.—Assistant House Physician. Board, lodging, and washing in hospital. No Salary. Applications to the Secretary, General Hospital, Nottingham, before Dec. 26th

Rural Districts of Buntingford, Hacham, Hertford, Stansted, and Ware, and the Urban Districts of Bishop's Stortford, Hertford, Haddesdon, and Ware.—Medical Officer of Health for the above districts. Salary £600 per annum, including travelling and all other expenses. Applications and testimonials to the Clerk to the Joint Committee not later than Jan. 4th, 1897.

Staffordshire General Infirmary, Stafford.—Assistant House Surgeon. Salary £30 per annum, with board, lodging, and washing. Applications with testimonials to the House Surgeon not later than Jan. 2nd.

West Riding Asylum, Wadsley, near Sheffield.—Pathologist. Salary £100 per annum, rising £10 a year to £150, with board, &c. Applications, with testimonials, to be sent to the Medical Superintendent.

Appointments.

CLARKE, J. JACKSON, M.B.Lond., F.R.C.S.Eng., Assistant Surgeon to the City Orthopædic Hospital, London.

D'OLIER, B. J., M.B., B.Ch.Dublin, Medical Officer for the Arundel Sanitary District by the East Preston Rural Council.

GIFFEN, J. T. M., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer for the Workhouse of the Tarvin Union.

GRIFFITHS, A., M.B., C.M.Edin., a Physician to the new Fever Hospital by the Falkirk County Council.

HUNTER, D., M.A., M.B., B.C.Cantab., L.S.A., Pathologist to the County Asylum, Whittingham, Lancashire.

KAYLOCK, T. H., F.R.C.S.Eng., Surgical Registrar to the Middlesex Hospital.

LEWIS, J., M.R.C.S., L.S.A., Medical Officer of Health by the Aberayron Rural District Council.

MACMEAN, E. J., M.D., M.R.C.P., Physician to Out-patients to the Chelsea Hospital for Women, Fulham.

MALCOLMSON, E. A., L.R.C.P., L.R.C.S.Irel., Medical Officer by the Cavan Dispensary Committee, co. Cavan.

PARSONS, C. T., M.B.Lond., Assistant Medical Officer of the Infirmary of the Fulham Union.

ROBINSON, G. A., M.B., B.S.Durh., M.R.C.S., Resident Surgeon to the Nottingham General Dispensary.

ROXBURGH, A., M.B., C.M., Dispensary Surgeon to the Ballahouston Dispensary, Glasgow.

SPURRELL, W. D., M.R.C.P.Lond., M.R.C.S., Medical Officer for the Aldborough Sanitary District of the Erpingham Union.

WESTMACOTT, F. H., F.R.C.S.Eng., Anæsthetist to the Manchester Hospital for Sick Children, Pendlebury.

WILSON, J. G., M.A., M.B., C.M., Dispensary Surgeon to the Victoria Infirmary, Glasgow.

Births.

DRAGE.—Dec. 15th, at Burleigh Mead, Hatfield, Herts, the wife of Lovell Drage, M.A., M.D.Oxon., of a daughter.

DUTT.—Dec. 13th, at Everest Lodge, Newington, Hull, the wife of A. C. Dutt, B.A., M.B.Cantab, of a daughter.

LIDDON.—Dec. 15th, at Silver Street House, Taunton, the wife of Edward Liddon, M.D., J.P., of a son.

Marriages.

BROWN—HILL.—Dec. 15th, at Christ Church, Westminster, William Carnegie Brown, M.D., Penang, to Jane Margaret (Daisy), only daughter of Major-General W. Hill, Indian Staff Corps.

MCDOWALL—WOTHERSPOON.—Dec. 16th, at St. Giles's Cathedral, Edinburgh, John Greig McDowall, M.D., Medical Superintendent of the West Riding Asylum, Yorkshire, to Mabel Jane, second surviving daughter of C. Grey Wotherspoon, of Hillside, Aberdour, barrister-at-law.

Deaths.

DALTON.—Dec. 17th, at Osmaston Road, Derby, Chas. Bernard Dalton, M.R.C.S., aged 45 years.

FARRAR.—Dec. 18th, at Chatteris, Cambs, Charles Farrar, M.D., aged 63 years.

HARRIS.—Dec. 14th, at Shelley House, Worthing, William Harris, F.R.G.S., in his 89th year.

PADLEY.—Dec. 14th, at Lilliput Hall, near Swansea, George Padley, L.R.C.P.Lond.

PUTNELL.—Dec. 17th, at Woodlands, Streatham Hill, John James Putnell, F.R.C.S.Eng.

STOKES.—Dec. 10th, at his residence, Melton House, Hammersmith, F. W. Stokes, M.D., M.R.C.S., L.R.C.P., aged 33 years.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXIII. WEDNESDAY, DECEMBER 30, 1896 No. 27.

Original Communications.

THE SPREAD OF THE BUBONIC PLAGUE. (a)

By JAMES CANTLIE, M.B., F.R.C.S.,

Lecturer on Applied Anatomy, Charing Cross Hospital, London; late of Hong Kong, China.

I.

THE history of Plague has been so often written that it is unnecessary for me even to sketch its devastations and distribution in pre-Christian, early Christian, mediæval, or more recent times. My remarks will be confined to an exposition of matters appertaining to the epidemicity of the disease as it has been met with during the latter half of this century; and more particularly to a description of the information gathered during the outbreak in China in 1894-6, and of the most recent evidence of its activity in the Bombay Presidency. The reasons for selecting the Hong Kong epidemic as the basis of my dissertation are, that plague was first studied there bacteriologically, and that many medical men, myself amongst the number, had ample opportunity of observing and recording the disease.

Without entering into the discussion as to whether or not all epidemics styled "plague" in Biblical and mediæval literature were of the nature of the bubonic plague of recent times, there can be not doubt that since 1850 the name "Plague" has been applied to a definite train of symptoms which are considered to constitute a specific disease. As we proceed, it will be seen how during different outbreaks some one symptom attains a fatal pre-eminence, but not to the exclusion of others which might at any time assume the death lead, and serve to baptise the disease as "Bubonic," "Hæmorrhagic," "Typhoidal," "Pneumonic," and so forth.

Name.—During the latter half of the century the names bestowed on plague have been as follows:—

1. In 1856, in Tripoli, it was known as "Typhus with glandular swelling." When the disease reached the island of Chios in the same year it was called "Petechial typhus analogous to that of Tripoli."

2. In Mesopotamia, where the disease was prevalent from 1856-85, and possibly up to the present day, the titles "Adynamic typhoid fever," and "Intermittent fever with glandular swellings," were usual.

3. In Persia, where plague seems to be endemic since 1863, the term "Hæmorrhagic fever" is used to designate a pestilence which differs from the diseases with which the Persians are familiar.

4. During the years 1877-79 the Russian province of Astrakan was visited by a disease which was, and is, regarded as plague, but which was variously described as

(a) Intermittent fever with buboes.
(b) Croupous pneumonia with buboes.
(c) Typhus with glandular swellings proving fatal by pneumonia.
(d) A peculiar form of mumps.

(a) Read before the Epidemiological Society, Dec. 18th, 1896.

That all the above-mentioned outbreaks were actually plague, a specific disease, caused by a specific bacillus, will never be known; but the presumptive and clinical evidence is decidedly in favour of their being one and the same disease.

5. In Hong Kong, where a moiety of languages obtain, the epidemic was known as:—

(a) The "Plague" or "the Bubonic Plague" by the British.
(b) "La Plaga" by the Spaniards.
(c) "De Peste Bubonica" by the Portuguese.
(d) "La Peste" by the French.
(e) "La Pestilenza" by the Italians.
(f) "Die Peste" by the Germans.
(g) "Wan-Yik" by the Cantonese, the term signifying an epidemic disease of high mortality.
(h) "Yang-Tsu-Chwang" in Yunnau, which being interpreted means Bubonic disease.
(i) "Li-Tsu-Cheng" in Pakhoi, where the disease has been endemic for many years.

The name "Black Death" was never used, nor were any of the names by which it was known in Tripoli, Mesopotamia, Persia, or Russia applied to it, although hœmorrhages, pneumonia, petechia, and typhoidal signs and symptoms were not wanting. Perhaps the most interesting name is that of the "Rat Plague," by which it is known in various parts of Asia, thereby affording additional proof, if such were needed, of the wide spread infection of the rat during plague epidemics.

The name "Plague," however, is not one which helps us to place the complaint in its proper scientific niche in the category of disease. The word conveys the idea of an unusual disease attacking many persons and attended by a high mortality, but that gives it no scientific value any more than the "Wan-Yik" of the Chinese. Were I to attempt to classify plague, I would place it amongst the specific fevers, and particularise it under the name of "Polyadenitis," and individualise it still further as "Malignant Polyadenitis."

The term "Bubonic," so frequently applied to the disease is not so appropriate as would at first sight appear. A bubo is essentially the swelling of a gland caused by the entrance of septic materials in the tract of lymphatics over which the gland presides. This cannot be said to obtain in plague, for the so-called buboes of plague can in no sense be regarded as a sympathetic swelling, but merely the outcome of a blood poison. If it is to be classed as a bubo at all, it must be distinctly understood to be an "idiopathic" bubo, a true "Bubon d'emblée." One never speaks of the buboes of tertiary syphilis, nor of scrofulous buboes. The terms may be clinically correct, but they are not in common use; they have, however, as much right to be called bubonic as the glandular enlargements in plague.

With these considerations before us, I would venture to name the disease "*Malignant Polyadenitis*," in the hope that attention may be drawn to the naming of the disease by more competent students than myself.

Definition.—Plague, or malignant polyadenitis, we may define as:—*An acute febrile disease of an intensely fatal nature, characterised by inflammation of the lymphatic glands, marked cerebral and vascular disturb-*

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ances, and by the presence of a specific bacillus. It is only since 1894 that we have been able to set forth a definition with precision; it is only since then that we have acquired the knowledge of a definite bacillus by which the disease can be recognised scientifically when ordinary symptoms are in abeyance. In this definition no mention is made of hæmorrhage, pneumonia, petechiæ, or carbuncles.

Distribution.—At the present day, plague is confined to Asia; but since 1850 it has made its appearance in Europe, Asia and Africa. The *Western* limit of plague during the latter half of the century is the Canary Islands, where it raged in 1852, while its *Eastern* limit is the Islands of Formosa, off the coast of China, where it is now prevalent. The *Southern* limit is practically the tropic of Cancer, but the *Northern* range is indefinite. Since 1850 plague has never travelled further north than Astrakan, about 45° N., but we have it on excellent and sustained authority that Moscow, Norway and Sweden, and latitudes as far as 60° N. have within the present century been visited by plague. All limits are, therefore, fairly definite, with the exception of northerly. In other words, plague has been met with from 19° W. longitude to 121° E. longitude, and between 40° N. latitude to 19° S. latitude. Plague has never been known in the Western Hemisphere, nor anywhere south of 19° N. of the Equator. (*a*)

The basin of the Mediterranean and the strip of country which runs parallel to that sea across the Asian Continent, from Turkey to China, may be roughly taken as its present belt during the 19th Century, but the Mediterranean part of the belt has disappeared almost wholly within the present generation. A map of the plague-striken districts within the last fifty years shows plague astride the Himalayas, with a giant limb reaching on one side the Red Sea, and on the other the shores of the Pacific.

What determines the distribution it is impossible to say. Racial distinctions do not account for it, as the Mongoloid and Indo-European races are equally attacked. Neither ocean nor air-currents have aught to do with its transit. It seems to thrive in the densely-packed population of Canton and in the sparsely populated semi-desert regions of Rajputana and Arabia, the elevated plateau of Thibet and the low-lying valleys of the Euphrates are equal affected. It occurs during the summer's heat and the winter's snows. In fact, no known meteorological condition has any effect upon either the genesis or the *exodus* of plague.

As animals are affected, it is interesting to inquire what animals are affected, what is their geographical distribution, and what share, if any, they take in its spread. The animal which above all others is known to be affected by plague is the *Rat*; but the wide geographical area throughout which this animal is met with, would seem to frustrate any attempt to determine a collateral distribution. On looking a little more closely, however, we find rats, the Muainæ, divided into two great sections: the Mures inhabiting the Old World (except Madagascar), and the Sigmodontes, inhabiting the New World and Madagascar. Of the Mures, one sub-family, that of the Nesokia, is met with reaching from Palestine to Formosa across the northern part of India. The southern limit in India seems to be where the great Bandicoot, or pig-rat, exists, and here plague is unknown. This is the only animal which possesses a habitation well-nigh corresponding to the present distribution of plague, and it is the animal above all others which is looked upon as being liable to be attacked by plague. The geographical distribution of this family of rats well-nigh coincides with the plague-belt as delineated.

(*a*) This remark may require modification in consequence of the reports from Hong Kong of cases arriving there from Singapore.

Pigeons are said to be severely stricken in Bombay at the present moment, but what kind of pigeon is attacked I have not yet been able to ascertain. When we have the information it will be interesting to note its geographical distribution. We have no notice from China, however, of the pigeons being attacked by plague. The part the rat plays as a distributor of plague will be dealt with later on when we come to consider the relationship of animals to plague generally.

THE CONTINUITY OF PLAGUE OUTBREAKS.

It would appear that in the plague belt the disease is ever active, now in one place, now in another. At times we find it in Arabia, then in Persia, and the Himalayas, and the wave travels eastwards over Yunnan and Southern China to the sea. The disease oscillates, now east, now west, but with a fatal precision, making the slow swing of the pendulum of plague within a fairly definite area.

Cause of Plague.—The cause of plague is the advent of a definite bacillus and it is the life-history of this bacillus which must in future occupy the attention of bacteriologists and clinical observers. The proximity of the bacillus is, at the present day, known only by its effect on human beings, and, it may be, rats, as well. What fosters it appears to be bad sanitation; once established, time alone will stay its ravages so far as any given epidemic is concerned; but there seems every hope that improved sanitation will check its recurrences.

The *prodromata* of plague may be divided into the remote, and the immediate; but I will consider them together. Time and again has it happened that before an outbreak of plague, during a period varying from a few months to several years, buboes with fever have been observed in a more or less epidemic form. In 1877 the variety of plague which infected Astrakan previous to the serious outbreak that occurred in 1878, some 150 miles higher up the Volga, was classed as a pestis minor. No one died of the disease *per se*, and but few people were confined to bed. Should such another outbreak take place in the neighbourhood the diagnosis will be readily cleared up by an examination of the blood, the tissues, and the excretions. I was of the belief, until within the last few days, that this disease—this pestis minor—was of a nature wholly apart from true plague. From Calcutta, however, the news of the discovery of a bacillus allied in every respect to the Kitasato bacillus of true plague, and associated with the variety of plague known as pestis minor, has altered my views. The bacillus is stated not to possess the toxic or virulent properties of the true plague bacillus, but to be similar in all other respects. The real question at issue at present is:—Is there a disease of an epidemic character attended by a low death-rate, characterised by polyadenitis and showing in the blood and tissues a bacillus resembling the bacillus met with in typical plague (malignant polyadenitis), and yet so apart clinically that it is either a separate disease or caused by the same bacillus in a lesser or non-toxic form?

In the discussion of this subject it is necessary to ask the following questions:—

1. Does pestis minor occur as a precursor, as a collateral ailment, or a sequela of true plague?
2. Is it confined to the plague belt delineated in the map?
3. Has it anything to do with plague?
4. Is it a disease *per se?*

From all hands we have evidence of such a disease—pestis minor, benign polyadenitis. (1) The Russian outbreak at Astrakan in 1877 was probably, nay, certainly, of this nature, the low rate of mortality being sufficient to stamp it other than true plague. It is to be noted also that the typical plague which raged in the same province appeared not amongst the com-

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munity afflicted with pestis minor, but in a district 150 miles away where pestis minor was unknown. Was this the benign extending as the malignant? (2) In Calcutta, six years ago, a form of fever existed among the British troops there, which in all points resembled the present form of bubonic fever which exists there now, namely, fever with specific glandular swellings. (3) We have it also from Calcutta that the natives are frequently afflicted with glandular enlargements during malarial fever. (4) In the far East from Singapore, the Straits, and along the coast of China as far as Shanghai, between the years 1892 and 1896, we have accounts of a singular affection of the inguinal glands which occupied the attention of the Singapore and Hong Kong branches of the British Medical Association. A correspondence was carried on between the Societies, and there is no doubt the affection at both places was identical in its nature.

I am compelled to draw attention to this subject in consequence of a paper which appeared in the *British Medical Journal* of September 26th, 1896, by Surgeon C. C. Godding, R.N., who refers to many cases of chronic glandular swelling attended by fever and anæmia, and he gives a careful clinical account of several such cases as met with in the far East. This is the first notice to the profession generally of a type of ailment with which all practitioners in the far East are but too familiar. When the literature of the present outbreak of plague comes to be written, the recorder will no doubt light upon these cases of glandular swellings, given by Surgeon Godding, and take them as evidence of the association of pestis minor with the malignant type. We must, therefore, deal with them, come to what conclusions we may.

When I brought the matter before the Hong Kong Medical Society, in 1893, I mentioned that I employed the term "bubon d'emblée" to designate the condition and that I had treated 38 cases in 32 months. My account of the ailment was as follows:—"A slowly-developing non-venereal bubo occurring in one or other groin attended by general weakness, anæmia, and fever. The groin glands affected are discrete at first, but gradually the swellings amalgamate, and a large mass as big as half an orange, or larger, presents. At the end of about twenty days points of boggy softness occur, and if the bubo be left to itself, the skin becomes undermined, and the pus finds its way to the surface through two, three or more fistulous openings. The swelling, when cut into early, shows a peri-glandular serous infiltration, and when pus occurs the gland will be found lying detached except by shreds of tissue, at one or two points. The gland when cut into shows many focal points of suppuration, and breaks down quite easily beneath the finger.

Surgeon Godding advocates arsenic as almost a specific, but my own treatment latterly was early excision. It is necessary to make a clean sweep of every gland that can be felt or seen, as there is a *great tendency to recurrence* in any gland or piece of a gland that is left.

Seeing that glands, except strumous glands are but seldom excised, for any other disease, I examined the records of the Government Civil Hospital in Hong Kong, in connection with the excision of glands and I found the following:—

In 1891, 19 buboes were scraped or excised.
Cervical gland one.
In 1892. I have not the record
In 1893, 27 buboes were scraped or excised.
In 1894, 12 buboes " " " "

1894 was the Plague year and the list of operations is stated to be incomplete. Taking this evidence in conjunction with Surgeon Godding's, and the private practitioners in Hong Kong and Singapore, we have weighty evidence of a wide-spread affection be its cause what it may.

(Europeans were mostly attacked by these buboes, being 88 per cent. of the cases operated upon.)

5. Another form of glandular idiopathic enlargement is seen in what may be styled an epidemic form in children. In the year 1891, I reported twenty-three cases at the Medical Society in Hong Kong and since that date cases have frequently occurred. The affection consists of an enlargement of one gland, seldom more, in the necks of children over the sterno-mastoid about the middle of its length. The swelling is seen upon the sterno-mastoid, but it might be found to commence, were it met with early enough, in a gland on its anterior border. The disease appears infectious and is attended by feverishness. There is no throat affection, nor is the seat of the disease in the parotid. We, the medical practitioners, styled the condition, for convenience sake, mumps; but we all admitted that neither the parotid nor the submaxillary glands were the seat of trouble. It will be remembered that the term "peculiar form of mumps" was employed by some to designate the Astrakan disease in 1877.

6. In the years 1893-4 and since in Hong Kong cases of fever of a typho-malarial type frequently presented in the third or fourth week a general enlargement of lymphatic glands which lasted for a week or ten days and then subsided. They were deemed interesting cases at the time, but with the fresh light thrown upon them by recent investigation, more specially the researches in Calcutta, they assumed a new aspect.

To sum up the evidence before us it would seem.

I. That a fever with glandular enlargement "Pestis minor" a "benign polyadenitis," is an established disease.

II. That it may be independent of plague or malignant polyadenitis.

III. That the two may so exist.

IV. That the minor may be a precursor of the malignant variety.

The Communicability of Plague.

Infection and Contagion.—Direct contagion, that is, transference of the disease from the sick to the healthy by bodily contact, would appear at the first glance to be an element in the transmission of plague. How otherwise can we explain the circumstance that when a case of plague occurs in a house those dwelling in the house and brought in contact with the sufferer are almost certain to be seized, and not only so, but few, if any, of the other inmates escape. The next in order to be seized by plague are the relatives of the sick and the visitors to the house, who, going to their own homes, set up a fresh focus of infection. Of the community, doctors, clergymen, and attendants who are brought in contact with the sufferers more readily acquire the disease than others who are alien to the family and house. These facts would appear to prove conclusively the contagious nature of plague.

But there is another side to the argument. As long ago as 1835, when plague was epidemic in Egypt, out of *ten French doctors* who attended the sick, only one contracted the disease. Further, we have the well-known case of *Bulard* during the same outbreak, who, anxious to prove his contention that the contagious nature of plague was much exaggerated, for two days wore the shirt of a patient who had died of plague, yet Bulard did not contract the disease.

More recently we have the evidence of the Hong Kong epidemic in 1894. None of the European doctors in attendance on the plague patients, in all some fifteen in number, were attacked by plague. Those men were freely exposed in the wards and at post-mortem examinations, yet none were infected. Further, none of the British and Italian-born nurses—these were the only two nationalities represented—were attacked by plague during 1894.

But a more interesting fact still, is, that none of the

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Chinese students of the College of Medicine were attacked. For six weeks these men were on duty in turns night and day in the Plague Hospital. Eight of them acted as ward attendants and clerks throughout the period, and were consequently in constant contact with the sick. A racial immunity might be claimed for Europeans, but in face of this fact it cannot hold good. If there be any truth in the acquisition of disease during an epidemic by fear or nervousness, the case of these students refutes the aspersion. They saw that the Europeans escaped, and how terribly their countrymen suffered; they had to contend with the superstitious beliefs of their country, inherited and acquired; they were breathing the same air, eating similar food, hearing daily, hourly even, of the deaths of their friends, relations, and acquaintances; yet none of them succumbed to plague. We have, therefore, two opposite conditions before us, namely, plague entering a house and seizing practically all the inmates; and, on the other hand, doctors, nurses, and native students acting as medical clerks and dressers escaping completely. Where then lies the truth of the contagious nature of plague?

As usual there is a channel of escape from either of these two extremes of argument. The immunity above related does not extend indefinitely. The Europeans attacked during the 1894 epidemic were chiefly soldiers of the Shropshire Regiment then stationed in Hong Kong. When plague required sanitary interference beyond the power of the local board these soldiers came forward and volunteered to help in the work of cleansing and purifying the city. The work assigned to them was of the most laborious order, and they were exposed to a concentration of the contagion, for the field of their duty lay among the dwellings of the poorest class of Chinese who were suffering from plague. Those houses were of the vilest kind of habitation mankind is acquainted with, small, windowless, low-ceilinged, reeking with filth and excretions, they presented infection in the most concentrated form. Further, the soldiers had to use spade and shovel to dig down into the accumulated layers of dirt on the floors of the houses and throw it into the street. It was this occupation, this raising of the dust, more than any other to which is attributed the infection of the soldiers.

The evidence of the subsequent outbreak in Hong Kong in 1896 goes to show that Europeans were much more frequently attacked than in 1894, and two of the nurses in attendance on the sick contracted plague. One of the nurses was a British-born nursing sister at the Plague Hospital, where she had been for many months. She never was ill until the very end of the epidemic, when she got a sharp attack of plague, from which, however, she fortunately recovered. The sister (Katherine McIntosh) believes she was infected by a little child she nursed, and whom she frequently carried about in her arms. The other European nurse was an Italian-born nurse in the convent, who believed she was infected in the same way, viz, by nursing and carrying about a child sick from plague. The Italian sister died of her disease.

It is interesting to note that the patient from whom the English sister contracted her disease recovered, whereas the patient of the Italian sister died. Was the recovery of the English sister due to a lessened degree of infection, seeing that her patient recovered; and the death of the latter due to the extreme malignancy of the emanations from the body of the dying child, is a pertinent question. Nor is this all, for yet another sister in the convent died, presumably infected whilst nursing her companion. These three deaths seem to point markedly to contagion rather than infection as the means of spread, for although there were some 600 persons in the convent, none of the other inmates were afflicted.

Gathering this evidence together and trying to focus it we found that the soldiers, who were affected, were exposed, if there is any truth in intensity of contagium at all, to the most concentrated form of the poison. They worked, not in the streets in the open air, but in reeking hovels for several hours together. Intimate and prolonged contact with the contagium in an active condition seems to be the explanation of their *infection*.

The same is to be said of the two European nurses who were seized. Both attribute their ailment to intimate and prolonged *contact* with a generating source, viz., a child carried in the arms, not for a few minutes, but for several hours daily, extending over several days.

That there are, however, degrees of power in the contagium even when emanating from the human body seems to be supported by the nurse and infecting child both recovering in the one instance, and the nurse and infecting child both dying in another. Bulard sleeping in the dead man's shirt proves nothing further than that the plague-infected garment did not *generate* poison of an intensity sufficient to infect The poison grew every moment more dilute, but a nurse carrying a child-throwing off contagium continuously is an exposure of a different stamp.

The immunity of the doctors and Chinese students does not annul the effect of prolonged and intimate contact as being a means of spread; for it must be remembered the doctor *visits* only, he does not stay for a day besides one case as a relative does, nor does he sleep or eat under the same roof as does a nurse. In this way also the immunity of the Chinese students is to be accounted for. They performed their task in a newly-built, commodious, and roomy mat-shed, freely ventilated by being raised three feet from the ground, and its lofty roof constructed so that air swept across between the side walls and the roof with large apertures in the roof itself, the chance of contracting the disease from so diluted a form was reduced to a minimum.

The practical lesson to be learnt from these statements is that free ventilation and attention to hygienic rules lessen the chance of contracting the disease to a very great extent, not only for Europeans, but also for natives; but that all are liable to contract the disease when, either from the calls of duty or wilful neglect, exposure is extreme.

What has been termed the "MIASMATIC" method of infection bears distinctly upon the maintenance and epidemicity of plague. Miasmatic infection implies a soil-bred disease; a disease existing as we assume malaria does in the earth itself, in the water, or in some particular form of fermenting or decomposing material in which the germ finds a nidus. In a neighbourhood so infected, the disease is endemic, as manifested by the fact that again and again the disease recurs; that after a few months of seemingly complete disappearance the disease crops up and runs a more or less severe course.

Infection of, and by, Animals.—In support of this being a soil-bred—a miasmatic disease—is the fact, so often announced, that rats are invariably affected. From Canton, Hong Kong, Macao, Pakhoi, Yunnan, from hills in the north-west provinces of India, and, most recently of all, from Bombay, the observation is constant, definite and most pointed. The first time particular notice is taken of the death of the rat in connection with the plague is in Mr. Roche's Report on the Yunnan (China) Plague, some twenty years ago.

The Chinese firmly believe the poison emanates from the soil; so far is their conviction carried that they estimate with mathematical precision its gradual rise above the ground. The graduation is estimated by the successive animals that are attacked. The sequence is

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affected apparently by the height of the animals breathing apparatus from the ground, the smaller animals being the first seized, and the larger or more elevated animals the last to be attacked. Rats, poultry, pigs, dogs, goats, sheep, cows, buffaloes, and last of all man, as being the tallest of these in their scale of infection. This is not to be taken seriously, but the infection of some of these animals is undoubted.

There is no doubt now that the disease in the rat and man is identical. The bacillus of plague has been met with in every case of rat disease of this description where it has been searched for. The infection of the rat is raised from being a mere popular belief into one of scientific precision, and we must now accept the rat at any rate as one animal liable to plague. Whether the rat is affected previously to, coincidently with, or subsequently to, man being attacked is open to question. Is the disease amongst rats a forerunner of its outbreak in man, and if so, are they a means of infection?

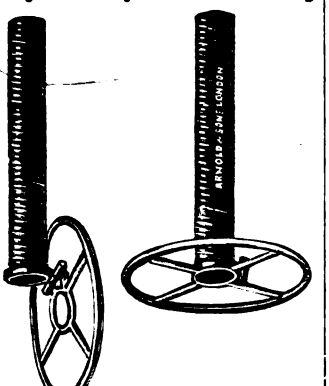
(To be concluded in our next.)

THE VALUE OF THE SPIRAL WIRE STEM IN THE TREATMENT OF OBSTRUCTIVE DYSMENORRHŒA.

By ALEXANDER DUKE, F.R.C.P.I.,
Cheltenham.

It is now several years since I designed the above instrument, and have found it give excellent and permanent results in the cure of obstructive dysmenorrhœa. So far as I am aware the rigid stem was the only form in use before Dr. Robert Barnes designed his spiral wire galvanic stem consisting of alternate layers of copper and zinc wire. I think I am correct in saying Dr. Barnes' stem was not designed as a treatment for stenosis, but as a stimulant by its galvanic action in cases of infantile uterus, amenorrhœa, &c. The great difference existing between his stem and mine is that the latter is *fully open the whole length and not closed at point*, and is composed of copper wire alloys. The instrument makers, Messrs. Arnold and Sons, plate the stems, but practically this is not necessary as the secretions of cervix uteri, being alkaline do not act on the copper wire.

In the discussion at last British Medical Association Meeting, Carlisle, the subject of dysmenorrhœa was ably dealt with and some of the speakers alluded to the extreme difficulty of preserving the patency of the cervical canal either after the rapid dilatation or cutting operations. If my spiral wire stem is inserted *at once* and worn for a sufficient time, there will be no return of contraction and if the pain complained of depended *alone* on the obstruction it will vanish for good and all. Such at least is the result of my experience.



Another great advantage of the stem being flexible and fully open is it can be worn with comfort while the patient is up and about, not interfering in the least with daily vocations.

It also acts as a drainage tube (much favoured in its action by the patient not being obliged to remain in the recumbent position) and by its presence as a foreign body often corrects irregularities and helps considerably the cure of any existing "endometritis."

With regard to the time the stem should be worn, my former practice was to remove it in three months at most after operation. I have since learned to allow it to remain with advantage for a much longer period, in fact, till it gets loose or movable, the grip or spasm of the cervix by that time being conquered permanently.

My latest modification of stem allows of its being easily introduced, and the disc or circle of wire at base (being hinged) can be placed at any angle required in vagina (by the fingers alone) making it self-retaining no matter what position the wearer may assume. I have had patients wear my stem quite unconscious of its presence for periods of three, six, and nine months respectively, and one patient in Dublin, of Dr. More Madden's, wore one for over twelve months with the greatest advantage and no discomfort whatever.

I have seldom had any trouble with the stems; on two occasions the patients neglected to syringe and I found the stem plugged with mucus. The sound cleared this, and subsequent douching or syringing set all to rights. I can strongly recommend a trial of the spiral wire stem in these cases and prefer rapid dilatation (as a rule) to the cutting operation, but in either case *insert the stem directly after operation and keep patient recumbent for a week at least*, by which time any discharge produced by the irritation of the "foreign body" ceases and the patient can go about as usual.

It is all important to insist on thorough cleanliness (on the patient's part) while the stem is worn, pointing out to them the danger of allowing the instrument to become plugged.

This stem will be found in practice a vast improvement on any rigid stem of whatever design, *and if kept clean gives no trouble*, thus contrasting favourably with the older forms which kept the patients close prisoners and oftentimes confined to bed.

Messrs. Arnold and Sons, Smithfield, are the makers.

TUMOUR OF MECKEL'S DIVERTICULUM.

By FRANCIS O. SIMPSON, L.R.C.P., M.R.C.S.,
Pathologist and Assistant Medical Officer to the West Riding Asylum, Wakefield.

The following case seems worthy of recording on account of the rarity of its situation. In such works of reference as are to hand there is no mention made of any new growth having been found in this position, and it may possibly be unique.

The patient in whom the neoplasm occurred was a general paralytic, æt. 45, about whose symptoms during life there was nothing unusual, and he succumbed to the malady after two years' residence in this asylum.

At the post-mortem examination the small intestine was found to show no morbid change, except a tumour in the position of Meckel's diverticulum. The growth was distant about three feet from the ileo-cæcal valve and projected directly downwards from the convexity of the bowel. It was about two inches in length, measured parallel to the long axis of the intestine, and one and a half inches in depth from the convexity of the bowel downwards, whilst measured transversely to the gut it was just an inch. The growth was firm and solid, irregularly oval in shape and somewhat lobular, externally being invested by peritoneum, which was intimately adherent to it. The smaller end projected into the lumen of the bowel, and a probe could be passed from thence to a depth of half an inch into the tumour, which was lined with mucous membrane, directly continuous with that of the adjacent ileum. At the bottom of this *cul-de-sac* the

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probe impinged upon a ring of cretaceous material, which was only cut through with considerable difficulty, the remaining portion of the tumour appearing like a soft fibroma or fibro-myoma to the naked eye.

Microscopical examination proved the neoplasm to be a fibro-myoma which was undergoing commencing calcification.

Rokitansky (*a*) makes no mention of any new growth as arising from Meckel's diverticulum, which he states is situated from 18 to 24 inches distant from the ileo-cæcal valve, and consists of all the intestinal membranes. It varies in length from 5 to 6 inches, sometimes is wider and sometimes narrower than the intestine itself, and is frequently contracted at intervals, of a conical or cylindrical shape, and terminating in a round, clubbed, or lobulated expansion. It either projects at right angles from the convex surface of the intestine, hanging unattached in the abdomen, or passes off at an acute angle from the concave surface near the mesenteric insertion, being attached to the latter by a falciform process of the peritoneum. In such case it is often placed parallel to the intestine. Hamilton (*b*) states that it is situated from 1 to 3½ feet above the valve, and may become a source of danger from lodging foreign bodies, or, when attached to the umbilicus, by causing strangulation of a mass of intestinal convolutions which have slipped beneath, and numerous cases of such are recorded. Coats (*c*) places the diverticulum from 3 to 4 feet above the ileo-cæcal valve, states that it is from 1 to 6 inches long, and rather more than the diameter of a finger. He mentions that it may become closed more or less completely at its orifice by a fold of mucous membrane or otherwise, and an accumulation of intestinal secretion therein may give rise to the condition known as entero-cystoma.

(*a*) "Pathological Anatomy," 1849, vol. ii, pp. 47 and 91 *et seq.*
(*b*) "Text-book of Pathology," 1894, vol. ii, part ii, p. 913.
(*c*) "Manual of Pathology," 1889, p. 729.
(*d*) *Vide* "Year Book of Pharmacy 1878," and previously.

NEW AND SIMPLE METHODS FOR THE QUANTITATIVE ESTIMATION OF URINE.

By J. BARKER SMITH, L.R.C.P.Lond.

(*Continued from page* 651.)

So far is explained my *simple method* of using acid permanganate for nearly a thousand *oxidisables* in solution. Some of these are constituents of urine, notably the urates. Weigh a gram of uric acid and place it in a mortar, by means of twenty centims or sufficient liquor potassæ dissolve it in a litre of water. Of this 1 per thousand solution, 1·7 centim decolourises the subnorme, or 8·5 centims the norme. This standard allows us to ascertain the strength of any solution of urate in a few seconds accurately and simply. The constant dividend is 8·5, the divisor is the centims decolourising the norme, *i.e.*, the subnorme × 5, and the quotient is the *per thousand* of uric acid in solution. Urine contains other oxidisables in addition to the urates; referable to uric acid as a standard, we may say three or more times more oxidisables than urates. Salicylate of soda and other medicines are also to be reckoned with in such examinations. Suppose five centims of urine decolourise the norme, *i.e.*, really five centims of the urine diluted one in five decolourise the subnorme, we are able to conclude that the urine contains 1·7 per thousand of oxidisables reckoned as uric acid, of which a third or less is uric acid. Hence, acetate of lead and hydrochloric acid, were used by me twenty years ago (*d*) as precipitants of the uric acid, so that I obtained by means of the permanganate the percentage of total urates in urine by difference. I wanted still a perfect and rapid precipitant of urates for the acid permanganate to be an ideal quantitative test for total urates in urine. Such, I think, I have now approached in my alkaline ammonium chloride method recently published, and described in my former article. Nevertheless, we have a scientific and useful clinical test in the E.O.C. of a sample of urine, as important as any one character of the urine. Five centims of urine diluted with water to twenty-five centims; the subnorme cold and the subnorme boiling afford us the two terminals without any calculation, *i.e.*, an exact character of the urine, the exact quantity of oxidisables reckoned as urates, *absolutely correct data to be interpreted according to our experience.*

EXAMPLES OF URINE (E.O.C.) V.

1. Diabetic urine ...	6·4	— ·5	Ratio twelve, abnormal.
2. Enlarged liver ...	2·2	— ·6	Ratio nearly four.
3. Normal urine ...	5·	— 1·	Ratio five.
4. Normal urine ..	3·3	— ·9	Ratio three and a half.
5. Debility	28·	— x·	No colour.
6. Acute rheumatism	4·6	— 1·4	Accession of relapse.

Saccharine and starchy matters react on the boiling subnorme and may be estimated by such means, urea does not react upon the acid permanganate cold nor boiling.

Characters of urates gleaned from practical work have clinical significance. Urate solutions are not stable, alkaline solutions soon deposit and weaker solutions quickly lose their strength, apparently absorbing air, hence uratic solutions may become more alkaline, if a portion be oxidised in respiration the alkaline condition of the blood might be increased. Unlike albuminous substances which have a threefold decolourising power towards the boiling subnorme, urates react the same towards cold and boiling subnorme. Applying my alkaline ammonium chloride test to the blood, I have raised elsewhere new physiological points.

Oxidising and reducing agents, chlorinated soda and sulphocyanate solutions, may each produce oxalates from urates. Some solution of urate in a small thin phial corked, made to boil, and allowed to stand some months, produced some oxalates. A one per cent. chloride of sodium in a similar solution unboiled did not produce oxalates. Chronic rheumatism is often associated with oxalates. Fungologists are wrong in saying oxalates are not found in the hyphæ of fungi, I have found them cram the hyphæ of the common puff-ball, arising with the yellow colour. Experimentally, we may produce rheumatic symptoms in muscles and joints by uncooked mushrooms or by daily consumption of the coprini; locally, some of the coagulants of albumen (trichloracetic acid solution 1-5) used too freely on the hands will produce similar pains over an extended area. Morphologically urates are allied sometimes to micrococci, have the same current movements, and are associated with schizomycetes. Personally I recognise in *form* organised and unorganised *plasmodes* indistinguishable by the microscope.

The blood is always alkaline, this may not include all the tissues, and we shall see that urates are *less* soluble in alkaline solutions, ammonia being present, than uric acid in aqueous solution. Two practical points in our daily work are forced upon our consideration. These are, the importance of ascertaining much more knowledge with respect to *ammoniaca* salts of urine and *acidity* of urine. Although I began with weaker solutions of ammonium chloride and finally selected 5 per cent. for the precipitation of urates. I have not marked down the comparative results; using my permanganate method any of my readers can fill up this gap. Some who use strong sulphuric acid

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and ammonium chloride in large quantities find some reaction from this source alone, *such fallacy does not pertain to my method.* This can be easily proved by adding a strong solution of ammonium chloride to a subnorme of acid permanganate. If in any case fallacy attends my method, it will be found in an oxidisable substance precipitating with the urate or some substance present in the urine retarding the precipitation of the urate. In the case of acute rheumatism where the urates are high and salicylates are present we shall find it convenient to dilute the urine with an equal volume of water for greater accuracy.

Colour.—This belong to the physical characters of the urine. Here the weak acid permanganate is used to liberate iodine to match the colour of the urochrome.

Pour five centims of urine into a medium-sized test tube, into another test tube of the same size pour five centims of solution of potassium iodide (one per thousand). Pour the weak acid permanganate into the test tube, held with that containing the urine side by side between the thumb and forefinger of the left hand, until the *colour* is the same in both test tubes.

The centims of acid permanganate used to produce this effect serve to record the colour of the urine. The maximum colour is *five*, as we note tenths we have fifty degrees of colour between *water* and *sherry* coloured solutions. This colour method is used by me to estimate *sugar* in the cereals; the iodine solution formed by equal volumes of acid permanganate and *iodide* solution is my *alkaloid* and *albumen* indicator.

Special Procedure. (b)

1. *Acidity.*—Pour twenty centims of the urine into a small glass mortar, add drop by drop solution of *carbonate* of soda (1-10) until the urine is neutral, Let the centims or tenths of centims be noted and accepted as the *numerical acidity.* Such numbers viewed with statements of urea and sugar percentage are much more realisable than the acidity read as *oxalic, tartaric, acetic,* &c. A simple calculation converts such numerical acidity into other forms, such as acid phosphate of soda, &c., when required. I find an inch absorbent bandage, washed, dried, and soaked in tincture of litmus a very good indicator, *a single thread is sufficient.* Suppose two centims of carb. soda solution have been used, *acidity is* 2.

Pour in more solution of carbonate of soda to full alkalinity, in all four centims, or more in very acid urines; such is an alkaline urine turbid from earthy phosphates. It need not be filtered.

Urea.—Pour five centims of *good* chlorinated soda into a half-ounce phial, ascertain the temperature by means of a small thermometer. Pour in one centim of the alkaline urine, cork the phial, hold it by the rim so as to add no heat from the fingers, shake the contents *briskly* for ten seconds, *i.e.*, up and down twenty times or more, remove the cork, replace the thermometer, and in about *thirty seconds* read off the increase of temperature at its *acme* or rest. The increase of temperature multiplied by the factor ·28 will afford a product which is the percentage of *urea.* Add one-fifth total for dilution. The chlorinated soda solution may be proved good by pouring five centims of it into the phial, letting the thermometer remain *in situ* whilst *two grains* of powdered ammonium chloride are added, and the phial gently shaken. The temperature should mount up nearly twenty degrees for effective chlorinated soda solution.

Sugar.—Pour one centim of Fehling's solution into a test-tube and two centims of water, boil the contents, gently letting the alkaline urine in drop by drop from a pipette, a point is at last obtained when the *last trace of purple* has disappeared, and the supernatant liquid above the yellowish red precipitate is as limpid as water. The constant dividend is ·5, the divisor is the centims used, and the quotient is the percentage of sugar. Add one-fifth of total for dilution. If on being brought to boiling-point Fehling's solution become discoloured it is useless, and should a drop or two of the urine decolourise the copper solution such urine must be diluted so as to contain not more than one per cent. of sugar. I have used Fehling's solution as a quantitative test during twenty-five years, a white porcelain cup is not at all necessary. Formerly, I used ten centims of Fehling's solution undiluted, constant dividend five. A sheet of white paper, or a white plate under the flask assists the determination of *the last trace of purple.* I find that one centim in a test-tube, as directed, to possess many advantages.

(*To be continued.*)

Transactions of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held Wednesday, December 16th.

The President, Dr. Argyll Robertson, in the Chair.

This meeting was devoted entirely to the demonstration of patients and specimens.

Sir Thomas Grainger Stewart and Dr. Gibson showed: (1) Two cases of Hutchinson's solid œdema affecting the face, treated by streptococcus antitoxin. One of the patients was practically cured, in the other, no material improvement had followed the administration of the serum. (2) A rare, and probably unique skin disease, the case being one of multiple cutaneous angio-fibromata. Improvement was taking place under treatment by electrolysis.

The President brought forward a patient from whose right eye he had extracted the lens on account of a high degree of myopia. Previous to interference the error of refraction had been 18 D., and the visual acuity $\frac{6}{60}$. Now the vision was $\frac{6}{10}$ and would, he believed, improve yet farther. In the left eye there was an error to the extent of 14 D., and the vision was $\frac{6}{15}$. Such cases were rare in this country, though fairly common in Germany.

A sporadic cretin, æt. 18 months, was exhibited by Dr. John Thomson. He had treated it with Hutchinson's thyro-colloid in doses increasing from gr. $\frac{1}{2}$ to gr. $\frac{1}{4}$ daily. Improvement had began to show itself in three days and had been steadily maintained.

Dr. James showed several patients suffering from varieties of tremor. He explained timed tracings which he had prepared of the various movements. The treatment of lupus by the application of the liquor antimonii chloridi was described by Dr. Allan Jamieson. It was necessary first to apply bone-starch poultices or salicylic-creosote plaster. The results in the patients who were shown were satisfactory.

Dr. Norman Walker, among other cases of skin disease, showed a patient suffering from alopecia. A cat affected with a similar disease had apparently been the source of infection. In both cases cocci had been found.

Mr. A. G. Miller demonstrated a case in which all the signs of temporo-sphenoidal abscess following middle-ear disease had been present. On operating no pus was found. Though the symptoms were relieved, subsequent progress pointed to the existence of a cerebellar tumour. Mr. Miller also described a method of amputating through the knee-joint by a circular incision, so arranged that a posterior cicatrix resulted.

Mr. F. M. Caird showed three surgical cases: (1) œsophagotomy for impacted false teeth; the patient was fed by the mouth immediately after the operation; (2) complete ablation of the upper extremity for sarcoma; (3) double orchectomy for enlarged prostate.

Mr. H. J. Stiles showed patients illustrating various points in the treatment of tuberculous cervical glands. Where the internal jugular vein was wounded he advised that it be freely exposed and divided between ligatures. He deprecated "lateral" ligature.

An inoperable case of melanotic sarcoma under treatment with the toxins of the bacillus erysipelatosus and the

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bacillus prodigiosus was exhibited by Mr. ALEXIS THOMSON. The patient reacted to the injections, but little improvement as regards the tumour was manifested.

Dr. JOSEPH BELL showed a brain, in which subarachnoid hæmorrhage had occurred after a burn. The symptoms had been sufficient to admit of a diagnosis during life.

Sir HENRY D. LITTLEJOHN showed several specimens of medico-legal interest. In a case of cut throat the suicide had succeeded in tearing the gullet from its inferior connections and dragging out of the wound a piece about eight inches long.

Dr. ROBERT MUIR demonstrated the typhoid serum reaction.

Pathological and other specimens were also exhibited by Drs. Milne Murray, Bruce, McKenzie, Johnston, Walker, and Lundie, as well as by Messrs. Caird and Stiles.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

MEETING HELD DECEMBER 10TH.

The President, MR. WILLIAMSON, F.R.C.S., in the Chair.

A CASE OF LOCOMOTOR ATAXIA WITH CHARCOT'S JOINT.

DR. G. MURRAY showed a man, æt. 33, whose illness commenced three years ago, with weakness of the knees and lightning pains in the legs. He had now marked ataxia, less in the arms than in the legs, double optic atrophy and corns on the soles of both feet. His right hip was swollen, and there was a tense elastic swelling in the joint with marked grating on movement. There were two inches of shortening of the leg, and a dislocation could be readily produced. There was no specific history.

CASE OF ADDISON'S DISEASE?

Dr. G. MURRAY showed a miner, æt. 46, who had spent several years in Australia and came home much sunburnt ten years ago. The pigmentation of his skin had never disappeared. He had lost flesh at times but had regained it again. He was frequently troubled with diarrhœa, and had been unable, from weakness, to work for a year. His skin was becoming darker, and there were now patches of pigment in the mucous membrane of his mouth and in his conjunctivæ. The skin pigmentation was specially marked round his nipples and in the neighbourhood of some old scars on his back.

Dr. G. MURRAY showed a case of "Tetany" in a child æt. 13 months.

Mr. PAGE showed a girl, æt. 7, with "Sarcoma of the Mandible"; also a case of "Extra-uterine Fœtation," and a case of "Ununited Fracture of the Ulna."

HÆMATOCELE OF THE LESSER PERITONEAL SAC.

Mr. PAGE further showed a man, æt. 58, who was seized with a sudden severe pain in his belly in April of this year. On this occasion he had a frequent desire to micturate, but could pass very little water. Soon after he had a second attack of pain, which passed off in a few hours. Early in September a swelling was noticed in the epigastric and left hypochondriac regions. It steadily increased, he got thinner, and had constant pain. On admission to the infirmary a rounded, elastic, smooth swelling was felt, and could be seen in the left side of the upper abdomen. The abdomen was opened in the left linea semilunaris, and a dark-coloured tumour was exposed. It could not be delivered and was incised *in situ*. A considerable quantity of laminated clot, such as found in an aneurism, was turned out of it, and no fresh hæmorrhage occurred. The tumour was then seen to be in the lesser peritoneal sac. The opening in it was stitched to the parietes, and the cavity plugged with gauze. The fluid removed was tested, but had none of the properties of the pancreatic juice. The patient had much improved in condition, and the wound was now superficial. The most probable cause was rupture of a varicose vein.

Dr. CLAY showed a case of "Dilated Stomach" in a young man, who two years previously had been suddenly seized with acute severe pain in the stomach, followed by vomiting and collapse.

Dr. CLAY also showed a case of "Pleurisy" with effusion following five months after cured empyema of the same side.

The PRESIDENT showed two patients, one a boy on whom he had successfully operated for an "Incurved Tibia," and a child on whom he had dissected out the whole of the diseased structures of a tuberculous knee. At the end of six weeks it was found to be entirely healed.

A CASE OF GONORRHŒAL RHEUMATISM WITH PERICARDITIS AND ENDOCARDITIS.

Dr. LIMONT showed a man recovering from an acute illness resembling rheumatic fever. Both wrists, both elbows, both ankles, and both knees were the joints most affected. On admission he had a very high temperature and a gonorrhœal discharge. Salicylates had not relieved him, and no medicine had materially benefited him. After his admission he developed pericarditis and endocarditis, from which he nearly died. The affected joints were still swollen and deformed. The swelling was chiefly external to his joint. There was marked muscular atrophy in the affected limbs.

Dr. LIMONT also introduced a patient with "A Chest Tumour" as a subject for diagnosis.

A CASE OF NEPHROLITHOTOMY.

Mr. RUTHERFORD MORISON showed a young man on whom he had operated for a calculus in the pelvis of the right kidney. The incision scar was T-shaped, the vertical portion in the linea semilunaris, the transverse running back into the ileo-costal space as far as the edge of the quadratus lumborum. This was the incision he had introduced for all kidney operations some years ago, and still advocated. The advantages were that the patient could lie on his back during the operation, making anæsthesia easier. That the diagnosis in cases of tumour was verified when the abdomen was opened in the linea semilunaris, and a mistake could then be more thoroughly compensated for. That the opposite kidney could be ascertained to be present and fairly normal before the diseased one was removed, a very essential precaution; that better access to the kidney was obtained by this than by any other incision; and that dependent drainage could be secured by this but not by the abdominal incision alone.

The following specimens were exhibited by Dr. MURPHY:—A Hydrocele of the Cord which he had dissected out. Tubes and Ovaries of both Sides—a pyosalpinx from one side, and a hydrosalpinx from the other of the same patient. A Hydatid of the Abdomen, removed by operation. An Axillary Tumour of doubtful character which was closely attached to the axillary vein. One Lobe of a Large Goître excised for dyspnœa. A Uterine Fibroid from a patient, æt. 52, seen three years ago. At that time she had no symptoms, but recently returned with the tumour much increased in size, and producing pain, hæmorrhage, and difficulty in micturition. He never operated on fibroids unless they were producing serious symptoms. He had treated the pedicle extra-peritoneally, and suggested that this was the best because safest method. All the patients had made excellent recoveries.

Mr. MARTIN showed a Calculus of Oxalate of Lime, removed by nephrolithotomy. The symptoms commenced suddenly, two and a half years ago, with acute pain, limited to the region of the kidney, in a man, æt. 38. From this time he had daily attacks. His urine contained blood and pus cells. Palpation of the kidney revealed nothing, but pain came on after an examination. On Sept. 30th, the kidney was explored through an incision of T-shape, the vertical portion in the linea semilunaris, the transverse going to the back through the ileo-costal space. The kidney was fairly palpated all over, but nothing suggestive of a stone was observed. He was relieved for a time, but as soon as he resumed active duty his pains returned, and he requested that the affected kidney should be removed if further exploration of kidney and ureter showed the absence of a stone. On Nov. 4th, 1896, his abdomen was opened through the same incision in the left side as previously employed, and the right kidney sought for. No trace of it could be found. The left ureter was next examined and found to be normal. The kidney was again examined and a stone detected in the pelvis. An incision was made in the convex border of the kidney, and the calculus, with some difficulty, extracted. The hæmorrhage, which was active from the

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kidney substance, was arrested by gauze packing in and around the kidney. The patient was now well.

Mr. Rutherford Morison showed a case of Congenital Absence of Right Kidney in a man, æt. 52, who had died twenty days after an operation for suppression of urine due to a calculus impacted in his only ureter. The specimen showed an absence of the kidney, the ureter, the vas, and the seminal vesicle of the right side.

Mr. Rutherford Morison also showed specimens of gall-stones extracted by operation from three recent cases of interest. Two of the patients had no pain, and the absence of this symptom has a most interesting feature. Both of them had a history of long-standing "spasme." The first was sent because she had an abdominal tumour, the second because she had persistent and increasing jaundice. The first gave a history of sudden cessation of her weekly attacks of "spasms," after an extra prolonged seizure eight months before. Shortly after her last attack a tumour was discovered in her right side, which ached and troubled her when squeezed, and in going about her usual work. The tumour was in the position of the gall-bladder and the size of a fœtal head at term. The large stone (exhibited) was found impacted in and completely blocking the neck of the gall bladder. The second case after an immensely severe attack (three months ago) of her oft repeated "spasm," became jaundiced for the first time. Since then she has had no more pain, but every time she got out of bed a rigor developed, and her temperature rose. The rigor was always followed by an increase of the jaundice. The two stones (exhibited) were extracted by incision from her much dilated common duct. The third case had also a long history of attacks typical of gall-stone colic, and was seen with jaundice, which had not disappeared. A small sausage-shaped swelling could be felt in the position of the gall-bladder, and this was taken to be an exception to the rule that in long-standing cases the gall-bladder by its efforts had become so much contracted as to disappear out of reach. On opening the abdomen the gall-bladder was seen to be divided into two parts by a well-marked constriction. What had been felt before operation was a thin sacculus protruding from the fundus of a much-thickened and contracted gall-bladder. Several stones (exhibited) were extracted from the sacculus, which communicated with the gall-bladder by an opening only large enough to admit of a director. The real gall-bladder was empty; two stones (exhibited) were removed by incision from the common duct.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, Dec 24th, 1896.

Pott's Disease.

At the Academie de Médecine, a member, M. Calot, read a paper on the above subject, and in reference to the treatment of the gibbosity. Out of a list of thirty-seven cases he was led to the conviction that all the children affected with Pott's malady could be cured without difficulty by straightening the vertebral column as soon as possible after the appearance of the gibbosity, and by maintaining the position by the application of a plaster apparatus embracing the whole trunk. It was only in exceptionally rebellious cases that it would be necessary to have recourse to a cutting operation, which consists, by the way, in removing the posterior bony protuberance which hindered the straightening of the spine. After resection of a wedge of this protuberance behind the spinal cord, the union of the two diseased vertebræ is cut through and the two segments are made to pivot one on the other until the column is brought into a straight position.

The speaker operated thus in two cases and each time with success. The idea was to bring back to the normal position by bending backwards the vertebral column bent forward. The deflection is obtained by means of tractions practised by four assistants on the superior and inferior extremities of the spine while the surgeon exercises powerful pressure on the convex point. In a few moments the two segments separate and straighten out completely. Before the patient awakens, the plaster apparatus is applied from the head to the sacrum. The treatment lasts from five to ten months instead of from two to three years as by the old method. Besides, this treatment in a very large measure protects the patients against paralysis.

M. Calot presented five children, whom he had treated in this way for gibbosities, dating from six months to six years, and in whom the dorsal protuberance was hardly perceptible. Photographs of the children taken before the operation showed how pronounced had been the deformity.

The X Rays in Diseases of the Lungs and Pleuræ.

M. Bouchard, referring to the photographs he had taken by means of the Röntgen method of a case of pleurisy with effusion, said that he had renewed his experiments on the subject, and that in one of the cases he found that the apex of the lung remained opaque, while the remainder of the organ was clear, proving that the effusion had almost disappeared. The idea occurred to him that there existed a condensation of the pulmonary tissue at that point, and percussion and auscultation confirmed that supposition; it was a case of incipient tuberculosis revealed by the radioscope.

This discovery led him to examine attentively several manifestly tuberculous patients, and each time the fluorescent screen presented the shadows of the pulmonary lesions diagnosed by the ordinary methods. In two cases clear spots on a dark ground marked the presence of vomicæ, verified by auscultation. But in other cases, where auscultation recognised the existence of excavations, the apparatus failed to reproduce them. In one patient, the general symptoms and the cough led to suppose consumption, but the examination of the expectoration revealed no bacilli. By the radioscope the apex of one of the lungs was noticed to be less transparent, and a few days afterwards auscultation, as well as bacteriological examination, cleared up all doubt as to the nature of the case.

In affections of the thorax, the radioscope affords all the information derived from percussion. When the air is expelled from the lungs more or less completely by effusion of a liquid or by a morbid tissue, transparency diminishes, giving place to more or less complete obscurity, while at the same time, the normal sonority is replaced by subacute or absolute dulness.

Another speaker said that he had submitted the wrist of a young girl to the Röntgen rays in which he suspected tuberculous disease; the photograph revealed a comparative transparency of the lower extremity of the radius, an indication of osteitis.

In the case of a man who suffered intensely from tarsalgia, rendering walking difficult, no external cause could be found. By the radioscope applied through the booted foot, an exostosis of the head of the fourth metatarsal bone was discovered.

Meningitis.

The following will be found useful in the treatment of this affection:—

Iodide of sodium, ℥iiss;
Syrup of orange, ℥ j;
Water, ℥x.

Two tablespoonfuls the first day, four the second, six the third, eight the fourth, and continue this dose.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, December 26th.

AT the Society for Innere Medizin, Hr. Klemperer read a paper on

HÆMATURIA FROM HEALTHY KIDNEYS.

He first referred to the analogous hæmorrhages from the healthy uterus and vicarious hæmorrhages. Then there were hæmorrhages from hysteria for which there was no pathological basis. He recalled the instance of a lady suffering from typhoid who had violent hæmorrhage from the stomach. She died, and the post-mortem showed that the stomach was perfectly healthy. There was a second case of hysteria with hæmoptysis and hæmatemesis. The patient died the year after, and at the autopsy no cicatrices were found in the stomach, nor, in fact, any pathological change whatever. He also recalled the case published by Cohen, of violent hæmorrhages in a hysterical patient that were cured by suggestion. Inversely, also, hæmorrhages had been set up in healthy organs by suggestion. The bloody sweat of hysterical people was also to be borne in mind.

In case of hæmorrhage from the kidney, the kidney had been removed and found to be healthy. The first case was that published by Sabbatteir, in 1888. Schede published the second case, in 1889. He extirpated the left kidney of a man who was extremely reduced by renal hæmorrhages, and found the organ healthy; the patient was cured. The third case was that of Senator, in 1890. In that case also the patient was cured. Since then, several cases had been published, where, after renal hæmorrhage, the kidney was cut down upon and opened, but not removed. All the cases were cured. The cases observed by himself could be divided into two groups—acute and chronic. Of the acute cases there were two cases: one that of an officer who had hæmaturia after a seven hours' ride, and the other that of a young man who had over exerted himself on the cycle. The chronic cases could also be divided into two groups—the hæmophile cases and the angio-neurotic. The first case of Group I was that of a man, æt. 36, who was admitted into the Charité in 1893. The mother, and brothers and sisters were all hæmophile. He had his first attack of hæmaturia in his 16th year; this was so profuse that he had to keep in bed for thirteen weeks. After keeping him in hospital for six or seven weeks, he was discharged, and had never had such a severe attack since.

The second case was that of a man, æt. 26, who was admitted in 1895. From his sixteenth year he had suffered from renal hæmorrhages once or twice every year, this was sometimes accompanied by right-sided pain. As the hæmorrhage continued eight or nine weeks and was no better, v. Leyden ordered cold affusion, whereupon the hæmorrhage ceased and had not returned. There were two cases in the angio-neurotic group. The first was that of a young man, æt. 22, of very nervous temperament. In his case the hæmorrhage had lasted for weeks. The cystoscope showed that it came from the left kidney. On account of the extreme anæmia nephrectomy was performed. The kidney was perfectly sound. Probably nervous influences had caused dilatation of the vessels of the kidney with subsequent hæmorrhage. The second case, that of a healthy-looking man, æt. 37, was cured by hydro-therapeutic means.

The speaker claimed that his observations showed that renal hæmorrhages should not be taken too seriously when after repeated careful examination nothing pathological could be discovered. At any rate no operation should be performed.

Hr. v. Leyden agreed with the speaker and reminded the society of bleeding from the healthy nose. In one case a medical man came to him in great distress on account of sudden hæmaturia. After some days the bleeding ceased and since then, six years ago, there had been no return. The bleeding was probably due to over exertion in walking.

Hr. Mendelsohn had seen three cases of renal hæmorrhage in healthy people.

Hr. Nitze had seen a comparatively large number of cases of essential hæmaturia (he preferred to call it by that name as it did not prejudge anything). He had seen seven such cases. In all an operation was performed, four times nephrectomy, and three times nephrotomy. Complete recovery took place in all the cases. Where the bleeding could not be distinctly traced to over exertion one should be very careful as to its importance as it might be due to not easily discovered changes in the parenchyma. He would rather operate than wait too long In hæmophilia cases he would not cystoscope, as slight abrasions would make the hæmorrhage worse. Moreover, these cases were not difficult to diagnose and Klemperer had done right in not classing them as cases of essential hæmaturia.

Hr. Thorner said they should be very careful in arriving at a diagnosis of hysterical hæmaturia.

Hr. Mankiewicz related the case of a very big one year's volunteer, weighing over 100 kgrm., who always had hæmaturia after violent military exercises, and who was dismissed as unfit for service on that account. His hæmaturia then ceased, and after the lapse of several years had not returned.

Hr. Ewald had seen a case of hysterical hæmaturia, although such a diagnosis was very difficult to confirm. The blood disappeared, and in a few days returned again.

Hr. Klemperer could not agree with Nitze that operation only made the diagnosis certain. Operation was not such a simple affair, however "simple" it might be called.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Dec 26th, 1896.

HEPATIC CONGESTION.

KRETL'S paper on the Pathology of the Liver was a very interesting and instructive contribution. In it he affirmed that all cases of congestive icterus had associated with them a dilatation of the fine biliary ducts, while the larger gall-ducts and gall-bladder were unaffected. The symptoms were varied and often misleading according to the origin, whether the primary cause was of an infectious nature or a toxic character, which hitherto have caused these cases to be classed under the title of "hæmatogen" icterus.

He also attempted to prove the connection of catarrhal icterus with acute yellow atrophy of the organ, and pointed to the fact of this pathological condition becoming endemic in some areas. The various atrophic and degenerative changes in the liver were not constant, and

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could not always be assigned to any particular cause; even the microbic theory of the pathological process failed to explain the usual sequence of events. There must be a careful distinction drawn between the icterus of hepatic congestion, and icterus from gastric or intestinal causes where there is no obstruction of the gall ducts. He related three fatal cases of icterus with the somnolent eruptions, while post-mortem examination revealed the phosphorus liver in one, and fatty condition in the other two, with the gall-ducts perfectly free; the cause of the icterus being purely toxæmia from intestinal intoxication which may be easily mistaken, intra-vitam, for catarrhal icterus.

Kretz could not agree with Pick on the anatomy of the icterus, as the relation between the lymphatics and blood vessels on the one hand, and the hepatic cells on the other, complicated the problem, but was inclined to believe that the secretion of the hepatic cell was thrown directly into the capillary vessels while in the organ.

In the discussion that followed Pick defended his "Paracholic" theory and maintained that after we excluded all plugs of mucus or catarrh in the minute hepatic gall-ducts we were forced to the functional disturbance of the hepatic cell being the prime factor.

Caisson Disease.

Silberstein related the treatment of a case of diver's disease, to the Medical Club, on whom he used compressed air, similia similibus!

The patient had been engaged in diving operations and was thus confined often under heavy pressure. On the day in question he had been engaged in a diving bell from six to ten a.m. or four hours. About two o'clock in the day, or four hours later he became unconscious, cyanotic, with tonic and clonic convulsions accompanied with opisthotonus.

The respirations were often suspended from interrupted cramping of the glottis, while the pulse was scarcely perceptible.

The treatment consisted in restoring the conditions that had produced the disorder. He was at once removed to a pneumatic chamber, and compressed air applied, which within half an hour dispelled convulsions and restored sensibility.

The disease seems to be due to air emboli in the vessels of the central nerve system, which is forced in during long exposure to external compression, which when removed suddenly allow the imprisoned air to press forcibly on the internal ganglia. Strong healthy men seem more predisposed to the disease than the weak.

The Operating Theatres.

ST. MARY'S HOSPITAL.

Intussusception.—Mr. Q. Silcock was asked to see a patient of Dr. Lees, a child, æt. 4½ years, who was thought to be suffering from intussusception. The chief symptom was pain in the belly during the previous three days or so. The child presented a sausage shaped tumour in the left iliac fossa extending upwards into the corresponding left lumbar and hypochondriac regions. The right iliac fossa was empty. Dr. Lees stated that the child had passed nothing per anum since being in the hospital, excepting some mucus tinged with blood. An anæsthetic was given, and a pint and a half of warm ½ per cent. saline solution was injected into the rectum very slowly and at low pressure by means of an irrigator with a "Jacques" catheter attached. After a pint had been so injected the tumour could be felt gradually decreasing in size and travelling across the umbilical region into the right iliac fossa; finally it disappeared altogether. The abdomen was bandaged and the patient returned to bed. Mr. Silcock remarked on the ease with which the intussusception had been reduced, and the advantage of giving the injection in the manner he had employed, that is to say, slowly and at a low pressure. He thought this method should be utilised before resorting to laparotomy in all cases where the history of the patient points to short duration. He said the child would be fed in such a manner that the least possible amount of fæcal residuum would be produced, and he pointed out the possibility of the recurrence of the intussusception, in which case the injection would again be resorted to.

It is satisfactory to state that four hours after the operation the child was sitting up in bed, and said, when asked, he "hadn't got a pain in his stomach." The further recovery has been uninterrupted.

Acute Suppurative Appendicitis.—The same surgeon operated on a youth, æt. about 17, who had been admitted under Dr. Lees for appendicitis. There was a well-marked lump in the right iliac fossa, the abdomen was distended, generally tender, and the temperature was about 103°. No sickness. The duration of the symptoms had been less than a week. An incision about three inches in length, the centre of which corresponded to that of a line joining the umbilicus with the anterior superior spine, and at right angles to the same line, was made through the abdominal parietes. The appendix was readily isolated and found to be distended to twice or thrice its natural size, and about an inch and a half long; beneath it was a collection of pus, which was at once carefully washed out of the wound by irrigation. The appendix was cut off after a ligature had been applied to its root, the peritoneum being drawn over the face of the stump by means of three silk sutures. All the parts were carefully cleansed, and an iodoform gauze tampon serving as a drain was introduced into the lower angle of the wound, the edges of the latter were then drawn together by silkworm gut sutures. Examination of the appendix showed it contained two fæcal concretions, but though its walls were in a state of necrosis and infiltrated with pus there was no actual perforation so far as could be made out. Mr. Silcock insisted on the necessity of operation the moment there was evidence of perforation. He also said that he thought it advisable to remove the appendix in such cases, otherwise the source of infection was left, and frequently gave rise to troublesome and dangerously extensive suppuration; it was, he thought, extremely important to avoid disturbing the parts more than was absolutely necessary, as the infective material might be diffused throughout the peritoneum. Nevertheless there were some instances, he remarked, in which it was practically impossible to remove the appendix owing to its excessive length, or to its extensive adhesions. For example, some time previously he had to deal with a case in which the tip of the appendix was in the right hypochondriac region, the length of the process being more than five inches; it had given rise to the formation of an abscess immediately beneath the right lobe of the liver; this abscess was incised, and a second opening made in the right iliac fossa for the purpose drainage; thus he did not see his way clear to remove the whole appendix, on account of the extensive

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disturbance of the parts which the necessary dissection would have implied; this patient subsequently died by reason of continued and extensive suppuration, and the appendix was found to present several perforations throughout its whole length.

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ADVERTISING BY MEDICAL MEN.

[FIRST ARTICLE.]

ONE of the most important questions in which medical etiquette is brought into close relationship with the public is that which concerns professional advertising. The public have repeatedly evinced their inability to understand the difficulties and objections raised by medical men in this connection, and after all, perhaps, there is a good deal which can be said in excuse for this want of understanding. In the first place, a solution must be found for the problem, "What constitutes professional advertising?" This is precisely the crux of the whole matter. Everyone is agreed that it is derogatory and unethical for the members of a learned profession like that of medicine, to stoop to the level of inserting advertisements in newspapers, laudatory of their skill and knowledge. Again, a similar consensus of opinion prevails with respect to the various other forms of advertising so much in vogue among tradesmen. Medical men are not tradesmen, and even if some of them should so regard themselves and feel inclined to resort to advertising for the purpose of obtaining practice, they cannot do so save at the risk of compromising the honour of their profession, for which they are held responsible by the General Medical Council. But while the grosser forms of advertising can be definitely adjudicated upon and the offenders condignly punished, on the other hand the greatest difficulties prevail with respect to determining how far advertising of any sort is legitimate. It is this aspect of the subject which appears to be so incomprehensible to the public. They cannot see any harm in magnates of the profession having their medical works repeatedly advertised in the publishers' columns of the *Times*. They cannot understand why there should be any objection to the signatures of medical men being added to the bulletins issued from the houses of important individuals who are sick. The oblique, and sometimes direct "puffs," which appear in the editorial columns of their newspapers, respecting the wonderful skill of some medical man, does not suggest to them anything which calls for reprehension. Indeed, the more often that a medical man's name is brought in this and other ways under their notice, so much the more are the public inclined to believe that he must be a great personage worthy of the highest consideration. So much for the public. But how about the profession itself. Here no apology need be made for quoting in full the ethical law which exists on the subject.

"It is degrading to the true science of medicine to practice homœopathy, or professedly or exclusively, hydropathy or mesmerism; and alike derogatory to the profession to solicit practice by advertisement, card or printed circular, or to notify change of residence, temporary absence from home and subsequent return thereto, the introduction and address of a partner, the transfer of a practice, or dissolution of partnership, otherwise than *vivâ voce*, or by an autograph note, or a *fac-simile* thereof, and its circulation strictly limited to *bonâ fide* patients of the transmitter; also, to offer, by public announcement, gratuitous advice to the poor, or to promise radical cures, to publish cases and operations, or semi-medical articles with the name and professional suffix of the writer appended thereto, in the lay press, or, knowingly, to suffer such publications to be made, or otherwise issued to the public—including contradictive and corrective statements in relation to unfounded and assumed professionally injurious rumours—to 'tender' for a club or other paid appointment, or to directly, or indirectly, apply or canvass for such ere a vacancy has been declared; to advertise medical works in non-medical papers, or to contribute articles on professional subjects to journals professing to furnish the general public with medical information and advice in relation to disease, or in any way to advertise or permit himself to be advertised therein; to invite laymen to be present at operations; to boast of cures and remedies; to adduce or circulate testimonials of skill and success, except when seeking to obtain a hospital or other public appointment; or to do any like acts. Such are the ordinary practices of charlatans, and are incompatible with the honour and dignity of the profession."

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Such is the ethical law relating to advertising by which all medical men are expected to abide. It will be noted that it is sufficiently comprehensive to embrace most of those bye-paths by means of which publicity is obtained for medical men. Moreover, it will be seen that the law forbids several of the minor methods of advertising which are commonly resorted to and of which complaint has from time to time been made. Not very long ago, in response to protests from some members of the profession, the Royal College of Physicians of London expressly passed a resolution condemning the growing custom among medical authors of allowing their works to be advertised in the publishers' columns of the *Times* and other non-professional journals. According to the law above quoted, the custom is distinctly unethical, and the College in this matter did nothing more than their duty. The result of their action was, in some degree to diminish the number of the announcements of which complaint was made. But medical works still continue, in a more or less extent, to be advertised in non-professional newspapers. In this connection, it is only fair to state that occasionally publishers take the risk of medical books, and such books are advertised by them as they may see fit. The authors in these cases have no control over their productions; these being the property of the publishers, and in view of this fact the authors have no power to interfere, even if they expressly desired to do so, a contingency which would be very exceptional if it were to occur. The line, however, of demarcation between ethical and unethical advertising has never in practice been clearly defined: indeed the somewhat vulgar, but expressive simile has been used in this connection to the effect that it is impossible to say "where lamb ends and mutton begins." For the public this is a matter of but little concern: that is to say they make no secret of the mirthful aspect from which they are inclined to view the apparent finicking delicacy of feeling existent among medical men upon the subject of announcements of an advertising character. But under present circumstances it is doubtful whether this view is to be commended; indirectly, indeed, the public are affected by the consequences of the subtle forms of advertising to which some medical men resort. To speak plainly, such practitioners by this means lose caste in their profession, no matter what their position may be; they are more or less "tabooed," in short, having appealed unto Cæsar, that is to say to the public for their practice, they gain that which they seek, but at the cost of a greater or less degree of ostracism on the part of their professional *confrères*. One of the effects of this ostracism is that high-minded and independent consultants raise difficulties in meeting such practitioners in consultation. In consequence of this, a patient may not always be able to obtain the services of a particular consultant whom he may especially desire, and the converse is just as true. Advertising practitioners who may pose as consultants will be just as much avoided by general practitoners, despite the wishes of their patients to have them in consultation. Thus there can be no question that as long as the present feeling exists in regard to professiona advertising, the public will be consulting their best terests by showing their willingness to agree with the ethical laws which prevail on the subject. To run counter to the ruling in respect thereto is to court difficulties, and to raise unpleasantnesses with those to whom they have confided the care of their health. The public are, perhaps, disposed to overlook the fact that it is an advantage to them to be attended by medical men, no matter what the position of the latter may be, who are regarded as staunch supporters of the honour and dignity of the profession, and are held in esteem by their *confrères*. For in truth to uphold the honour and dignity of their profession is simply to act the part of gentleman, a truism which must apply with equal force to every professional man.

RINGWORM IN POOR-LAW SCHOOLS.

Of late years the welfare of the children of the State has figured largely in the mind of the public. Their condition, so far as the Poor-law schools are concerned, has become a subject of increasing newspaper comment, while it has also been subjected to searching Government inquiry. Nor have new departures in this direction been lacking upon the side of the local authorities. On all hands boards of guardians have discussed the problems of the parochial schools, and have made, in many instances, most praiseworthy efforts to cope with the admitted evil of the present system. The leading principles of latter day reforms are few and simple. The chargeable child, for instance, must be allowed neither to enter the workhouse nor to be associated in any way with adult paupers. He must be well fed, well clothed, well housed, and be brought up, as far as possible, with a good education both physical and intellectual. To gain these ends in the most advantageous manner, it has been generally recognised that a "cottage" scheme is preferable to the present so-called "barrack" system. That is to say, it is better to substitute a number of small households, whose inmates would have a reasonable chance of the development of individual character, as distinct from the colourless and helpless person not unusually manufactured by the repressive routine necessary where many hundreds of children are brought together under one roof. One of the most encouraging signs of the times is the lessening of infectious diseases among the school inmates. As regards ophthalmia, which has been the constant scourge of Poor-law schools, the outlook is now most encouraging. The experiment of the isolation school at Hanwell has shown that the disease in question can be cured, and that under proper skilled control it can be eradicated from a large institution where it had existed for at least a quarter of a century in an aggravated endemic form. "Granular lids" flourish best among large congregations of people, and the affection is far more readily controllable when the unwieldly "barrack" schools, numbering sometimes

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eight hundred or even a thousand children, are split up into "cottage" units. The same line of reasoning applies to ringworm, another highly contagious disease of children. The malady is often most obstinate to treatment, and in the best hands may persist for months or even years. There is little apparent reason to doubt that the system of isolation schooling, which has answered so admirably in the case of ophthalmia, might be extended so as to include the other parasitic ailment. For instance, with two large central establishments, the one for ophthalmia and the other for ringworm, each under the charge of a specialist, there would be no longer any excuse for boards of guardians who allowed cases of either complaint to continue in their schools. It would obviously be of advantage were the powers of guardians to be extended, so that they might retain until cured the floating margin of recurrently admitted children known as "ins and outs." Before leaving this important subject it may be well to refe to the fact that the phrase "Children of th State" includes a large population other than parochial, namely, those who reside in reformatories and industrial schools. It would be in the highest degree desirable in the interests of the community that an inquiry should be made as to the existence of the two above-mentioned diseases in those institutions. It is true that, according to Mr. Legge, the inspector of those schools, there exists little of either ailment. It is well to remember, however, that Mr. Legge is not a medical man, and that, moreover, a highly skilled and experienced man alone can detect obscure cases of trachoma. A similar observation may be made with regard to ringworm, although perhaps the more difficult problem in the latter case is to pronounce upon the cure of the disease. It is to be hoped that the Local Government Board, or the body into whose hands the future of our State children will be given, will take speedy steps to ascertain the extent to which ringworm exists among their charges, as is now being done by Mr. Sydney Stephenson's important inquiry into the ophthalmic state of the metropolitan Poor-law schools.

Notes on Current Topics.

Christmas in Hospital.

THOSE whom duty detains within the hospital precincts at Christmas time must have noticed the change that comes over the wards at the approach of what is technically known as "the festive season," though this term must be bitterly at variance with the feelings and sensations of many of the guests of these excellent but not exactly convivial institutions. Every patient who has a lung to breath with or a metaphorical leg to stand upon hobbles wheezing home to join the throng around the familiar hearthe, where all are doggedly determined, be the weather what it may, and the exchequer never so low, to enjoy themselves according to the rites and ceremonies hallowed by tradition at this season. The wards are emptied, and this in spite of the grave advice of the visiting physician and the prospect of culinary and disciplinary indulgences to those who are willing to follow reason rather than sentiment. In full consciousness of the fact that the *fête* will probably be the last in which they will participate and not unaware that the escapade may precipitate a termination which can be postponed but not averted, these unhappy victims of heredity and uncongenial surroundings, *au banquet de la vie in fortunés convives*, are acutely unable to resist the tempation of a last Christmas spent in the family circle. Yet, on the other hand, the wards themselves undergo a metamorphosis as Christmas day approaches. The patients who are constrained by reason or necessity to remain, are the objects of numerous sympathetic attentions. Dietetic restrictions are stretched to the utmost limit compatible with physical well-being, the automatic discipline of the nursing staff gives place to more affectionate demeanour, even the resident medical officers doff their habitual austerity and allow their pity for the disinherited ones to find expression in voice and attitude. Garlands and festoons alleviate the rigid monotony of the ceilings, and the younger patients find to their grateful surprise that Father Christmas has not been unmindful of his little suffering worshippers. Their drawn and pallid features flush awhile with gratified expectancy, and the buoyancy of youth, even when oppressed with the recollections of pain, shows itself in a spasm of animation. Could our Christmas revellers, blessed with good health and the means of enjoying it to the full, but contemplate the resigned satisfaction which even these trifling relaxations afford, many a kindly but indolent heart would find a pleasing and ennobling satisfaction in contributing to the joy of those whom a hard fate has condemned to pass the sacred days far from the softening and chastening influences of the family gathering.

Cycling and Appendicitis.

So much has been written and spoken about appendicitis, *alias* perityphlitis, during the last few weeks, that the general public, who furnish us with such numerous examples of this interesting complaint, must by this time be getting familiar with its name, if not with its pathology. In appendicitis we have a striking instance of a disease, formerly of the rarest, becoming exceedingly frequent as soon as its etiology was elucidated. More than one surgeon, on either side of the Atlantic, has commented upon the comparative frequency of this lesion in cyclists. Now that the non-cyclist is the exception, a large proportion of the cases must of necessity occur in persons more or less addicted to "the wheel," but there seems to be some ground for suspecting that, under certain circumstances, direct contusion of the appendix by an actively contracting psoas muscle, may set going the morbid process described as appendicitis. It is suggested that any special exertion, such as riding up hill, may expose the cyclist to the risk of twisting the appendix over the sharp, hard edge of the contracted psoas muscle. The immediate result is desquamation of epithelium over a crease in the mucosa, thus opening the door to infective agents. Some swelling ensues, leading to

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compression of the appendix within its inelastic sheath, and this is the starting point of an attack of appendicitis. The symptoms may be very mild, possibly, only a little nausea and abdominal tenderness which pass off in a day or two, or, on the other hand, the case may assume a grave aspect almost from the outset. The first attack generally passes off either spontaneously or under treatment, but structural lesions are left, which are not unlikely to prove the source of future trouble. In a patient who has recovered from one or more attacks of appendicitis, cycling is very apt to disturb adhesions and so cause an exacerbation, and no prudent practitioner would sanction any but the most moderate use of the cycle in such a patient. With the removal of the appendix, however, all danger of recurrence is obviated, and this may prove an inducement to those addicted to this fascinating pursuit to consent to surgical intervention before the lesion has reached the stage of pus formation. The mortality in cases operated on before pus has formed is but a fraction of 1 per cent., and recurrence is the rule in those who recover under medical treatment. The fear of a possible attack of appendicitis is not likely to deter any cyclist from his favourite pastime, but practitioners should be on the alert for indications of appendicular inflammation, especially in robust, powerfully-built individuals of a cycling turn of mind.

City Slums.

Almost every large town in the United Kingdom has its slums, that is to say, quarters where overcrowding and filth run riot. Of late years an immense deal has been done in the way of ridding the community of many of these plague spots, thanks to the wholesale application of the Housing of the Working Classes Act. Only last week a lurid illustration of the worst kind of slum was displayed in a Metropolitan police court, where the St. Giles' Board of Works obtained a closing order against the owner of these disgraceful tenements. Dr. Lovett, the Medical Officer of Health of the district, stated that the entries to the buildings in question were so dark that he had to grope his way through them. There were two closets on every floor, but all of them were choked and overflowing with filth. The sinks were all stopped; the dustbins were full; there were foul accumulations in the yards; and all the rooms were dirty and unfit for human habitation. Curiously enough, London, although so vast a centre of wealth and enlightenment, is still a laggard in the sanitary race. The owner of slum property has far too much of a voice in the Metropolitan Local Governing Bodies.

"Truth" and the Insanitary Bumbles.

Even the greatest enemies of *Truth* must admit that Mr. Labouchere's puissant journal from time to time does yeoman's service in the cause of local sanitation. Its issue of the 17th contained some trenchant criticisms upon the "Helmsley Bumbles," who were recently called upon to consider the state of the sewers in one of their principal streets. These old drains, said their Medical Officer of Health, were useless, "jointed," worse than no sewer at all, as all the fluid portion of the sewage passed through the joints and saturated the soil, while the solid matter remained in the pipes. As to the fall, the old sewage system was "more like a switch-back than anything else." This report the Helmsley District Council, with much sagacity, resolved should "lie on the table." *Truth* adds that months ago they promised the Local Government Board to remedy precisely the same evil state of affairs as soon as possible. The question will arise in the minds of most common-sense folk, what is the use of a central Government Department that cannot enforce its mandates upon a defiant and disobedient council? It is not unlikely that so obstinate a body as that of Helmsley will next proceed to attack its Medical Officer of Health tooth and nail. Then the Local Government Board, if true to its traditions, will leave the zealous official to be sacrificed to the anger of these councillors, to whom the rights of health are nothing in the balance against the might of wealth.

The Prevention of Measles.

During the past three weeks measles has been epidemic at Pontefract, so that the elementary schools were closed at an earlier date than usual for the Christmas holidays. This news is of a type only too painfully familiar to the public, which still persists for the most part in regarding the malady as unworthy of serious attention. Nevertheless, measles kills its scores to each one carried off by typhoid fever or by small-pox. Some day, surely, the country will awake to the real nature of this raging pestilence which is ever stalking in its midst, and will apply to it the same stringent preventive measures that are enforced against other deadly infectious ailments. The great obstacle to such an advance is usually held to lie in its costly nature. No doubt an enormous increase in fever hospital accommodation would be at once required were measles made generally notifiable. But costliness has not hitherto materially stayed the hand of the sanitary legislator in the case of other diseases. Parliament is enabled to vote away enormous sums towards the increase of the Navy, and so on, why should it not expend an equal sum of money upon the campaign against a great national and fatal scourge like measles?

The Skiagraphic Diagnosis of Pulmonary Tuberculosis.

As the *technique* of the production and utilisation of the Röntgen rays advances, the horizon of diagnostic possibilities recedes, and the assistance which can be rendered in this direction becomes more apparent One of the latest discoveries, due to Prof. Bouchard, of Paris, is that the existence of tuberculous disease of the lungs, not as yet discoverable by auscultation and percussion, can be and has been recognised by radioscopic examination. Incidentally it was noticed that pleuritic effusion partially arrests the rays, giving rise to the formation of a dark area which contrasts strongly with the uniformly light hue of the healthy side. A similar and not less well-defined opacity was

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observed in one case to persist at the apex after absorption of the effusion, and later on the diagnosis of tuberculous infiltration was confirmed by the ordinary means at the disposal of the physician. In a number of tuberculous patients the pulmonary lesions were found to throw a shadow, the limits whereof exactly corresponded with the data furnished by the other methods of physical examination, the depth of the shadow indicating the severity of the lesion. In two cases, light spots on the dark background testified to the existence of cavities, an inference which was confirmed by auscultation. In some cases, however, cavities diagnosed by auscultation did not show on radioscopic examination. In diseases of the thoracic viscera radioscopy furnishes information of equal value to that elicited by percussion, the air in the lung through which the rays pass affording the resonance on percussion. The presence of extravasated fluid or morbid infiltration of the tissues hinders the transmission of the rays *pari passu* with the diminution in resonance, thus affording valuable confirmatory evidence of the degree and extent of the mischief.

Exposure of Measles Patients.

AT Kettering petty sessions last week a commercial traveller was convicted of the wilful exposure of his servant whilst suffering from measles. The case presents some special points of interest. First, the prosecution was instigated by the Medical Officer of Health against a non-notifiable disease. If that principle be established from a legal point of view its logical extension, say, to gonorrhœa would speedily raise a hurricane among the sentimentalists who appear to think venereal disease preferable to radical prevention. Then, again, the decision of the Kettering bench emphasises the employer's responsibility as regards infectious maladies when attacking his domestic servants. It was proved in court that defendant and his wife, after they had recognised the nature of the complaint, sent the girl to her aunt's house a mile away. A fine of £2 10s. was inflicted, inclusive of costs, and notice of appeal was lodged. The fact that proceedings of this kind have been taken with regard to measles may be regarded as a hopeful sign of the times. The specific fever in question causes an enormous mortality, and to weed it out is one of the great coming labours of that modern Hercules, Preventive Medicine.

Happy-go-lucky Anæsthesia.

As long as there is respect for human life it will be necessary to keep a watchful eye upon deaths which follow upon the administration of anæsthetics. As sailors, miners, and others become careless of the risks which they run and insensible to the necessity for precaution, so it is to be expected that anæsthetists may fall into the habit of happy-go-lucky anæsthesia from which fatalities are certain to result sooner or later. The proceedings of an inquest held at Hereford on the 19th December should give warning of this. A child, ten months old, was admitted to the Hereford Infirmary suffering from a deep seated abdominal abscess. It had also an eversion of the lid arising from a burn cicatrix and the surgeon in charge delivered this over to the house-surgeon for operation. This was quite proper but, unfortunately, the house-surgeon proceeded to operate and to give the anæsthetic without any person present save a nurse. The child died on the table. The coroner is reported to have dictated a verdict of "No one to blame," with the observation, "It would be very inconvenient if a hard-and-fast rule were made that a second medical man should be present on such occasions." Very inconvenient, no doubt, Mr. Coroner, but not so inconvenient as the death "by misadventure," and the inquest which must inevitably follow such a method of anæsthesia sooner or later.

The Prince of Wales and Science.

THE Prince of Wales opened last week a new research laboratory given by Dr. Ludwig Mond to the Royal Institution. The new laboratory is to be known as the Davy-Faraday Research Laboratory. It has been equipped throughout with the newest and the most approved apparatus. In addition to purchasing the freehold and fitting up the building, Dr. Mond has also provided an endowment for its maintenance at a total cost of something like £10,000. The Prince in his inaugural speech intimated that Lord Rayleigh and Professor Dewar had undertaken the important duties of directors of the new laboratory without any remuneration. One of the chief features in connection with Dr. Mond's gift is that it is the only public laboratory in the world solely devoted to research in pure science. Moreover, the rules admit of persons of either sex or any nationality applying to make use of its advantages. That is to say, any one who can satisfy the Laboratory Committee that they were fully qualified to undertake original scientific research in pure and physical chemistry would be admitted, the preference being given to those who have already published original work.

The Baby Incubator.

THERE can be no doubt that the lives of many prematurely born and weakly children might be saved by the timely application of warmth during the first few days of existence. That end is best attained by some form of incubator, which has for many years been known to the public. In Edinburgh it has certainly been in occasional use for at least ten years, although, curiously enough, so far as we know, London does not possess any such special apparatus. Recently, Dr. Lion, of Nice, has had some remarkable results in this direction. He began his experiments with his "conveuse" (of which he claims, by the way, to have been the inventor), in 1891. In three years he took a hundred and eighty-five children, and saved a hundred and thirty-seven, or 72 per cent. These results are remarkable and suggest a new field for obstetricians. It certainly seems that every lying-in institution should possess a "baby incubator."

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The Doctor in the Witness-box.

It is but seldom, we are glad to say, that a Lord Chief Justice feels called upon to rebuke from the Bench the style and demeanour of a medical witness, as Sir Peter O'Brien did at the late Funston murder trial at the Belfast Assizes. The deceased was found dead from suffocation, and the medical question was whether he was suffocated by violence or by heart collapse, for either of which hypotheses the post-mortem examination offered support. Two local practitioners who made the post-mortem, and seem to have made it skilfully and intelligently, supported the view that the death was violent. Three other experts gave their opinions to the contrary upon the evidence as they heard it. There was a very reasonable difference of professional judgment, to which the Chief Justice did not at all object, but he read one of the three defending witnesses, the surgeon of a county infirmary, a lesson which, we are sure, will not be forgotten. His Lordship "wished that the witness's manner had not been so self-sufficient." To the physicians and surgeons of such paltry places as London, Dublin, Edinburgh, and Belfast who have been obliged to content themselves with the teaching of these places, but who, no doubt deplore their lost opportunities, his Lordship's remark may appear unjust. The modesty of true genius and the suavity which is inspired by a consciousness of superior attainments, the gift of giving kindly expression to one's opinions, and of receiving with tolerance and politeness those of other people. These are qualities worthy of study, and rarely found combined in one individual. The profession knows now where to seek for them.

The Deadlock at the Manchester Royal Infirmary.

We have previously referred to the difficulties with which the authorities have to contend in the proposed reconstruction scheme of the Royal Infirmary. A further stage has now been reached by a poll of the trustees, of whom there are 1,349 qualified to vote. Of these 853 have returned their voting papers The alternatives submitted to them were :—1. The resolution, "That this meeting of trustees hereby sanctions the rebuilding of the Manchester Royal Infirmary on its present site, in accordance with the plans submitted by the Grand Committee, and authorises the Board of Management of the Manchester Royal Infirmary to take steps to carry out the work with such modifications in detail as may from time to time appear to them to be desirable." 2. The amendment, "The trustees, upon consideration of the report of the Grand Committee, are of opinion that it is not desirable at the present time to extend the ground area of the existing Infirmary buildings." The scrutineers rejected one vote as bad. This gives a result as follows :—

For the motion	... 449
For the amendment	... 403

This gives a majority of 46 for the resolution. It will be seen that 496 trustees have abstained from expressing their opinion. Under these circumstances, it is manifest that the present scheme will have to be shelved or considerably modified. It is generally admitted that a scheme which proposes to expend at least £200,000 must be supported by a very decisive majority of the trustees if it is to be successfully carried out. The present plan meets with great opposition from the City Corporation and from nearly half the trustees, and is not supported by the most influential members of the medical staff. It is to be hoped that a practical solution of the present deadlock may soon be forthcoming. Manchester men are ashamed of the insufficiency of their ancient though honoured chief hospital.

Something for the Midwife Registrationists.

It was one of the propositions of the Midwives' Registration Bill that all persons who claimed for themselves that they were in the practice of midwifery should be *ipso facto* registered as lawfully entitled to practise that specialty and would, no doubt, also practise its adjuncts of gynæcology, children's diseases, &c. An inquest held at Belfast last week on the body of an infant who had been allowed by such a person to die presents a picture lesson of what the registered midwife might be. This midwife stated that she practised midwifery but was untrained and not registered She could read but not write. She did not send for any doctor though she knew that the dispensary doctor was bound to attend without fee. She was in the patient's house for an hour, during which the child was alive, but it only gasped. She rubbed it with whiskey, but did not try to restore breathing—knew nothing about artificial respiration. Naturally, on this evidence, the doctor refused to register the death, but another practitioner (name not stated to spare his feelings) did certify, although, admittedly he did not see the infant until seven hours after death. If the midwife registrationists had had their way this person would be a licensed obstetric practitioner; as they did not have their way she is simply a grossly ignorant old woman who takes money for pretending to render services for which she is incompetent, and who, for want of the most elementary knowledge, allows patients to die.

An Asylum Plunged in Darkness.

A highly dramatic incident was reported anent the disastrous bog slide that took place in County Kerry on Sunday last. Part of the slip ran into and speedily blocked the River Flesk, which empties into the Lakes of Killarney. As the water of the stream in question works the electric dynamos that supply the Kerry Lunatic Asylum, that establishment was at once plunged into darkness during the night. The risks, inconvenience, and danger of such a state of affairs amid such a population may better be imagined than described.

We are sorry to have to record the fact that another practitioner has been arrested in connection with an abortion case at Devonport. This class of cases has been strongly in evidence of late, and medical men should refuse to have anything to do with them under all circumstances.

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PERSONAL.

MRS. GARRETT ANDERSON, M.D., has been elected President of the East Anglian Branch of the British Medical Association for 1897. She is the first lady President of any branch of the Association.

DR. W. FORBES NEWSAM has been appointed by Royal Warrant a member of the Executive Council of the Island of St. Vincent, and also to be an Official Member of the Legislative Council of that Island.

IT will be remembered that when a German decoration was offered to Pasteur he declined to receive it. His pupil and successor, Dr. ROUX, has, however, just accepted the offer of a similar honour.

ON Saturday last the remains of the late Prof. Pasteur were removed from the Cathedral of Notre Dame to the sarcophagus in the Pasteur Institute, Paris, which has been specially erected to receive them

SIR JOSEPH LISTER, BART., F.R.S., headed the deputation from England at the Pasteur ceremonial, the members of which were in University costume, with mortar-boards, gowns, and hoods. Eulogistic speeches on the great work of the deceased were made at the Pasteur Institute, Sir Joseph being one of the speakers.

THE Metropolitan Free Hospital has lost a generous friend by the death of Mr. Joseph Fry, which occurred on Christmas Day. Deceased, with his brother, the late Mr. J. Gurney Fry, founded the hospital about fifty years ago and has never withdrawn his practical sympathy from the institution.

PROF. EMIL DU BOIS REYMOND, the eminent physiologist of Berlin University, died on Saturday last, after a lingering illness, at the age of 78. His name will be best remembered by his "Researches on Animal Magnetism," which created quite a sensation in 1860, and gave the first scientific explanation of the electrical action of the muscles and nerves.

DR. GEORGE WILSON, the Medical Officer of Health for Warwickshire, is to be commiserated on the sad discovery made in his house at Warwick last week. He had been absent on holiday for a fortnight, leaving his residence in charge of the housekeeper. As the latter did not respond to calls at the house, the police burst open the door, and discovered her dead body lying among two-dozen empty port wine bottles.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

CLEANSING AND CLEANLINESS IN ABDOMINAL SURGERY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In an article entitled "Cleansing and Cleanliness in Abdominal Surgery" by Lawson Tait, M.D., F.R.C.S. Eng., &c., in your journal of November 25th, 1896, I am credited with the statement that the reason of Mr. Tait's success is that he uses "water sterilised by boiling." Having been a pupil of Mr. Tait—not of the globe-trotting kind—I desire to put myself aright. The reporter of the congress refused to by Mr. Tait, mistook my meaning. Mr. Tait says "I have not used sterilised water for any purpose save to raise common tap water to the temperature required, so that the mixture would be probably five parts common tap or well-water and one part water which had been boiled and thereby sterilised.

"The mixture would have a temperature of about 102 degrees, for my hands will not stand much more with comfort. I have yet to learn that such a mixture deserves the term 'sterilised.'"

This is as I understood and now understand Mr. Tait's work, and I am sorry for any failure in clearly expressing myself,

Since leaving Mr. Tait, eight years ago, I have never used carbolic acid nor bichloride of mercury, or any other so-called antiseptics, I have no use for any such fuss and feathered surgery, as my colleagues here in Cincinnati will testify, nor am I guilty of playing surgery to the galleries.

To show that I am still in full accord with Mr. Tait's views on abdominal surgery, I recently did a most difficult ovariotomy, 55 pounds, for a lady, æt. 58, Nov. 25th, 1896, out in the country without a trained nurse or skilled assistants. She had been cognisant of an abdominal tumour for more than a year. Since April, 1896, she had been tapped for abdominal dropsy three times, getting forty pounds twice and ten pounds once. The last was obtained two weeks before the operation.

I was not consulted until after the third tapping. A general bath had not been indulged in for months, nor did I have the time or inclination to administer one outside of scrubbing the abdomen with soap and water; followed by an application of alcohol, after the patient was on the kitchen operating table and under the influence of the anæsthetic—chloroform. After the abdomen had been opened I found adhesions of a most formidable kind.

The omentum had to be freed and ligated with silk in three segments to control bleeding. Having so many cysts to puncture, I could not deliver them without flooding the cavity with much of the fluid contents.

Lime stone, or hard water from the well, not filtered nor strained, was used, after the manner described by Mr. Tait for washing out the cavity. Great flakes of ovarian cyst fluid, that had escaped as the result of the previous tappings, had to be sponged out from diaphragm to cul-de-sac. Simple flushing would not dislodge them. I never gave any previously-exposed abdominal linea such a scrubbing. A Keith glass drainage-tube was left *in situ* for twelve hours, having the patient turn from one side to the other, draining out one half-pint of fluid. At the end of eight hours her temperature touched the highest point 100¼°, pulse 100.

On the third day the temperature and pulse dropped to 99° and 84, never going higher. Bowels moved on the second day. Began nourishment on the third day. Never any distension of the abdomen, and but two hypodermic injections of morphia, ¼ grains each, were given. On the eighth day I removed the silkworm gut stitches, failing to find any evidence of pus.

The sponges, eight in number, used in this case have been used, with others, for seven years. After each using, they are soaked in a gallon of cold water, in which has been dissolved one ounce of sal. soda, for twelve hours.

Following this soaking they are washed in bowls of fresh lukewarm water until freed from the alkali, then dried and put in absolute alcohol in hermetically sealed jars. I find sponges kept in this manner do not deteriorate as quickly as those kept in any other way. With sponges thus cared for you can cleanse an abdomen and its contents in a manner that you cannot in any other.

EDWIN RICKETTS, M.D.

Cincinnati, Ohio, U.S.A.
Dec. 8th, 1896.

BEATTY v. CULLINGWORTH.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—As a mere contradiction to Miss Beatty's persistent substitution of issue, let me once more state the facts as I regard them, as sworn to by Miss Beatty's own witnesses, confirmed by those of Dr. Cullingworth, and, I venture to say, accepted all over the world by English

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speaking surgeons: Patients have absolute right to say what operations may and what shall not be done upon them; surgeons have absolute right to refuse to enter into contracts which would be in every sense wrong, as that asserted by Miss Beatty and denied by Dr. Cullingworth, would have been grossly immoral. Miss Beatty will not see that the issue followed by the judge, the jury, the medical profession, and the general public alike was that of her individual credibility, and I do not think that any appeal will alter the conclusion, however much a new trial might annoy Dr. Cullingworth.

I am, Sir, yours, &c.,
Lawson Tait.

Birmingham, December 27th.

To the Editor of The Medical Press and Circular.

Sir,—Pending any threatened and further proceedings in this case (although for the present it is not as far as I am aware being taken cognisance of by any court of law), I should be sorry to say anything prejudicial; at the same time, as the plaintiff's letter has appeared in your columns, and she persists in asserting in defiance of the ruling of the court that the defendant had broken his contract, I should like to ask (assuming for argument's sake, that her version is the correct one) what direct damage the lady has in reality sustained by the assumed breach of contract, as I apprehend that to sustain an action for damages some damage must be proved. How, I ask should the operation in question legitimately influence a lady's marital condition? surely any man possessed of his senses would prefer to marry a lady without ovaries in a comparatively good state of health, than with two diseased functionless ovaries in a state of ill-health. Moreover if he declined marriage in the one case it may be presumed he would do so in the other.

I am, Sir, yours, &c.,
Clement H. Sers.

130 Queen's Road, Peckham.
December 24th, 1896.

THE ELECTION OF DIRECT REPRESENTATIVES.

To the Editor of the Medical Press and Circular.

Sir,—Allow me also in the columns of the Medical Press and Circular to heartily thank the 1,862 gentlemen who voted for me at the late election of Direct Representatives to the General Medical Council, and especially to the over 900 of my pledged supporters, many of whom are well known and eminent in the profession, and several had written me letters, evincing their earnestness in medical reform, and the need for a remedy, as well as their interest and good wishes for my successful candidature.

The election has proved the overcrowded state of the profession as well as the apathy that exists; but the apathy is (with few exceptions) with the successful men and not with the rank and file; the election has also revealed the power and excellent organisation of the Incorporated Medical Practitioners' Association, and the certainty of the defeat of the *Independent candidate*, and I regret that for a supposed "geographical reason" that did not exist, as two London men are still our Direct Representatives, I did not have their support as I did in 1891, when I polled 4,816 votes, although I had at this late election very much more private and influential support, such as the Association of the Members of the Royal College of Surgeons, the Swansea Medical Society, &c., whom I desire gratefully to thank, as well as to yourself Mr. Editor, for the large space you awarded me in the publishing of my address, the insertion of several letters, and for your always kind courtesy and fairness.

I am, Sir, yours, &c.,
Hammersmith. Frederick H. Alderson, M.D.
December 26th, 1896.

THE BANANA.

To the Editor of the Medical Press and Circular.

Sir,—Referring to your annotation in last week's number permit me as a former resident for many years in tropical climates to give my experience of this fruit, which may be eaten in large quantities without fear of abdominal derangement or diarrhœa. Grapes are the only other fruit which can compare with it in value; it is, at once, a supporting food, and with the virtues of a fruit.

It has been stated that the banana contains a nitrogenous principle; its main constituents are saccharine; there is a delicate astringency in the pulpy surface. But all fruits hold delicate acid, aromatic, and other principles, which are of great value to the economy. I know of no full and accurate analysis of the banana, but all analysis must fall short of showing the exquisitely delicate combinations on which the virtues of fruit depend; the potentialities of the juice of the lemon and lime cannot be reached by chemical means; the fulness of Nature can alone produce them.

My object, however, in writing, is to draw attention to the value of the banana as a diet in the acute diseases of adults and children. It has long seemed to me, that milk is often given in injuriously large quantities; recent analyses have shown that many of our favourite "meat extracts," &c., are falsely praised; then again, there is the risk of their resolution and decomposition into poisons; good malted farinaceous foods we have in abundance.

Recalling one's experience, I have far more often seen injury to patients, in acute disease, from over than from under feeding. In the acute inflammatory diseases of children, say from four to ten years of age, a ripe banana or two a day; and in adults, with acute disease, four to six bananas a day may be safely taken; they do not induce constipation nor do they cause diarrhœa.

In the tropics, men eat bananas largely, from early in the morning to evening; I never met a case of injury from such very free use.

I am not advocating an exclusive banana diet in the acute diseases of children and adults; but by their use, we can wisely moderate the profuse administration of the indigestible and putrefying caseine of milk; we can moderate also our supply of farinaceous food; the banana is a true food, and the vast experience of mankind has demonstrated, that even in tropical climates, it is not prone to putrefactive changes in the intestinal canal. It is very bad practice indeed, to give food, such as milk and eggs, so that the patient, young or older, has a putrefying collection in the absorbing intestines; the older practitioners probably lessened this evil by their almost constant use of calomel. In this day we do not desire so to overfeed our patients, as to need the use of calomel.

I am, Sir, yours, &c.,
Plymouth. William H. Pearse, M.D.

Medical News and Pass Lists.

Guy's Hospital.

We are asked to publish the following letter received by the Honorary Treasurer of Guy's Hospital (Mr. H. Cosmo Bonsor, M.P.), from H.R.H. The Prince of Wales:—"The generous response by all sections of the public to the appeal which has been made on behalf of the re-endowment and Sustentation Funds of Guy's Hospital has naturally been a source of great pleasure to the Prince of Wales, and he would be glad if you would add to the official interim report, which you are about to issue, a paragraph expressing his sincere personal thanks to each donor and subscriber. His Royal Highness, as President of the Hospital, cannot, however, but entertain much anxiety concerning its future prospects, and he desires me to remind you that even the considerable measure of financial success which has been already achieved will not, unless further efforts are still made, prove adequate fully to meet the exigencies of the situation."

University of London.

The following is an official list of candidates who have passed the M.D. examination this month alphabetically arranged:—

Allan, Edward Buller
Andrews, Henry Russell
Barker, George Henry, B.Sc.
Brown, Stanley Mewburn
Codd, John Alfred, B.Sc.
Collier, James Stansfield, B.Sc.
*Crookshank, Francis Graham
Cuffe, Edward Meade
Edgecombe, Wilfrid
Every-Clayton, L. E. V., B.S.
Felkin, Henry George
Gill, Samuel Ernest
Griffiths, John Howell, B.S.
Hainworth, E. M., B.S., B.Sc.
Handley, Wm. Sampson, B.S.
Harvey, John Owen
Hopton, Ralph, B.S.
Hovenden, Gerald Stanley, B.S.
Kirkpatrick-Picard, Arthur Wm.
Lee, William Edward
Levy, Alfred Goodman
Morton, William Britain
Orr, Frederic Lyton
Parry, Leonard Arthur, B.S.
Perram, Charles Herbert
Poynton, Frederick John
Raper, Matthew Henry
Reichardt, Ernest Noel
Rodocanachi, A. J., B.S., B.Sc.
Salter, Alfred, B.S. (Gold Medal)
Selby, Edmond Wallace, B.S.
Shears, William
Smyth, Ernest J., B.S., B.Sc.
Steen, Robert Hunter
Way, Geo. Harold Cawley, B.S.

* Obtained the number of marks qualifying for the Gold Medal.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

LOCAL REPORTS AND NEWS—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

THE INDIAN MEDICAL SERVICE.

IT is notified from the India Office that an examination for appointments in the Indian Medical Service will be held in London on the 5th of February. Those of our younger readers who think of competing for appointments in this, the favourite public medical service, will find full particulars on reference to our advertisement columns.

DR. WALLACE.—We have pleasure in forwarding you the particulars you need. The power by which a "covering" lawyer is struck off the rolls is in sec. 32, cap. 73, 6th and 7th Vic. It lays down the penalty mentioned against any attorney or solicitor who shall allow his name to be in any way made use of in any action or matter whatsoever by any unqualified person, whereby such person is enabled to appear, act, or practise as an attorney or solicitor in any suit at law or in equity. We quite agree with you that the lawyers have made the most of their opportunities for consolidating their own interests by reason of their good organisation and familiarity with law.

THE KEELEY CURE AGAIN!

A CORRESPONDENT sends us a copy of the Church of England *Temperance Chronicle*, drawing attention to a large advertisement therein of "The Keeley Treatment." We had hoped that past exposures of this so-called "gold cure" would have warned newspaper proprietors. Especially do we marvel at the appearance of this advertisement in a journal which is supposed to represent an association having the Archbishop of Canterbury as president, and Bishop Wilberforce as chairman. We shall have something to say further on this subject if this mild remonstrance be not heeded. Perhaps a protest from some of the Secretaries whose Hospitals are advertised in the same journal might be effective.

MR. GEO. NETTING (Plymouth) is thanked for his offer, which, however, we are compelled to decline.

THE TREATMENT OF CHRONIC ECZEMA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Can any of your readers oblige me with a formula for a good ointment to use for a chronic eczema in a man of fifty. He is somewhat gouty, and has had an irritating rash on the legs for the last two years. The eruption is dry, diffuse, somewhat scaly, but was attended with slight serous discharge in the early stages. The patient comes of a gouty stock, but has himself had no attack of the kind. He is of good social position. Thanking any of your readers in anticipation, who may favour me with their experience in these troublesome cases.

I am, Sir, yours, &c,
SOUTH MIDLANDS.

M.R.C.S. (Lincoln).—Yes. Some of the most terrible epidemics of small-pox have been among unprotected populations. Thus in Mexico the disease is said to have destroyed three or four millions of inhabitants in a comparatively short period. It is also recorded that whole tribes have been exterminated in a similar manner in the West Indian Islands.

THE SURGEON'S CIGAR.

"A DOCTOR cannot be too careful. I once knew a young surgeon to operate for appendicitis on a large, roomy man, and had it not been for a timely autopsy, he would not have known to this day that a good twenty-cent. cigar dropped out of his pocket during the operation, and was sewed up in the patient's annex. Had it not been for the post-mortem, the cigar would have been a dead loss."—*Medical Mirror.*

DR. HY. C.—On reference to another column, you will see that your suggestion has borne fruit.

Vacancies.

Birmingham General Dispensary.—Eight Resident Surgeons. Salary £150 per annum, with an allowance of £30 per annum for cab hire, and furnished rooms, fire, lights and attendance. Applications with testimonials to the Secretary, Ernest W. Forrest, on or before Monday, January 18th, 1897.

Borough of Bradford Fever Hospital.—Resident Medical Superintendent. Salary £200 per annum, with board and residence. Applications with testimonials to the Town Clerk, Town Clerk's Office, Bradford, on or before Monday, January 4th, 1897.

Leicester Infirmary.—House Surgeon. An honorarium of £21 for the six months will be given, with board, residence and washing at the Infirmary. Applications with testimonials to the Secretary, at his office, 24 Friar Lane, Leicester, on or before Monday, Jan. 11th, 1897.

Staffordshire General Infirmary.—Assistant House Surgeon. Salary £30 per annum, with board, lodging, and washing. Applications with testimonials to the House Surgeon not later than January, 2nd, 1897.

Sunderland and North Durham Eye Infirmary.—House Surgeon. Salary £100 per annum (out-door). Applications with testimonials to the Chairman of Committee, on or before January 6th, 1897.

The Royal Albert Hospital, Devonport.—Honorary Ophthalmic Surgeon. Applications with testimonials to the Secretary, not later than Saturday, January 9th, 1897.

The Urban District of Ystradyfodwg.—Medical Officer of Health. Salary £450 per annum, including travelling expenses. Applications with testimonials to Walter H. Morgan, Clerk to the Urban District Council of Ystradyfodwg, Treforest, Glamorganshire, not later than Monday, January 11th, 1897.

Wolverhampton and Staffordshire General Hospital.—Resident Assistant. Board, lodging and washing provided. Applications with testimonials to the Chairman of the Medical Committee not later than Friday, January 8th, 1897.

Appointments.

BLACKFORD, J. V., M.D., B.S.Durh., M.R.C.S., L.R.C.P.Lond., Senior Assistant Medical Officer to the Bristol City and County Asylum, Stapleton.

COOPER, H. S., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health by the Brightlingsea Urban District Council.

CRUTTWELL, H. A., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer for the Hallaton Sanitary District of the Uppingham Union.

DALGLIESH, C. A., M.D., B.S.Durh., Honorary Pathologist to the Children's Hospital, Newcastle.

EDWARDS, L. C., M.B., C.M.Edin., Junior House Surgeon to the Chesterfield and North Derbyshire Hospital.

GIBSON, T., Junr., M.B., C.M.Edin., Medical Officer for the Workhouse of the Sheffield Union.

JEFFERY, H. F., M.B., Ch.B.Vict., Junior House Surgeon to the Bury Infirmary.

LANGWORTHY, W. S., L.R.C.P.Lond., M.R.C.S., Medical Officer for the No. 4 Sanitary District of the Plympton St. Mary Union.

LEIGHTON, G. E., M.B.Edin., L.R.C.P., L.R.C.S., Medical Officer for the Skenfrith District, Monmouth.

MURRAY, J. H., M.B., C.M.Edin., Medical Officer to the Parish of Stirling.

PRANGNELL, J. T., M.D.Glasg., D.P.H.Camb., Medical Officer for the Burgh, and Physician to the Fever Hospital, Falkirk.

THOMPSON, W. R., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer of Health by the Shelf Urban District Council.

THURMAN, W. R., M.B., B.S.Durh., Second Assistant Medical Officer to the Bristol City and County Asylum, Stapleton.

WATTS, T., M.D., B.S.Durh., M.R.C.S.Eng., L.R.C.P.Lond., Certifying Factory Surgeon for Hyde.

WILSON, J. D. O., M.B., C.M.Glasg., House Surgeon to the Newcastle-on-Tyne Hospital for Sick Children.

Births.

PHIPPS.—Dec. 20th, at the Shrubbery, Woking, the wife of H. H. Phipps, M.R.C.S., L.R.C.P.Lond., of a son.

WALKER.—Dec. 22nd, at 320 Hoe street, Walthamstow, the wife of Alfred Walker, M.A., M.D.Cantab., of a daughter.

WORGER.—Dec. 22nd, at Leigh House, Radstock, Somerset, the wife of R. G. Worger, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

Marriages.

ROSS—FELTON.—Dec. 19th, at St. Simon's, Southsea, W. Levingston Ross, L.R.C.S. and L.R.C.P.I., of Burslem, Staffordshire, to Laura, daughter of the late G. M. Felton, C.E., of Cripplegate, E.C.

SIMPSON—LAWRENCE.—Dec. 22nd, at the Parish Church, Thornley, John Simpson, M.B., son of the late Rev. J. Simpson, of Edinburgh, to Margaret, daughter of the late J. N. Lawrence, Lisserlough, Roscommon.

Deaths.

BATT.—Dec. 27th, at his residence, Highcroft, Norwood, S.E., Edward Batt, M.D.Aberd., M.R.C.S.Eng., aged 78.

BUNCH.—Dec. 21st, at Gordon Place, Gordon Square, John James Bunch, M.R.C.S., aged 77.

FRANCIS.—Dec. 24th, at Edenham, Shaftesbury Road, Southsea, John Francis, M.R.C.S., L.S.A., late of Market Harborough, aged 83.

NICHOLSON.—Dec. 24th, at 27 Farquhar Road, Norwood, S.E., Surgeon-Lieut.-Col. F. C. Nicholson, M.D., Indian Medical Service (retired), aged 51.

SIMONS.—Dec. 24th, suddenly, at Luton, Joseph Anthony Simons, M.D., second son of the late J. A. Simons, H.E.I.C.S.

WILKS.—Dec. 22, at Stanbury, Torquay, George Augustus Frederick Wilks, M.D., aged 85.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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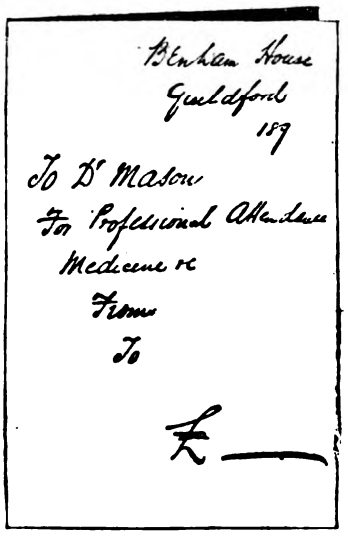

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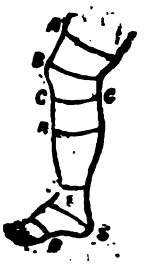

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Cocaine Hydrochlorate, 1/10, 1/6, *1/4 & *1/2 gr.	
Codeine Phosphate	...1/4 gr.
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Curare	1/12 gr.
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Ergotinine Citrate ...	1/200 & 1/100 gr.
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"Antikamnia possesses no merit as a preventive of pain; its action is *nil* until the pain begins.

"Antikamnia, when given in five-grain doses every ten minutes until grs. xxx. have been taken, produces no effect whatever in a *healthy* person. As my investigation concerned its action under pathologica conditions, I did not inquire further into the question how much more than thirty grains might be administered to a healthy person without any deleterious effect.

"The action of Antikamnia as an analgesic begins the moment an individual is attacked by pain; and here a great number of observations has established with me the following rule for its administration to adults:—

"As early as possible after the pain has developed—if possible, immediately after—Antikamnia grs. v. are taken; from three to four minutes later, if the first dose has no, or but little, effect, the same dose is repeated; and again three or four minutes later, provided again the effect is *nil* or not sufficient, this dose is administered the third time. Then I let the patient wait ten minutes; if by the end of that time the pain be greatly ameliorated but a trace of it still present, a fourth dose of gr. v. then (i.e., ten minutes after the third) given will generally stop the pain completely."

Prof. Engel's observations have been confirmed and reinforced in England by Mr. ACHESON WILKIN, L.R.C.P. & S., &c., and Mr. R. J. BLACKHAM, L.R.C.P. & S. &c. *See* MEDICAL REPRINTS, *Jan*, 1896.

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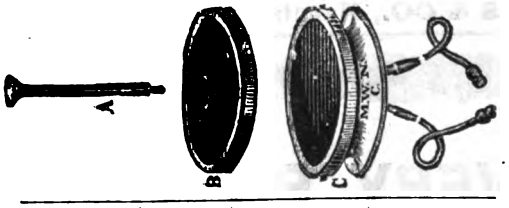

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Notice is hereby given that the Poll of the Fellows on the question of the direct representation of Members of the College upon the Council will be closed on the 31st January, 1897.

EDWARD TRIMMER,
Secretary.

19th December, 1896.

INDIAN MEDICAL SERVICE.

INDIA OFFICE, 14th December, 1896.

AN EXAMINATION for SEVEN APPOINTMENTS to HER MAJESTY'S INDIAN MEDICAL SERVICE will be held in London, on 5th February, 1897, and following days.

Copies of Regulations for the Examination, with information regarding the Pay and Retiring Allowances, &c., of Indian Medical Officers, may be obtained on application to the Military Secretary, India Office, London, S.W., to whom the necessary certificates must be sent so as to reach him not later than the 22nd January, 1897.

At this and subsequent Examinations the new scale of marks for the various subjects already notified will come into force.

O. R. NEWMARCH,
Major-General, Military Secretary.

PRELIMINARY EXAMINATION OF MEDICAL STUDENTS.

—The College of Preceptors will hold an Examination for Certificates recognised by the General Medical Council as qualifying for Registration as a Medical Student, on the 2nd, 3rd, and 4th of March, 1897.

The Examination will take place in London, and at the following Local Centres:—Birmingham, Bristol, Leeds, Liverpool.

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REUBEN HARVEY MEMORIAL PRIZE.

Notice is hereby given that the Fifth Award of the Triennial Prize will be made on July 1st, 1897.

The Competition for the Prize is open to all Students of the various Schools of Medicine in Dublin, which are recognised by the Medical Licensing Bodies in Ireland, and also to Graduates or Licentiates of these Bodies of not more than three years' standing at the time of the award.

The Prize, value £25, will be awarded to the writer of the best Essay, on a subject to be selected by the Candidate, evidencing original research in Animal Physiology and Pathology, the Essay to be illustrated by drawings or preparations.

The Essays, bearing fictitious signatures, are to be lodged with the Registrar of the Royal College of Physicians of Ireland, Kildare Street, Dublin, on or before June 1st, 1897.

G. P. L. NUGENT, M.D. Univ. Dub.
Fellow and Registrar R.C.P.I.
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IMPORTANT NOTICES.

(A) MEDICAL REGISTRATION.

(1) Every Registered Practitioner should be careful to send to the BRANCH REGISTRAR by whom he was originally registered (*see* the subjoined addresses) immediate notice of any change in his address, in order that such change may be duly inserted in the "MEDICAL REGISTER"; and also to answer at once any letter of inquiry that may have been sent to him in regard thereto.

(2) It is important for every Registered Practitioner to remember that if the above request be not complied with, such Practitioner is, by Section 14 of the "Medical Act (1858)," LIABLE TO HAVE HIS NAME ERASED from the "MEDICAL REGISTER," and in consequence by Sections 31 to 39 of the said Act, *to lose the right to hold certain appointments, to sign valid certificates or to recover in any Court of Law charges for professional aid, advice, and visits, and the cost of any medicines, or other medical or surgical appliances, rendered or supplied by him to his patients.*

(3) Any Medical Practitioner whose name has been removed from the "MEDICAL REGISTER" pursuant to the provisions of the above-cited Section 14 of the Medical Act should, if he desires to be restored to the "REGISTER," immediately apply to the BRANCH REGISTRAR by whom he was originally registered.

(4) Notice should also be sent to the same BRANCH REGISTRAR of any addition to his Qualification that a Registered Practitioner may wish to have inserted in the "MEDICAL REGISTER."

REGISTRARS AND OFFICES FOR REGISTRATION.

W. J. C. MILLER, B.A., Registrar of the General Medical Council and the Branch Medical Council for England ... ... } MEDICAL COUNCIL OFFICE, 299, OXFORD STREET, LONDON, W

JAMES ROBERTSON, Registrar of the Branch Medical Council for Scotland } 1, GEORGE SQUARE, EDINBURGH.

S. WESLEY WILSON, Registrar of the Branch Medical Council for Ireland } 35, DAWSON STREET, DUBLIN

(B) RESOLUTIONS OF THE GENERAL MEDICAL COUNCIL AND ITS EXECUTIVE COMMITTEE,

IN REGARD TO "COVERING" UNQUALIFIED PERSONS AND THE EMPLOYMENT OF UNQUALIFIED ASSISTANTS.

1. On April 21st, 1883, the GENERAL MEDICAL COUNCIL passed the following *Resolution*—

"That the COUNCIL record on its *Minutes*, for the information of those whom it may concern, that charges of gross misconduct in the employment of Unqualified Assistants, and charges of dishonest collusion with Unqualified Practitioners in respect of the signing of medical certificates required for the purposes of any law or lawful contract, are, if brought before the COUNCIL, regarded by the COUNCIL as charges of infamous conduct under the *Medical Act*."

2. With an earnest desire to put a stop to this wrongful practice, the GENERAL COUNCIL passed the following further *Resolution*, on November 26th, 1887:—

"That it be referred to the EXECUTIVE COMMITTEE to consider under what circumstances a Registered Medical Practitioner would render himself liable to the censure of the COUNCIL in reference to the employment of Unqualified Assistants."

3. On February 27th, 1888, the EXECUTIVE COMMITTEE without attempting to make a formal definition of the misconduct in question, reported to the GENERAL COUNCIL that, in its opinion, "A Registered Medical Practitioner would render himself liable to the censure of the MEDICAL COUNCIL in case of the employment of an Unqualified Assistant in the practice of Medicine, Surgery, or Midwifery on behalf and for the benefit of such Registered Practitioner, either in complete substitution for his own services, or under circumstances in which due personal supervision and control are not, or cannot be, exercised by the said Registered Practitioner."

4. In reference to the procedure known as "covering," the EXECUTIVE COMMITTEE also stated that, in its view, a Registered Practitioner *covers* an unregistered person when he does, or assists in doing, or is party to, any act which enables such Unqualified person to practise as if he were duly qualified.

5. The EXECUTIVE COMMITTEE furthermore called attention to a *Resolution*, passed by the GENERAL COUNCIL on April 21st, 1883, which implies that, in the COUNCIL'S opinion, "any Registered Practitioner practising for gain, who knowingly and wilfully deputes a person not registered, or qualified to be registered, under the *Medical Act* to professionally treat on his behalf, in any matter requiring professional discretion or skill, any sick or injured person, 'should' be subject to the same legal liabilities as a person who falsely represents himself to be a legally qualified Medical Practitioner: but with special proviso that such enactment 'should' not hinder any duly regulated training of pupils in Medical Schools or otherwise by legally qualified Practitioners, nor the use of trained pupils in partially treating the sick or injured, under the direction, supervision, and responsibility of such Practitioners, nor any legitimate employment of Nurses, Midwives, or Dispensers."

6. From time to time, the COUNCIL has investigated several cases in which Registered Medical Practitioners have been charged with permitting and enabling Unqualified persons to practise under cover of the names and Qualifications of such Registered Practitioners; and when the charges have been proved, the COUNCIL has adjudged these Practitioners to have been guilty of "infamous conduct in a professional respect," and has ordered their names to be erased from the "MEDICAL REGISTER."

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